Justin Winch

From:

Justin Winch

Sent:

Tuesday, May 15, 2012 8:57 AM

To:

'tletort@neworleanscvb.com'; 'sengen@neworleanscvb.com'

Subject:

Public Records Act Request

Attachments:

120514 PRR to NOLA CVB re Boston Consulting Report pdf

Dear Director and Coordinator,

I have attached a request for a public record, pursuant to La. R.S. 44:1 et seq. Please contact me upon receipt and review of this request so that arrangements can be made to provide me with a complete copy, within the 24 hours allowed by law. Thank you in advance.

Very Truly Yours,

Justin L. Winch

Law Offices of Smith Stag, L.L.C. One Canal Place 365 Canal Street, Suite 2850 New Orleans, LA 70130 Phone | (504) 593-9600 Fax | (504) 593-9601 jwinch@smithstag.com | www.smithstag.com |

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SMITH STAG, LLC

One Canal Place | 365 Canal Street | Suite 2850 | New Orleans, Louisiana 70130 Phone 504 593 9600 | Fax 504 593 9601 | www.smithstag.com | mail@smithstag.com

Stuart H. Smith[†] Michael G. Stag[†]

Catherine B. Cummins Robert D. McMillin Sean S. Cassidy[±] John L. Fontenot Merritt E. Cunningham^o Of Counsel: Barry J. Cooper, Jr.‡

† Limited Liability Company ‡ Also Admitted in Texas ± Also Admitted in New Jersey Also Admitted in Mississippi

May 15, 2012

VIA FACSIMILE, EMAIL AND U.S. MAIL

New Olreans Convention and Visitors Bureau

Tara Letort

Director of Group PR and Communications 2020 St. Charles Ave. New Orleans, LA 70130

Email: tletort@neworleanscvb.com

Fax: 504-566-5021

Savanna Engen

Coordinator, Industry Relations & Governmental Affairs 2020 St. Charles Ave. New Orleans, LA 7013

Email: sengen@neworleanscvb.com

Fax: 504-566-5087

RE: Public Records Request

Dear Custodians of Records and all others addressed above:

As a member of the public, I am hereby submitting a Public Records Request under the Louisiana Public Records, Act La. R.S. 44:1 et seq., upon you, as addressed above. Specifically, the Louisiana Public Records Act provides:

§31. Right to examine records

A. Providing access to public records is a responsibility and duty of the appointive or elective office of a custodian and his employees.

B.(1) ... any person ... may inspect, copy, or reproduce any public record.

§32. Duty to permit examination

A. The custodian shall present any public record to any person of the age of majority who so requests ... and shall extend to the person all reasonable comfort and facility for the full exercise of the right granted by this Chapter.

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- B.(1) If the public record applied for is immediately available, because of its not being in active use at the time of the application, the public record shall be immediately presented to the authorized person applying for it.

Pursuant to Louisiana law, as stated above, please produce a complete copy of the "Boston Consulting Group" report and/or the report of the 2009 study conducted by The Boston Consulting Group, the findings of which were revealed at the Sheraton New Orleans Hotel in 2010. The report was performed by "The Boston Consulting Group", as requested by the New Orleans Hospitality Task Force in 2009.

Also, any and all notes, minutes, agendas and or transcripts of the NOHT and BCG work sessions and meetings held over an 18 week period in developing the study.

Pursuant to the Public Records Act, I would ask that this be done immediately upon receipt and/or within the agency's normal business hours. I, of course, will pay whatever reasonable and necessary costs are associated with copying the requested information. Please have someone contact me at (504) 593-9600 to make arrangements for obtaining the copies of these documents.

Thank you, Justin L. Winch, Law Clerk to Stuart H. Smith SMITH STAG, LLC.

FISHMAN HAYGOOD PHELPS WALMSLEY WILLIS & SWANSON, L.L.P.

201 ST. CHARLES AVENUE 46TH FLOOR NEW ORLEANS, LOUISIANA 70170-4600

ROBERT M. WALMSLEY, JR.
PARTNER
(504) 586-5261 DIRECT
RWALMSLEY@FISHMANHAYGOOD,COM

May 18, 2012

(504) 586-5252

FAX (504) 586-5250

File No. 1828-01

VIA EMAIL
Mr. .Justin L. Winch
Smith Stag, LLC
One Canal Place
365 Canal Street, Ste. 2850
New Orleans, LA 70130

RE: Public Records Request - Hospitality Industry Strategic Plan

Dear Mr. Winch:

We have been asked by the New Orleans Convention and Visitors Bureau (the CVB) to reply to your letter of May 15, 2012 asserting a public records request for, among other things, a complete copy of the Boston Consulting Group (BCG) report on Reinvigorating Tourism in New Orleans (the Report).

The CVB is a private non-profit corporation, not a public body, and thus is not subject to the Public Records Act. Nevertheless, the CVB is willing to furnish you a copy of the Report and all working documents in its possession that were provided during preliminary meetings with BCG. These documents can be sent electronically or in printed form. If you prefer the printed format, copying costs will be approximately \$.39 per page. All reports are in color and consist of hundreds of pages. Once you confirm the preferred method of transmission and your willingness to pay any copying costs, the CVB will have the materials sent electronically or will make them available for pickup.

The New Orleans Tourism Marketing Corporation, to whom we understand you have also addressed the same request, is subject to the Public Records Act and will, we understand, make a compliant and timely response to your request.

We advise you, at the request of BCG, that all documents other than the final plan and final executive summary are preliminary and represent work-in-progress and were intended as supporting materials for working sessions and discussions, not as standalone reports.

Yours truly,

Robert M. Walmsley, Jr.

RMW/sl



Justin Winch

From:

Justin Winch

Sent:

Monday, May 21, 2012 11:52 AM

To:

'tletort@neworleanscvb.com'; 'sengen@neworleanscvb.com'

Cc: Subject: 'smoeller@neworleanscvb.com' Public Records Act Request

Attachments:

120521 PRR to CVB re Finances.pdf

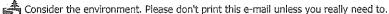
ATTENTION: Ms. Savanna Engen and Tara Letort,

Attached is a public records act request directed to the Convention Visitors Bureau. As you are probably aware, if not in use, these documents should be made immediately available for inspection and/or copying. Please respond accordingly and advise me as to the arrangements for me to come inspect the documents requested. Thank you in advance,

Very Truly Yours,

Justin L. Winch

Law Offices of Smith Stag, L.L.C. One Canal Place 365 Canal Street, Suite 2850 New Orleans, LA 70130 Phone | (504) 593-9600 Fax | (504) 593-9601 jwinch@smithstag.com | www.smithstag.com |



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Stuart H. Smith[†] Michael G. Stag[†]

Catherine B. Cummins Robert D. McMillin Sean S. Cassidy[±] John L. Fontenot Merritt E. Cunningham^o Of Counsel: Barry J. Cooper, Jr.‡

† Limited Liability Company ‡ Also Admitted in Texas ± Also Admitted in New Jersey O Also Admitted in Mississippi

May 21, 2012

VIA FACSIMILE, EMAIL AND U.S. MAIL

New Olreans Convention and Visitors

Bureau

Tara Letort

Director of Group PR and Communications 2020 St. Charles Ave. New Orleans, LA 70130

Email: tletort@neworleanscvb.com

Fax: 504-566-5021

Savanna Engen

Coordinator, Industry Relations & Governmental Affairs 2020 St. Charles Ave.
New Orleans, LA 7013

Email: sengen@neworleanscvb.com

Fax: 504-566-5087

Steve Moeller

Legal Counsel for CVB 2020 St. Charles Ave. New Orleans, LA 70130

Email: smoeller@neworleanscvb.com Fax: 504-566-5087 ATTN: STEVE

MOELLER

RE: Public Records Request

Dear Custodians of Records and agents of the Convention Visitors Bureau:

As a member of the public, I am hereby submitting a Public Records Request under the Louisiana Public Records, Act La. R.S. 44:1 et seq., upon the New Orleans Convention and Visitors Bureau. Specifically, the Louisiana Public Records Act provides:

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Pursuant to Louisiana law, as stated above, please produce a complete copy of the Convention Visitors Bureau's financial records and/or legers from 2000 to present. Please also produce any and all documents reflecting the expenditure of income received from public tax dollars. Produce documents reflecting the salaries of CVB Board Members, from 2009 to present.

Pursuant to the Public Records Act, I would ask that this be done immediately upon receipt and/or within the agency's normal business hours. I, of course, will pay whatever reasonable and necessary costs are associated with copying the requested information. Please have someone contact me at (504) 593-9600 to make arrangements for obtaining the copies of these documents.

Thank you,

Justin L. Winch, Law Clerk to Stuart H. Smith

SMITH STAG, LLC.



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Stuart H. Smith [†] Michael G. Stag [†]	Of Counsel: Barry J. Cooper, Jr.‡
Catherine B. Cummins Robert D. McMillin Sean S. Cassidy John L. Fontenot Merritt E. Cunningham TO: Swamna Cagen FAX NO:	† Limited Liability Company ‡ Also Admitted in Texas ± Also Admitted in New Jersey 504-566-587
Tara Letort 5 Steve Moeller 5	504-566-5021 504-565087
cc:	,
RE: Justin Wind RE: Justin Wind Records Regust FII	LE NO:
TOTAL PAGES (INCLUDING THIS PAGE): W SENDER: JUSTICA ORIGINAL TO FOLLOW: YES OR (NO	F.
Attention: Foblic Dequest - Dease	Pecords Inspection respond immediately.

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COMMUNICATION RESULT REPORT (MAY. 21. 2012 1:00PM) *

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TRANSMITTED/STORED - MAY 21 2012 12-58PM

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E-2) BUSY E-4) NO FACSIMILE CONNECTION



One Canal Place | 365 Canal Street | Suite 2850 | New Orleans, Louisiana 70130 Phone 504 593 9600 ! Fax 504 593 9601 | www.smithstag.com | mail@smithstag.com

Stuart H. Smith† Michael G. Stag[†]

Catherine B. Cummins Robert D. McMillin Sean S. Cassidys John L Fontenot Merritt E. Cunningham

TO:

Of Counsel: Barry J. Cooper, J. +

† Limited Liability Company ‡ Also Admitted in Texas # Also Admitted in New Jersey

-cc:

FROM:

RE

TOTAL PAGES (INCLUDING THIS PAGE):

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YES OR

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† Limited Liability Company ‡ Also Admitted in Texas ± Also Admitted in New Jersey Also Admitted in Mississippi

May 21, 2012

VIA FACSIMILE, EMAIL AND U.S. MAIL

New Olreans Convention and Visitors

Bureau

Tara Letort

Director of Group PR and Communications 2020 St. Charles Ave. New Orleans, LA 70130

Email: tletort@neworleanscvb.com

Fax: 504-566-5021

Savanna Engen

Coordinator, Industry Relations & Governmental Affairs 2020 St. Charles Ave. New Orleans, LA 7013

Email: sengen@neworleanscvb.com

Fax: 504-566-5087

Steve Moeller

Legal Counsel for CVB 2020 St. Charles Ave. New Orleans, LA 70130

Email: smoeller@neworleanscvb.com Fax: 504-566-5087 ATTN: STEVE

MOELLER

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Justin L. Winch, Law Clerk to Stuart H. Smith

SMITH STAG, LLC.

cc: Stuart H. Smith



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† Limited Liability Company ‡ Also Admitted in Texas # Also Admitted in New Jersey ^o Also Admitted in Mississippi

MAIL * also, emailed to Haggie Oubre,
Savanna Engen

Savanna Engen

New Olreans Convention and Visitors

Bureau

Tara Letort

Director of Group PR and Communications 2020 St. Charles Ave. New Orleans, LA 70130

Email: tletort@neworleanscvb.com

Fax: 504-566-5021

Coordinator, Industry Relations & Governmental Affairs 2020 St. Charles Ave. New Orleans, LA 7013

Email: sengen@neworleanscvb.com

Fax: 504-566-5087

Steve Moeller

Legal Counsel for CVB 2020 St. Charles Ave. New Orleans, LA 70130

Email: smoeller@neworleanscvb.com Fax: 504-566-5087 ATTN: STEVE

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Thank you,

Justin L. Winch, Law Clerk to Stuart H. Smith

SMITH STAG, LLC.

cc: Stuart H. Smith

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	
Print your name and address on the reverse so that we can return the card to you.	B. Received by (Printed Mame) C. Date of Delivery	
Attach this card to the back of the mailpiece, or on the front if space permits.	Muhrce A Grey	•
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Savanna Engen		
NOCVB 2020 St Charles Ave	3. Service Type	•
NewOlreans, La. 70130	Certified Mail	
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	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label) 7007 282	0 0001 1097 3836	
PS Form 3811, February 2004 Domestic Re	rurn Receipt 102595-02-M-1540	
	CONTRACTOR OF CHANGE PROPERTY	
SENDER: COMPLETE THIS SECTION	A. Signature	•
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so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery	
or on the front if space permits.	M. Ch. H. C. C. C. M. C	
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Tara Letort	%.	
NCVB L	3. Service Type	
New Orleans, La 70130	Certified Mail	•
i de la companya de	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete	A. Signature	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 		
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Steve Moeller NOCVB	A. Signature A. Signature A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mail Registered Return Receipt for Merchandise	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Steve Moeiler NOCVB 2020 St Charles Ave	A. Signature A. Signature A. Signature A. Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mail	
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Justin Winch

From:

Steve Moeller [SMOELLER@neworleanscvb.com]

Sent:

Monday, May 21, 2012 3:37 PM

To:

Justin Winch

Cc:

rwalmsley@cfhlaw.com

Subject:

Re: Public Records Act Request

Dear Mr. Winch.....

I trust that by now you have reviewed the letter from our attorney regarding your previous request for information on the Hospitality Industry Strategic Plan. Although we have not received your response to that letter, our attorney has explained to you that the New Orleans Convention and Visitors Bureau was established over 50 years ago as a private, non-profit corporation and, as such, is not subject to the Public Records Act.

Please direct any future correspondence regarding this matter to

Robert Walmsley Fishman Haygood Phelps Walmsley Willis & Swanson, L.L.P. 201 St. Charles Avenue New Orleans, Louisiana

Steve Moeller



Vice President
Finance and Administration
New Orleans Convention and Visitors Bureau
2020 St. Charles Ave.
New Orleans, LA 70130
smoeller@neworleanscvb.com

www.neworleanscvb.com



>>> Justin Winch <jwinch@smithstag.com> 5/21/2012 11:49 AM >>>

ATTENTION: Mr. Steve Moeller

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Justin L. Winch

Law Offices of Smith Stag, L.L.C. One Canal Place 365 Canal Street, Suite 2850 New Orleans, LA 70130



Robert Walmsley Fishman Haygood Phelps Walmsley Willis & Swanson, L.L.P. 201 St. Charles Avenue New Orleans, Louisiana



Steve Moeller

Vice President
Finance and Administration
New Orleans Convention and Visitors Bureau
2020 St. Charles Ave.
New Orleans, LA 70130
smoeller@neworleanscyb.com

www.neworleanscvb.com



>>> Justin Winch <jwinch@smithstag.com> 5/21/2012 11:49 AM >>>

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One Canal Place
365 Canal Street, Suite 2850
New Orleans, LA 70130
Phone | (504) 593-9600 Fax | (504) 593-9601
jwinch@smithstag.com | www.smithstag.com |
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NEW ORLEANS METROPOLITAN CONVENTION &

VISITORS BUREAU, INC.

72-0540607

Pané 7

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

Name and Title	/ Altarono	1		D -	. 12.7			(D)	(E)	(F)
-	Average hours	6			sitior tha	ı t apr	olv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	_	Officer	Key emptoyee	Highest componsated traplayor	<u> </u>	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
J. STEPHEN PERRY										
PRESIDENT	60.00	ļ	ļ	X	_	Х		371,165.	0.	4,526.
AMY REIMER		ĺ						_		
PAST CHAIRPERSON	0.00	X		X	-			0.	. 0.	0.
RON FORMÁN									_	_
CHAIRPERSON	0.00	X		X	-			0.	0.	0.
STEVE PETTUS								_	_	_
CHAIRPERSON ELECT	0.00	X	ļ	X				0.	0.	0.
TERRY EPTON									_	_
SECRETARY	0.00	X		X	<u> </u>	ļ		0.	0.	0.
ALFRED GROOS									_	_
TREASURER -	0.00	X		X	\vdash	L.		0.	0.	0.
CLANCY DUBOS									_	_
BOARD MEMBER	0.00	X			<u> </u>			0.	0.	0.
FRED SAWYERS										•
BOARD MEMBER	0.00	X						0.	0.	0.
BILL MCCREARY	0.00									•
BOARD MEMBER	0.00	X			<u> </u>			0.	0.	0.
MARTI DALTON	0.00									0
BOARD MEMBER	0.00	<u> X</u>						0.	0.	0,.
GREGORY RUSOVICH	1	~~						,		
BOARD MEMBER	0.00	X						0.	0.	0.
EDDIE JACOBS BOARD MEMBER	0.00	٦,						^	0.	0.
JOHN PAYNE	0.00	Δ.						0.	U •	<u>U.</u>
BOARD MEMBER	0.00	₩						0.	0.	0.
JAY WEIGEL	1 0.00	♣					-			<u> </u>
BOARD MEMBER	0.00	v						0.	0.	0.
CHRISTOPHER BARDELL	3.00	τz						U • [<u>U.</u>
BOARD MEMBER	0.00	¥						0.	0.	0.
DARRIUS GRAY	0.00	v				-		<u>V.</u>	<u></u>	<u>U•</u>
BOARD MEMBER	0.00	~	·					0.		
J. DOUGLAS THORNTON	0.00	Δ	-					. 0.1	- Carrier Constitution	EXHIBIT
BOARD MEMBER	0.00	y						0.	¥	EVINDII

Form 990 (2008)

the organization. (A)	(B)	
Name and business address	(B) Description of services	(C) Compensation
TRUMPET LLC DBA TRUMPET ADVERTISING, 839 ST. CHARLES AVENUE #305, NEW ORLEANS, LA	ADVERTISING AGENCY	319,031.
PET BIRD ENTERTAINMENT, LLC, 322 CULVER BLVD #142, PLAYA DEL REY, CA 90293	TELEVISION SERIES PRODUCTION	148,371.
2 Total number of independent contractors (including those in 1) who received n from the organization 2	nore than \$100,000 in compensation	

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

А	LOL !!	te 2009 datendar year, or tax year beginning	eimuñ		
В	Check l applica	r Please C Name of organization use RS NEW ORLEANS METROPOLITAN CONVENTION	. £	D Employer identif	cation number
	Add	ess label of ALCIMODG BIIDENII TMC	u		
H	lchar Nam	e type		72-0	540607
F	lchar lnltia setur	ga Doilig Dusitiess As	· · · · · · · · · · · · · · · · · · ·		
	Ten Ten		Room/suite		566-5011
F	Arre	nded lions. City and the state of activities and 7/D 1/4	·	G Gross receipts \$	12,744,705.
F	lrebur Appi bon	NEW ORLEANS, LA 70130		H(a) is this a group re	
٠	pend	F Name and address of principal officer: J. STEPHEN PERRY		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
1	Tax-e:	tempt status: X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527		1 ' '	list. (see Instructions)
		ite: > WWW NEWORLEANSCVB.COM		H(c) Group exemptio	· · · · · · · · · · · · · · · · · · ·
		forganization: X Corporation Trust Association Other	L Year		A State of legal domicile; LA
y	art f				- Management
	1	Briefly describe the organization's mission or most significant activities: DEVE	LOPING	AND MARKET	ING THE NEW
& Governance		ORLEANS REGION AS THE PREMIER CONVENTION	AND V	ISITOR DEST	INATION.
rna	2	Check this box ▶ ☐ if the organization discontinued its operations or dispo			·
ove	3	Number of voting members of the governing body (Part VI, line 1a)		i i	17
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			17
Se	5	Total number of employees (Part V, line 2a)		5	342
Activities	6	Total number of volunteers (estimate if necessary)			1
†	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	12,453.
4	ь	Net unrelated business taxable income from Form 990-T, line 34		7ь	0.
				Prior Year	Current Year
õ	8	Contributions and grants (Part VIII, line 1h)	<u>L</u>	15,754,095.	10,421,293.
Revenue	9	Program service revenue (Part VIII, line 2g)		854,688.	2,056,167.
9	10	Investment Income (Part VIII, column (A), lines 3, 4, and 7d)		379,596.	267,245.
1.1.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	[
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,988,379.	12,744,705.
	13	Grants and similar amounts paid (Part IX, column (A), Ilnes 1-3)	···		·······
	14	Benefits paid to or for members (Part IX, column (A), line 4)	7 2 2 7 7 7		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,260,176.	6,353,192.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			
X		Total fundraising expenses (Part IX, column (D), line 25)		2 200 400	C 500 300
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		8,908,489.	6,527,479.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		15,168,665.	12,880,671.
- 03	19	Revenue less expenses. Subtract Ilne 18 from line 12		1,819,714.	-135,966.
ssets or dalances				Inning of Current Year	End of Year
SSe	20	Total assets (Part X, line 16)		31,139,511.	32,047,767.
nd A	21	Total liabilities (Part X, line 26)		2,946,850. 28,192,661.	2,231,844.
	21 22 Et][Net assets or fund balances, Subtract line 21 from line 20			
	11.315	Under penalties of perjury, I declare that I have examinated the results and complete. Declaration of preparer (other trial) titles is together the all information of which preparer has a	d statements, a	nd to the best of my knowledg	e and belief, it is true, correct.
		and complete. Declaration of preparer (other trial) afficer) is based on all information of which preparer has a	ny knowledge.		
nt		A AIN IIV		1	
Sigr Here		Signature of officer		Date	
nere	€	J. STEPHEN PERRY, PRESIDENT & CEO			
		Type or print name and litie			
-		Date	Che		r's identifying number
Pald		Preparer's signature	l self-	oloyed 🕨 🔲 (see ins	tructions)
Prep	ater,2	Firm's name (or POSTT, ETHWATTE & NETTERVILLE	i putit	EIN ►	
Use (Only	yours if self-employed), ONE GALLERIA BLVD, SUITE 2100			
		address, and METAIRIE, LA 70001		Phone no. ▶ (5	504)837-5990
Mari	the II	3S discuss this return with the preparer shown above? (see Instructions)			X Yes No

72-0540607 Page 3 VISITORS BUREAU, INC. Form 990 (2009) Part IV Checklist of Required Schedules Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 Х If "Yes," complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part il ... 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Х 8 Schedule D, Part III 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? If "Yes," complete Schedule D, Part IV X 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? Х 10 If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X X 11 as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 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 167 If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X. 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12 Schedule D, Parts XI, XII, and XIII. Yes No 12A Was the organization included in consolidated, independent audited financial statements for the tax year? 13 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Dld the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business, 14b and program service activities outside the United States? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization X or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals X 16 located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines Х 18 1c and 8a? If "Yes," complete Schedule G, Part II

Form 990 (2009)

X

X

19

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

complete Schedule G, Part III

Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), the 17 if "Yes," complete Schedule, Parts I and if United States on Part IX, column (A), the 17 if "Yes," complete Schedule, Parts I and if United States on Part IX, column (A), the 17 if "Yes," complete Schedule, Parts I and if United States on Part IX, column (A), the 12 if "Yes," complete Schedule, I, Parts I and III United States on Part IX, column (A), the 27 if "Yes," complete Schedule, I, Parts I and III United States on Part IX, column (A), the 12 if "Yes," complete Schedule, I, Parts I and III United States on Part IX, column (A), the organization several tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the yeer, that was issued after December 31, 2002? If "Yes," answer lines 246 brough 24d and complete Schedule I, "I who," go to line 25. bid the organization invest any proceeds of texosempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of texosempt bonds beyond a temporary period exception? 24c Did the organization invest any as exercised of texosempt bonds beyond a temporary period exception? 24d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? If "Yes," complete Schedule I, Part II "Yes," as a natural ordinary and particular to rec	Form	990 (2009) VISITORS BUREAU, INC. 72-0540	607	. P	age 4
Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 11 / 1"ke," complete Schedule I, Parts I and II	ря				
United States on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II 21 Did the organization report times the 55,000 of grants and offers assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 Id the organization sawer "Yes" to Part IVII, Section A, fire 3, 4, or 5 about compensation of the organization" courrent and former officers, director, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule I all the organization have a texeexempt bond issue with an outstanding principal smount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, "I make a secret vaccount other than a refunding escrew at any time during the year of obligation of the organization invest any proceeds of texeexempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of texeexempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of texeexempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of texeexempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of texeexempt bonds outstanding at any time during the year? 24d Did the organization neves that it engaged is an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not bean reported on any of the organization engage in an excess benefit transaction with a final that the transaction with a temporary of the organization and that the transaction with a final part of the organization party to a business transaction with one of the following parties, (see Schedule L, Part IV 25d Was a loan to or by a current or former officer, cliractor, trustee, lever employee, highly compensated employee, or disqualified person orlateractions are applicable lining thresholds,		On on the state of	T	Yes	No
United States on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II 21 Did the organization report times the 55,000 of grants and offers assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 Id the organization sawer "Yes" to Part IVII, Section A, fire 3, 4, or 5 about compensation of the organization" courrent and former officers, director, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule I all the organization have a texeexempt bond issue with an outstanding principal smount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, "I make a secret vaccount other than a refunding escrew at any time during the year of obligation of the organization invest any proceeds of texeexempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of texeexempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of texeexempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of texeexempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of texeexempt bonds outstanding at any time during the year? 24d Did the organization neves that it engaged is an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not bean reported on any of the organization engage in an excess benefit transaction with a final that the transaction with a temporary of the organization and that the transaction with a final part of the organization party to a business transaction with one of the following parties, (see Schedule L, Part IV 25d Was a loan to or by a current or former officer, cliractor, trustee, lever employee, highly compensated employee, or disqualified person orlateractions are applicable lining thresholds,	04	Did the experiments and organizations in the		ļ	
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 27 if "Nes," complete Schedule, Parts i and III. 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, clinictors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule IX II "No.", joy to line 25 Schedule IX II "No.", joy to line 24 Schedule IX II "No.", joy to line 25 Schedule IX II "No.", joy to line 25 Schedule IX II "No.", joy to line 25 Schedule IX II "No.", joy to line 24 Schedule IX II "No.", joy to line 25 Schedule IX II "No.", joy to line 24 Schedule IX II "No.", joy to line 24 Schedule IX II "No.", joy to line 24 Schedule IX II "No.", joy to line 25 Schedule IX	21	bit the States on Bart IV column (Å) line 12 if "Ves " complete Schedule Parts and il	21		Х
column (A), fine 27 if "Yes," complete Schedule it, Parts I and III 22		Diffed States Of Part IA, coloring Pg, and Prin Tes, complete Sense to Individuals in the United States on Part IX.			
23 Did the organization enswer "Yes" to Part VIII, Section A, line 3, 4, or 5 about compensation of the organization"s current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24e Did the organization have a tax exempt bond is sus with an outstanding principal amount of more than \$100,000 se of the last day of the year, that was issued after December 31, 2002 ** "Yes," anower fines 24b Inruspl." 24d and complete Schedule K. If "No.", po to line 25 Did the organization haves a ny proceeds of texes empt bonds beyond a temporary period exception? 24a X 25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year? detailed by Did the organization exception? 25c Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified parson of the year? If "Yes," complete Schedule L, Part I 25c Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified parson in a prior year, and that the transaction has not been reported on any of the organization with a disqualified parson in a prior year, and that the transaction has not been reported on any of the organization with a disqualified parson in a prior year, and that the transaction has not been reported on any of the organization experts of the prior Formes 990 or 990-EZ? If "Yes," complete Schedule L, Part II 25c A little comparization approached a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified contribution, or a grant alsolution committee member, or to a person related to such an Individual? If "Yes," complete Schedule L, Part IV 25c Schedule L, Part III 27c Vide the organization approach a party to a business transaction with one of the following parties, (see Schedule L, Part IV 27d Instructions for applicable filing thresholds, conditions	22		22		x
and former officers, firectors, fureless, key employees, and highest compensated employees? If "Yes," complete Schedule J		column (A), line 27 if "yes," complete Schedule I, marks I and III	7.2		
Schedule J	23	Did the organization answer "yes" to Part VII, Section A, line 3, 4, or a good compensation of the organization is content			
24a Did the organization have a favexempt 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 \$1,2002? If "Yes," answer lines 24b through 24d and complete Schedule I, If "No", yo to line 25 b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any text-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any text-exempt bonds? Section 501(p(3) and 501(p(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I is to organization engage in an excess benefit transaction with a disqualified person fur a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule I, Part I is the organization engage 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-E27 If "Yes," complete Schedule I, Part II is the organization provide a grant or other assistance to an office, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule I, Part IV is the structions for applicable filing thresholds, conditions, and exceptions): A current or former office, director, trustee, or five y employee? If "Yes," complete Schedule I, Part IV is the organization and party to a business transaction with one of the following parties, see Schedule I, Part IV is the organization and accurate or former office, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV is an office, director, trustee, o			22	x	
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 245 through 24d and complete Schedule K. If "No", go to line 25 Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Beston 301(6)(3) and 501(6)(4) organizations. Did the organization engage in an excesse benefit transaction with a disqualified person in a prior year, and that the transaction 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-E27 if "Yes," complete Schedule L, Part II 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? If "Yes," complete Schedule L, Part IV Was the organization a party to a business transaction with one of the following parties, less Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25a A nemity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25b A family of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25c Did the organization receive contributions of art, historical treasures, or other similar essets, or qualified conservation 25c Did		Schedule J	120		<u> </u>
Schedule K. If 1Vior., go to line 25 b Did the organization invest any proceeds of texeexempt bonds beyond a temporary period exception? 24b Did the organization mishish an escrow account other than a refunding escrow at any time during the year to defease any texeexempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a cliqualified person during the year? If "Yes," complete Schedule I., Part I Is is the organization have that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I Is is the organization has not been reported on any of the organization of the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person outstancing as of time end of the organization's tax year? If "Yes," complete Schedule I., Part II Is Was a bear to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstancing as of time end of the organization and part year, complete Schedule I., Part IV Is Schedule I., Part IV Is A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV Is A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV Is A current year. It is an an officer, director, trustee, or key employee? If "Yes," complete	24a	Did the organization have a tax-exempt bond issue with an outstanding principal arround of more drain \$100,000 as of the			
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Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32	31		24		x
Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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.			01		
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 X 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 X X 35 X X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V 37 X 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. 38 X	32		20		¥
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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.			132		
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Section 501(c)(3) organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Jid the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V Jid 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.	33		00	v	
If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1			33		
Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Jid the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Jid 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.	34			1	v
If "Yes," complete Schedule R, Part V, line 2 35 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V 37 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. 38 X			34		
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V 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. 38 X	35				•0*
If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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. 38 X		If "Yes," complete Schedule R, Part V, line 2	35		<u> </u>
27 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 28 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. 38 X	36				
27 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 28 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. 38 X		If "Yes," complete Schedule Pi, Part V, line 2	36		
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 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. 38 X	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
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. 38 X		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
Note, All Form 990 filers are required to complete Schedule O	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
Form 990 (2009)					
		,	Form	990 (2009)

Kal	Statements Regarding Other IAS Fillings and Tax Compliance						
.,		}	1	ſ		Yes	No
1a	Enter the number reported in Box 3 of Form 1098, Annual Summary and Transmittal of			66			
	U.S. Information Returns, Enter ·0· if not applicable	1a		0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	l				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	epona	ble gaming	F		X	
	(gambling) winnings to prize winners?	i	i		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			342			
	filed for the calendar year ending with or within the year covered by this return	<u> 2a</u>				X	
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		}	2Ь	Δ *******	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instru	ctions)	ŀ		X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by t	nis return?		3a	X	
þ	If "Yes," has It filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				d£	Δ	 -
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a				x
	financial account in a foreign country (such as a bank account, securities account, or other financial	accon	nt)'7	إ	4a		<u>^</u>
b	If "Yes," enter the name of the foreign country:			F			
'	See the Instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank a	and	1			
	Financial Accounts.			Į.	****		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	••••••		···· }	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		}	5b		A
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	rding.	Prohibited				
	Tax Shelter Transaction?				5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie orga	anization solic	ıt			v
	any contributions that were not tax deductible?			, 	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contribut	ons o	r glits				
	were not tax deductible?			}	6b		
7	Organizations that may receive deductible contributions under section 170(c).			Î			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for						
	provided to the payor?			·	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	:		}	7b	-	
¢	Dld the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uirea		. ,		l
	to file Form 8282?	I		}	7c		
	If "Yes," Indicate the number of Forms 8282 filed during the year	7d	- 1				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p				7.		
	benefit contract?				7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit continuous	actr	*******	}			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			· }	7g 7h		
ħ	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as re	daiteas		/n		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	ganiza	ations. Dio tre	_			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc			js [8		
	at any time during the year?						ı
9	Sponsoring organizations maintaining donor advised funds.			8	9a	200000000	
а	Did the organization make any taxable distributions under section 4966?			· }	9b		
þ	Did the organization make a distribution to a donor, donor advisor, or related person?				an		
10	Section 501(c)(7) organizations. Enter:	40-	Ì	2			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		-			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	L				
11	Section 501(c)(12) organizations. Enter:		}				
а	Gross income from members or shareholders	11a					
b	Gross Income from other sources (Do not net amounts due or paid to other sources against	446					
		1115	<u></u>	─	12a		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041		ŀ			
ь	If "Yes," enter the amount of tax exempt interest received or accrued during the year	12b			Form	990 ('200a)
						~~~ ,	

Form 990 (2009) VISITORS BUREAU, INC. 72-0540607 Page 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.

Sec	tion A. Governing Body and Management				- <del></del>	
-		1 .	1	SSS	Yes	No
af	Enter the number of voting members of the governing body	1a	1	$\frac{17}{17}$		
þ	Enter the number of voting members that are independent		<del></del>	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					V
	officer, director, trustee, or key employee?			2	-	X
3	Did the organization delegate control over management duties customarily performed by or under the					.,
	of officers, directors or trustees, or key employees to a management company or other person?			3	╄	X
4	Did the organization make any significant changes to its organizational documents since the prior Fo				-	Х
5	Did the organization become aware during the year of a material diversion of the organization's asse				<del>  ,_</del>	X
6	Does the organization have members or stockholders?			6	X	<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more me				X	
	governing body?  Are any decisions of the governing body subject to approval by members, stockholders, or other pe				├^-	x
_	Are any decisions of the governing body subject to approval by thembers, stockholders, or other per Did the organization contemporaneously document the meetings held or written actions undertaken	duño	a the wear	···   10		
å		COSIII	g ine year			
	by the following:			8a	X	
a	The governing body?			Oa 8b	X	
	Each committee with authority to act on behalf of the governing body?			50	122	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			9		X
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			[ 9	-L	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	ie vei it	/e C000e./		Yes	No
	Does the organization have local chapters, branches, or affiliates?			10a	103	X
lva	If "Yes," does the organization have written policies and procedures governing the activities of such	chao	ers. affiliates.	- 100		
ע	and branches to ensure their operations are consistent with those of the organization?			_ 10ь		
44	Has the organization provided a copy of this Form 990 to all members of its governing body before f	ilina ti	ne form?	11	X	
11	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	**********
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou			-		
D	to conflicts?			12ь	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,'	describe			
	in Schedule O how this is done			<u> 12c</u>		
13	Does the organization have a written whistleblower policy?		,,,	13	X	
14	Does the organization have a written document retention and destruction policy?			. 14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by i	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official		· A	15a	X	
ь	Other officers or key employees of the organization			_ 15b	X	970.00000
	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 arrangements	ment i	with a			
	taxable entity during the year?			16a		X
þ	if "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-	duate	its participation			
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anizat	lon's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	f (501	(c)(3)s only) availa	ble for		
	public inspection. Indicate how you make these available. Check all that apply.					
	Own website Another's website X Upon request	a anti-		ممط تثن	احامما	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	OHIG	i di uneresi bolica	, खारण ॥११४	ii ICIƏI	
	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books a	nd ros	varde of the areas	ization. b	<b>&gt;</b>	
20	TAMMIE BOTELER - 504-566-5094	.10 180	orga or me organ			
	2020 ST. CHARLES AVE, NEW ORLEANS, LA 70130					
				Form	990 (	2009)

and former such persons.

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

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. Use Schedule J-2 if additional space is needed.
- Dist 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. 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.
- e 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;

Check this box if the organization did (A)	(B)	y cu	HEI		)) )	, uite	٠٠٠٠	(D)	(E)	(F)
Name and Title	Average			Posi	-	ı		Reportable	Reportable	Estimated
Hallie and This	hours	(ci	heck	call i	hat	app	ly)	compensation	compensation	amount of
	per	ģ						from the	from related organizations	other compensation
	week	를	_			E		organization	(W-2/1099-MISC)	from the
		뿛	퇄			BSUad		(W-2/1099-MISC)	,,,=,,,	organization
		2 2	la lo		왕	E S				and related
		notwicted trustee or director	nstitutional trusted	Officer	Keyemployed	Highest compensated employee	Former	-		organizations
CHRIS BARDELL		-			-		-	}		311 12 33.0
DIRECTOR	1.30	x			l			0.	0.	0.
FRANK BRIGTSEN										
DIRECTOR	1.30	X						0.	0.	0.
DARRIUS GRAY										
DIRECTOR	1.30	X						0.	0.	0.
GARY LAGRANGE		Γ			-					_
DIRECTOR	1.30	X				_		0.	0.	0.
AMY REIMER								_	_	
DIRECTOR ·	1.30	X		<u> </u>				0.	0.	0.
CLANCY DUBOS		ļ								,
DIRECTOR	1.30	X	<u> </u>				<u> </u>	0.	0.	0.
GIL ZANCHI					1				0.	0.
DIRECTOR	1.30	X	<u> </u>	<u> </u>	ļ	<u> </u>		0.	U .	<u> </u>
JAY WEIGEL								0.	0.	0.
DIRECTOR	1.30	X	<u> </u>	_		-	<b> </b>	U -	V.	
DOUG THORNTON	1 20	٧,						0.	0.	0.
DIRECTOR	1.30	X	}—	├		┼	<u> </u>	0.	<u> </u>	
GREG RUSOVICH	1.30			]				0.	0.	0.
DIRECTOR	1.50	1	-	<del> </del>	├	$\vdash$				
JOHN PAYNE	1.30	v	1		1			0.	0.	0.
DIRECTOR BILL MCCREARY	1.30	12	_	<del>  </del>		<del> </del>	<del>                                     </del>			
DIRECTOR	1.30	x			1			0.	0.	0.
STEVE PETTUS		-	T			†				· ·
CHAIRPERSON	1.30	x		X	1	}		0.	0.,	0.
FRED SAWYERS		<del> </del>		1		┢	_			
CHAIRPERSON ELECT	1.30	X	ļ	X			ļ	0.	0.	0.
RON FORMAN		1	T							
PAST CHAIRPERSON	1.30	X		X				0.	0.	0.
TERRY EPTON		$\Box$	Π							_
SECRETARY	1.30	X		X				0.	0.	0.
ALFRED GROOS									_	_
TREASURER	1.30	X		X				0.	0.	0.
										Form 990 (2009)

932007 02-04-10

Position

(check all that apply)

Reportable

compensation

from

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

Reportable

compensation

from related

Page 8

(F)

Estimated

amount of

other

Name and title

VISITORS BUREAU, INC.

Average

hours

per

individual frustee or clinector organizations the compensation week organization (W-2/1099-MISC) from the institutional trustee (W-2/1099-MISC) organization and related Officer C organizations J. STEPHEN PERRY 60.00 XX 379,447. 0. 11,241. PRESIDENT/CEO LINDA NICHOLSON 0. 180,002. 8,078. VICE-PRESIDENT OF CONVEN 50.00 DONNA KARL 50.00 Χ 165,300. 0. 12,076. VICE-PRESIENT OF CLIENT KIM PRIEZ 6,926. VICE-PRESIDENT OF TOURIS 50.00 X 144,645. 0. SALLEE PAVLOVICH 140,256. 0. 50.00 X 9,825. DIRECTOR OF CORPORATE ME STEPHEN MOELLER VICE-PRESIDENT OF FINANC 50.00 Х 137,183. 0. 9,719. DONNA GLOVER 50.00 X 123,761 0 6,398. DIRECTOR OF ASSOCIATION JEFFREY ANDING X 119,674. 0 6,085. DIRECTOR OF CONVENTION M 50.00 1,390,268. 70,348. ****** Total number of Individuals (including but not limited to those listed above) who received more than \$100,000 in reportable 13 compensation from the organization Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on X 3 line 1a? If "Yes," complete Schedule J for such individual For any Individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual X Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to X the organization? If "Yes," complete Schedule J for such person ...... Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from NONE the organization. (A) (C) Description of services Compensation Name and business address Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization Form 990 (2009)

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(Mar. 1997)								
72	irt VI	II Statement of Rever	nue		(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	b d d	Federated campaigns Membership dues Fundralsing events Related organizations Government grants (contribut All other contributions, gifts, gran	1b 1c 1d 1d 1s, and 1s	1308968. 7912062. 1200263.				
Contri and of	-	Noncash contributions included in lines Total. Add liges 1a-1f	1a-1f.\$		10,421,293.			
Program Service Revenue	2 a b c d e	INDUSTRY SHOW C	OST-SHA	Business Code 900099 900099 900099 541800 900099	992,674. 620,716. 430,275. 12,453. 49.	620,716. 430,275. 49.	12,453.	
	3 4 5	Investment income (including other similar amounts)	exempt bond p	proceeds	267,245.			267,245.
	ь	Gross Rents Less: rental expenses Rental income or (loss)	(I) Real	(ii) Personal				
	7 a	Net rental Income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other				
	d	and sales expenses  Gain or (loss)  Net gain or (loss)  Gross income from fundralsing		<b>&gt;</b>				
Other Revenue		including \$ contributions reported on line Part IV, line 18 Less: direct expenses	of 1c). See					
0	о 9 а	Net Income or (loss) from fund Gross Income from gaming act Part IV, line 19 Less: direct expenses	ralsing events tivities. See					
	c 10 a	Net income or (loss) from gami Gross sales of inventory, less and allowances Less: cost of goods sold	ing activities returns a	<u> </u>				
		Net Income or (loss) from sales Miscellaneous Revenue	of inventory					
	b	All ether revenue						
932009	e 12	All other revenue  Total, Add lines 11a-11d  Tetal revenue. See instructions.	**************	<b>.</b>	12,744,705.	2043714.		267,245. Form 990 (2009)

# Part X 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).

	not include amounts reported on lines 6b, 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 U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
Ü	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	-			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees	756,144.			
6	Compensation not included above, le disqualified	• • • • • • • • • • • • • • • • • • • •			
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and Wages	4,774,436.			
8	Pension plan contributions (Include section 401(k)				· · · · · · · · · · · · · · · · · · ·
o	and section 403(b) employer contributions)				
	Other employee benefits	460,521.			
9	• •	362,091.			
10	Payroli taxes	3027052.			
11	Fees for services (non-employees):				
	Management				
b	Legal				
	Accounting	96,800.			
d	• -	30,000.			
0	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	173,597.			
9	Other	2,044,010.			
12	Advertising and promotion	490,542.			
13	Office expenses	142,395.			
14	Information technology	142,333.			
15	Royalties	272,663.	<u> </u>		
16	Occupancy				······································
17	Travel	752,827.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 160 060		<u> </u>	
19	Conferences, conventions, and meetings	1,162,962.		<u> </u>	
20	Interest				
21	Payments to affiliates	254 220			
22	Depreciation, depletion, and amortization	354,238.			<del></del>
23	Insurance	159,815.			
24	Other expenses, Itemize expenses not covered above, (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)	100 000			
а	FESTIVAL SPONSORSHIPS	409,203.			
b	CLIENT SERVICE INITIATI	237,122.			·····
C	RESEARCH	229,710.			
d	MISCELLANEOUS	1,595.		<u> </u>	
е			***************************************	<u> </u>	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	12,880,671.		· · · · · · · · · · · · · · · · · · ·	
26	Joint costs. Check here 🕨 🔲 if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		,		
	educational campaign and fundraising solicitation				
					#***** ODB (0000)

932010 02-04-10

Pa	πX	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			-118,780.	1	1,677,001.
	2	Savings and temporary cash investments			9,173,668.	2	6,825,460.
	3	Pledges and grants receivable, net			2,412,866.	3	1,567,974.
	4	Accounts receivable, net			547,056.	4	865,970.
	5	Receivables from current and former officers, di					
	_	employees, and highest compensated employe					
		of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete					
		Part II of Schedule L				6	
Ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			81,932.	8	76,212.
As	9	Prepaid expenses and deferred charges			852,390.	9	1,110,389.
	ŀ	Land, buildings, and equipment: cost or other	t f				
		basis. Complete Part VI of Schedule D	10a	14,789,203.			
	h	Less: accumulated depreciation	10b	3,495,526.	11,624,861.	10c	
	117	Investments - publicly traded securities				11	8,631,084.
	12	investments - other securities. See Part IV, line			6,565,518.	12	
	13	Investments · program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			31,139,511.	16	32,047,767.
	17	Accounts payable and accrued expenses			762,823.		1,444,156.
:	18	Grants payable			250,000.		285,591.
	18	Deferred revenue			1,830,547.	19	62,902.
	20	Tex-exempt bond llabilities				20	
Ø)	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
Liabilíties	22	Payables to current and former officers, director					
abil		highest compensated employees, and disqualified persons. Complete Part II					
ä		of Schedule L				22	·
	23	Secured mortgages and notes payable to unrele				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			103,480.		439,195.
	26	Total liabilities. Add lines 17 through 25			2,946,850.	28	2,231,844.
		Organizations that follow SFAS 117, check he					
Š		lines 27 through 29, and lines 33 and 34.					
nces	27				23,382,504.	27	
Net Assets or Fund Balan	28	Temporarily restricted net assets		4,810,157.	28	6,871,476.	
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117, check here 🕨 🔲 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					-32	20 01= 000
Ź	33	Total net assets or fund balances			28,192,661.	33	29,815,923.
***************************************	34				31,139,511.	34	32,047,767.
	. –						Form 990 (2009)

Form	990 (2009) VISITORS BUREAU, INC. 72-054	<u> </u>	Pa	ge 12
Θa	nt XII Financial Statements and Reporting			
1000000			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
 b	Standard and the standa	2ъ	X	
	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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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			
	consolidated basis, separate basis, or both:			
	Separate basis X Consolidated basis 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 Gircular A-133?	3a		<u> </u>
ь	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.	36		
		P7	ባባለ "	2000

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

Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

NEW ORLEANS METROPOLITAN CONVENTION &

72-0540607

•	VISITORS BUREAU, INC.	12-0340007			
Organization type(chec					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 6 ) (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 Note. Only a section 501	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	I Rule. See instructions.			
General Rule					
	ation filing Form 990, 990·EZ, or 990·PF that received, during the year, \$5,000 or more (i emplete Parts I and II.	n money or property) from any one			
Special Rules					
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990 EZ that met the 33 1/3% support test of the 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of on (i) Form 990, Part VIII, line 1h or (ii) Form 990 EZ, line 1. Complete Parts I and II.	regulations under sections the greater of (1) \$5,000 or (2) 2%			
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, aggregate 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 filling 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 aggregate 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.					
but it must answer "No" that it does not meet the	on that is not covered by the General Rule and/or the Special Rules does not file Sched " on Part iV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	ule B (Form 990, 990 EZ, or 990 PF), ine 2 of its Form 990 PF, to certify			
IIIA Far Drivon Anto	and Panerwork Reduction Act Notice, see the Instructions School	ule B (Form 990, 990-EZ, or 990-PF) (2009)			

for Form 990, 990-EZ, or 990-PF.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

Schedule R (E)	orm 990, 990-EZ, or 990-PF) (2009)		Page L of L of Parti		
lama of ore	noitetion	Employer Identification number			
NEW O	RLEANS METROPOLITAN CONVENTION & DRS BUREAU, INC.	72-0540607			
VISIT Part I	Contributors (see instructions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
1	NEW ORLEANS TOURISM MARKETING CORPORATION		Person X		
	365 CANAL PLACE	\$ 1,200,263.	Noncash (Complete Part II If there is a noncash contribution.)		
	NEW ORLEANS, LA 70130	(c)	(d)		
(a) No.	(b) Name, address, and ZIP + 4	Aggregate contributions	Type of contribution		
2	STATE OF LOUISIANA		Person X Payroll Noncash		
	P.O. BOX 44154  BATON ROUGE, LA 70804	\$ 7,912,062.	(Complete Part II If there Is a noncash contribution.)		
		(c)	(d)		
(a) No.	(b) Name, address, and ZfP + 4	Aggregate contributions	Type of contribution		
	-		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a)	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and Z!P + 4	(c) Aggregate contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
		Pakadula D /Corr	one con-E7 or con-PF) (2888)		

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

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1645-0047

Inspection

Denartment of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then e Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. NEW ORLEANS METROPOLITAN CONVENTION & Employer identification number Name of organization 72-0540607 VISITORS BUREAU, INC. Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures Part B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? b if "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filling organization for section 527 exempt function activities ______ > \$

exempt function activities ______ > \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527

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

3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b				<b>&gt;&gt;</b> \$			
	lîne 17b			T				
4	Did the filing organization file Form	1120-POL for this year?						
5	the state of the s							
<del> </del>	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter 0.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0			
		***************************************						
-		·						
	<del></del>	<del></del>	<del>  "</del> " ""					

LHA

Schedule C (Form 990 or 990-EZ) 2009

•			S METROPOLI	TAN CONVI	NON &	)540607 Page 2
Schedule C (Form 990 or 990-EZ) 2009 Part 11: A Complete if the org	VISI	TORS B	UREAU, INC.	n 501/0//3) and fi	72~0 led Form 5768	7340007 Page 2
Part II A Complete if the org	janizati	on is exei	Tipt under secuo	n sontogoj and is	100 1 01111 01 00	
(election under sec						
A Check   if the filing organiza	tion belon	gs to an affi	liated group.			
B Check ▶ if the filing organiza	tion check	(ed box A ar	nd "limited control" pro	visions apply.	(a) Filing	(b) Affillated group
		bying Expe			organization's	totals
(The term "expend	ditures" n	eans amou	ints paid or incurred.)		totals	
1a Total lobbying expenditures to influ	rence out	ilic opinion (	grass roots (obbying)			
b Total lobbying expenditures to Infli	ience a le	oisiative boo	dy (direct lobbying)	,		
c Total lobbying expenditures (add )	nas la an	d 1b}			· .	
d Other exempt purpose expenditure	es					
e Total exempt purpose expenditure	s (add line	s 1c and 1c	)			
f Lobbying nontaxable amount. Ente	er the amo	unt from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) o			bying nontaxable am			
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		\$175,00	O plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,1	000			
					l	
g Grassroots nontaxable amount (er			,,			
h Subtract line 1g from line 1a. If zer						
i Subtract line 1f from line 1c. If zero	or less, e	nter-0				
j If there is an amount other than ze	ro on eithe	erline 1h or	line 11, did the organiza	ation life Form 4/20	J	Yes No
reporting section 4911 tax for this	year?			n - 42 - FO4 (L)		165100
/D		4-Year Ave	eraging Period Under ection 501(h) election	Section out(n) I do not have to com	olete all of the five	
(Some organiz	lumns be	low. See th	e instructions for line	s 2a through 2f on p	age 4.)	
			nditures During 4-Yea		···	
		-33				
Calendar year	(a)	2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
(or fiscal year beginning in)	• •					
2a Lobbying nontaxable amount				-		
b Lobbying celling amount						
(150% of line 2a, column(e))						·
4.					}	
c Total lobbying expenditures						<u> </u>
d Grassroots nontaxable amount		_				
e Grassroots celling amount						
(150% of line 2d, column (e))						<u> </u>
The state of the s		٠				

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 VISITORS BUREAU, INC. 72-054060 22012 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	•		(a)	ļ	(b)
		Yes	No	Am	ount
1 During the year, did the filing organization attempt to influence	e foreign, national, state or	7			
local legislation, including any attempt to influence public opin	nion on a legislative matter	}			
or referendum, through the use of:	•				
a Volunteers?					
b Paid staff or management (include compensation in expenses	reported on lines 1c through 1i)?				
c Medla advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government official					
h Rallies, demonstrations, seminars, conventions, speeches, lec	tures, or any similar means?				· /
i Other activities? If "Yes," describe in Part IV					***
j Total. Add lines 1c through 11	***************************************				
2a Did the activities in line 1 cause the organization to be not des	cribed in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 49	<del>3</del> 12			111111111111111111111111111111111111111	
c If "Yes," enter the amount of any tax incurred by organization					
d If the filing organization incurred a section 4912 tax, did it file f					
ParallisA Complete if the organization is exempt a			(5), or se	ction	
501(c)(6).			- •-		
		- HATE-WITTER	T	Yes	No
1 Were substantially all (90% or more) dues received nondeduct	ble by members?		. 7		X
2 Did the organization make only in house lobbying expenditures				· · · · · · · · · · · · · · · · · · ·	Х
3 Did the organization agree to carryover lobbying and political e					X
Part III-B Complete if the organization is exempt u	ınder section 501(c)(4), sec	tion 501(c)(	5), or sec	ction	<u> </u>
501(c)(6) if BOTH Part III-A, lines 1 and 2	are answered "No" OR if P	art III-A, Iir	ne 3 is an	iswered	:
"Yes."		•			
1 Dues, assessments and similar amounts from members	***************************************		1	1,308	3,968
2 Section 162(e) nondeductible lobbying and political expenditur					
expenses for which the section 527(f) tax was paid).					
a Current year			2a	96	,800
b Carryover from last year			2b		·
c Total			2c	96	,800
3 Aggregate amount reported in section 6033(e)(1)(A) notices of r	nondeductible section 162(e) dues		3		,717
4 If notices were sent and the amount on line 2c exceeds the am					•
does the organization agree to carryover to the reasonable esti-					
			4		
expenditure next year?		****************	5	-7	,917
	ructions)				<del></del>
5 Taxable amount of lobbying and political expenditures (see inst	ructions)	**			
5 Taxable amount of lobbying and political expenditures (see inst				complete	this pari
Taxable amount of lobbying and political expenditures (see instantis)  Supplemental Information  complete this part to provide the descriptions required for Part I-A, iir				complete	this pari
5 Taxable amount of lobbying and political expenditures (see inst art IV Supplemental Information complete this part to provide the descriptions required for Part I-A, iir				complete	this part
Taxable amount of lobbying and political expenditures (see instantis)  Supplemental Information  complete this part to provide the descriptions required for Part I-A, iir				complete	this part
5 Taxable amount of lobbying and political expenditures (see instanting Supplemental Information proplete this part to provide the descriptions required for Part I-A, iir				complete	this part
5 Taxable amount of lobbying and political expenditures (see inst art IV Supplemental Information complete this part to provide the descriptions required for Part I-A, iir				complete	this part
5 Taxable amount of lobbying and political expenditures (see inst Cart IV Supplemental Information complete this part to provide the descriptions required for Part I-A, iir				complete	this part
5 Taxable amount of lobbying and political expenditures (see inst Cart IV Supplemental Information complete this part to provide the descriptions required for Part I-A, iir				complete	this part
5 Taxable amount of lobbying and political expenditures (see instanting Supplemental Information proplete this part to provide the descriptions required for Part I-A, iir				complete	this part
5 Taxable amount of lobbying and political expenditures (see inst				complete	this part
5 Taxable amount of lobbying and political expenditures (see instanting Supplemental Information proplete this part to provide the descriptions required for Part I-A, iir				complete	this part
Taxable amount of lobbying and political expenditures (see instantis)  Supplemental Information  omplete this part to provide the descriptions required for Part I-A, iir				complete	this part

(Form 990)

## Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

NEW ORLEANS METROPOLITAN CONVENTION & VISITORS BUREAU, INC.

Employer Identification number 72-0540607

Pa	Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	is or Accounts. Complete if the
Exception.	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2			
3			
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor adv	ised funds
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor as		
Ü	for charitable purposes and not for the benefit of the donor of	r donar advisor, or for any other purpos	e conferring
	Impermissible private benefit?		
Pa	m II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p		istorically important land area
	Protection of natural habitat	· .	rtified historic structure
٥	Preservation of open space  Complete lines 2a through 2d if the organization held a qualifi	ind concentation contribution in the for	n of a conservation easement on the last
2		ed collect action continuously in the low	if of a collact fation, exceptions on the test
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
a	Total acreage restricted by conservation easements		
	ai a a se se a control de la c		
c			
d	Number of conservation easements included in (b) acquired a Number of conservation easements modified, transferred, rel-	and orthographed orthographeted by the	
3	year >		to organization coming the text
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	lodic monitoring, inspection, handling o	f .
	violations, and enforcement of the conservation easements it	holds?	Yes I 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 durin	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 17	O(h)(4)(B)(l)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
	# 1 * 1		
1a	If the organization elected, as permitted under SFAS 116, not	to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherance of p	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these it	iems.	·
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or	r research in furtherance of public service	ce, provide the following amounts relating to
	these items:		
	fi) Revenues Included in Form 990, Part VIII, line 1	******	<b>&gt;</b> \$
	fii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treat	sures, or other similar assets for financ	ial gain, provide
_	the following amounts required to be reported under SFAS 1:		
я	Revenues included in Form 990. Pari VIII. line 1	~ <u>,                                   </u>	
h	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		<b>▶</b> \$
	- immate Hindonese Hit Collis manuf Courses Commissions Commissions		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

### EANS METROPOLITAN CONVENT? NEW C VISITURS BUREAU, INC. 72-0540607 Page 2 Schedule D (Form 990) 2009 Partill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 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): Public exhibition Loan or exchange programs Other Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 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? Part W Escrow and Custodial Arrangements. Complete if 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 No on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount c Beginning balance 10 d Additions during the year _____ 1d e Distributions during the year Ending balance 11 2a Did the organization include an amount on Form 990, Part X, line 21? 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. (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year 1a Beginning of year balance ..... b Contributions 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 year end balance held as: a Board designated or quasi-endowment b Permanent endowment c Term endowment 🕨 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No by: (i) unrelated organizations (iii) (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

(a) Cost or other (c) Accumulated (d) Book value (b) Cost or other Description of investment basis (Investment) basis (other) depreciation 3,373,130. 3,373,130. fa Land 7,604,814. 1,551,305 9,156,119. b Buildings 22,233. 46,695. 68,928. c Leasehold improvements 1,008,355. 928,432. 79,923. d Equipment 189,115. 1,182,671. 993,556. 11,293,677. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2009

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.  (e) Description of investment type  (b) Book value  Cost or end-of-year market value  Tatal. (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part JX Other Assets. See Form 990, Part X, line 15.  (e) Description  (b) Book value	Schedule D (Form 990) 2009 VISITURS B			72-0540607 Page 3
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Schedule D (Form 990) 2009

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 2. FIN 48 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. 92063 92-01-10

### Schedule F (Form 990)

# Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

2009 Open to Public Inspection

Department of the Treasury internal Revenue Service

Name of the organization
NEW ORLEANS METROPOLITAN CONVENTION &

Employer identification number

VISITORS BUREAU	יידאיר			72-054060	1
VISITORS BUREAU	rmation on A	ctivities Out	tside the United States. Comp	olete if the organization answered "	'es'
Part I General Info to Form 990, Par		CONVINCE ON	iordo mio omitor ottorio		
to Form 990, Pal	the eransization	maintain recor	ds to substantiate the amount of the g	orants or assistance, the	
1 For grantmakers. Does	ne organization	tance and the	selection criteria used to award the gr	ants or assistance?	Yes No
grantees, eligibility for the	le Gistils of Sask	statice, and the	defending the state of the stat		
n H Latara Dane	dtha in Davi With	o oroonization's	procedures for monitoring the use of	grant funds outside the United Stat	es,
2 For grantmakers. Desc	ande in Pari IV iii	e organization a	proceeding for monitoring the end of	<b>3</b>	•
- 4 M M D - 1 - 7	1 0-b	/Form 000) if an	iditional space is needed.)		
<del></del>	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
(a) Region	(b) Number of	employees or	(by type) (i.e., fundraising,	is a program service,	expenditures
	in the region	agents in	program services, grants to	describe specific type	for region
	(11 (7.0 1 - g 7.1	region	recipients located in the region)	of service(s) in region	
	<u> </u>			MARKET NEW ORLEANS AS A	
•				TOURIST DESTINATION;	
				EXPENDITURES INCLUDE	
EUROPE (INCLUDING				FEES AND OPERATIONAL	564,573.
ICELAND & GREENLAND)	0	3	PROGRAM SERVICES	MARKET NEW ORLEANS AS A	
				TOURIST DESTINATION;	
				EXPENDITURES INCLUDE	
	_			FRES AND OPERATIONAL	137,389.
NORTH AMERICA	0	1	PROGRAM SERVICES	LISBS MID OTTOTAL COMM	
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SEE PART IV FOR COLUMN (E) DESCRIPTIONS

932071 02-01-10 NEW ORLEANS METROPOLITAN CONVENTION &

VISITORS BUREAU, INC.

Schedule F (Form 990) 2009

72-0540607

Page 2

reciplent who received more than \$5,000. Check this box if no one reciplent received more than \$5,000 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of non-cash assistance cash disbursement (f) Manner of of cash grant (e) Amount (d) Purpose of grant Use Schedule F-1 (Form 990) if additional space is needed. (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization

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

Schedule F (Form 990) 2009

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NEW ORLEANS METROPOLITAN CONVENTION &

VISITORS BUREAU, INC.

Schedule F (Form 990) 2009 VISTTORS BUREAU, INC.

Partitle Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed.

Page 3

72-0540607

	, i	•		Ī	:		1
(h) Method of valuation (book, FMV, appraisal, other)				*.	•		
(g) Description of non-cash assistance							
(f) Amount of non-cash assistance			10.30				
(e) Manner of cash disbursement							
(d) Amount of cash grant	. ,						
mber of plents		÷					
(b) Region						·	
(a) Type of grant or assistance (b) Region reciprocing							

Schedule F (Form 990) 2009

### **SCHEDULE J** (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

OM8 No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Attach to Form 990. See separate instructions. NEW ORLEANS METROPOLITAN CONVENTION & VISITORS BUREAU,

Employer identification number 72-0540607

200	Questions Regarding Compensation		····	T
		500000000	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments  LX Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., mald, chauffeur, chef)			
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1 _b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	ļ		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	. 2	Х	<u>L</u>
3	indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
•	CEO/Executive Director. Check all that apply.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X   Form 990 of other organizations   X   Approval by the board or compensation committee			
	[22] FOIII 950 of other digatizations			
	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
4				
	organization or a related organization:  Receive a severance payment or change of control payment?	4a	**********	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
b	Participate in, or receive payment from, a supplemental nonqualited retroffient plant	4c		X
¢	Participate In, or receive payment from, an equity-based compensation arrangement?	1		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	A A M B A			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, dld the organization pay or accrue any compensation			
	contingent on the revenues of:			<b>******</b>
	The organization?	5a		<del> </del>
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingant on the net earnings of:		*********	
a	The organization?	6a		<u> </u>
ď	Any related organization?	6b	*********	
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			ı
	not described in lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			i
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u></u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u></u>
LHA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule	J (Form	990)	2009

932111 02-02-10

# NEW ORLEANS METROPOLITAN CONVENTION &

VISITORS BUREAU, INC.

Schedule J (Form 990) 2009 VISITORS BUREAU, INC.

Partition of ficers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

72-0540607

Page 2

Note. The sum of columns (B)() (III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

							-		
		(B) Breakdown of W-2	/-2 and/or 1099-Mis	and/or 1099-MISC compensation	(0)	(D)	(E)	(F)	
(A) Name		(f) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	nontaxable benefits	(B)(0-(D)	reported in prior Form 990 or Form 990 EZ	-
AND THE RESIDENCE AND THE PROPERTY OF THE PROP	6	305,171.	64,875.	9,401.	4,700.	6,541.	390,688.	0	Ł
J. STEPHEN PERRY		•0	0	[		0	0	.0	•
	8	147,731.	22,800.		4,	3,343.	188,080.	0	
LINDA NICHOLSON	l (m)		0.	0 •	0.	0.	0.	•0	
	Θ	131,684.	17,520.		4	7,528.	177,376.	0	
DONNA KARL	(3)		.0					• 0	
	8	101,695.	26,450.	16,500.	3,58	3,343.	151,571.	0	
KIM PRIEZ	(i)					0.		.0	
	€	97,364.	25,072.	17,82	3,564.	6,261.	150,081.	0.	
SALLEE PAVLOVICH	(3)	0.		0.	• 0	• 0	0.	•0	
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PALS SALARY & ALL BENEFITS. *

Schedule J (Form 990) 2009

932112 02-02-10

### SCHEDULE O (Form 990)

## Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Rublic Inspections

Department of the Treasury Internal Revenue Service Name of the organization

NEW ORLEANS METROPOLITAN CONVENTION & VISITORS BUREAU, INC.

Employer identification number 72-0540607

VISITORS BORDAC, INC.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND THE COMMUNITY.
AND THE COMMONITE.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
TOURIST INFORMATION SERVICES:
THE BUREAU HAS ONE LOCATION ON ST. CHARLES AVENUE, WHICH IS ACCESSIBLE
TO VISITORS WANTING INFORMATION ON THE CITY.
FORM 990, PART VI, SECTION A, LINE 6: VOTING BOARD MEMBERS AND ANY
INDIVIDUAL, FIRM, CORPORATION, ORGANIZATION, INSTITUTION, OR BUSINESS
ENTITY INTERESTED IN PROMOTING THE TOURIST AND CONVENTION BUSINESS AND/OR
THE GENERAL WELFARE OF THE GREATER NEW ORLEANS METROPOLITAN AREA (COMPRISED
OF THE PARISHES OF ORLEANS, JEFFERSON, ST. BERNARD, ST. CHARLES, ST.
TAMMANY, AND ST. JOHN THE BAPTIST) SHALL BE ELIGIBLE FOR MEMBERSHIP UPON
PAYMENT OF SUCH DUES AND/OR FEES AS MAY BE PRESCRIBED IN ACCORDANCE WITH
SECTION 4 OF THE MEMBERSHIP BY-LAWS.
FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS SHALL HAVE THE RIGHT TO
CAST ONE (1) VOTE AT ALL MEETINGS HELD BY THE BUREAU, AND THE RIGHT TO CAST
ONE (1) VOTE IN THE ELECTION OF THE DIRECTORS, EXCEPT THAT NO MEMBER SHALL
BE PERMITTED TO VOTE OR HOLD OFFICE UNLESS MEMBERSHIP DUES ARE CURRENTLY
PAID.
FORM 990, PART VI, SECTION B, LINE 11: UPON COMPLETION OF THE TAX RETURN

2.9

A THOROUGH REVIEW IS COMPLETED INTERNALLY AND CLEARING OF ALL QUESITONS AND

BY THE AUDITING FIRM, A DRAFT IS SUBMITTED TO THE BUREAU FOR REVIEW.

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

Schedule O (Form 990) 2009

932211 02-03-10

### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

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

▶ Attach to Form 990.

2009 Open to Public Inspection

Name of the organization

NEW ORLEANS METROPOLITAN CONVENTION & VISITORS BUREAU, INC.

Employer identification number 72-0540607

ANSWERS, THE AUDIT COMMITTEE IS CONVENED. A DRAFT OF THE TAX RETURN IS
THEN REVIEWED IN DEPTH WITH THE AUDIT COMMITTEE PRIOR TO BEING FILED.
FORM 990, PART VI, SECTION B, LINE 12C: FORMS SIGNED ANNUALLY; MEMBERS
WITH POTENTIAL CONFLICTS ARE NOT ALLOWED TO VOTE ON ISSUES PERTAINING TO
THEIR POTENTIALLY CONFLICTED AREA OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15: PERIODIC SURVEYS AND COMPARABLE
DATA OBTAINED FROM A THIRD PARTY USED TO ESTABLISH COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19: THE BUREAU MAKES ITS GOVERNING
DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON
REQUEST, AND THEIR FINANCIAL STATEMENTS ARE PUBLIC RECORD AND CAN BE
OBTAINED THROUGH THE LOUISIANA LEGISLATIVE AUDITOR.
ODINING INCOOL IIII IOOIDIIMII MAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
TORM OOD DARM VI IIVE 20
FORM 990, PART XI, LINE 2C
COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT -
NO CHANGE FROM PRIOR YEAR.

Department of the Treasury Internal Revenue Service SCHEDULER (Form 990)

Related Organizations and Unrelated Partnerships

Open to Public Inspection CIMB No. 1545-0047

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

NEW ORLEANS METROPOLITAN CONVENTION VISITORS BUREAU, INC.

Employer identification number 72-0540607 Hatti identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Name of the organization

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total Income	(e) End-of-year assets	(f)  Direct controlling entity
WELCOME CENTER BUILDING, LLC - 52-2182916 2020 ST. CHARLES AVE NEW ORLEANS, LA 70130	TO MANAGE THE PROPERTY AT THE LOCATION OF THE BUREAU'S OPERATING CENTER	LOUISIANA	0	10,425,073.	
Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	zations (Complete if the organization a	nswered "Yes" to Form 990, Pa	rt IV, line 34 because	e it had one or more re	slated tax-exempt

Schedule R (Form 990) 2009 Public charlty status (if section 501 (c)(3))

Direct controlling

Exempt Code section

Legal domicile (state or

Primary sotivity

Name, address, and EIN of related organization

foreign country)

Ŧ

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

932161 02-04-10

NEW ORLEANS METROPOLITAN CONVENTION &

Schedule R (Form 990) 2009 VISITORS BUREAU, INC.

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 980, Part IV, line 34 because it had one or more related sequenced as a partnership during the tax year.)

Page 2

72-0540607

Percentage ownership Schedule R (Form 990) 2009 General or manoging partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ē Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets Ō ate allocations? Olsproportion-Yes No Share of total income Ξ Share of end-of-year assets Type of entity (C corp, S corp, or trust) <u>ø</u> (f) Share of total incorre Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal damiclie (state or foreign country) O (d) (Direct controlling entity 32 Primary activity 9 Legal domicile (state or foreign country) O Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 932162 07-21-10 Partiv

# NEW ORLEANS METROPOLITEN CONVENTION &

Page 3

72-0540607

Schedule R (Form 990) 2009 VISITORS BUREAU, INC.

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes No
a Receipt of fill interest fill annuities (iii) rovalties or fiv) rent from a controlled entity		70
		15
Gift_ grant, or capital contribution from other organization(s)		10
loans or loan quarantees to or for other organization(s)		1d
I cans or loan oriestantees by other organization(s)		1e
f Sale of assets to other organization(s)		<b>+</b> ‡
a Purchase of assets from other organization(s)		19
Exchange of assets		1h
		11
-		
i Lease of facilities, equipment, or other assets from other organization(s)		ſĵ.
k Performance of services or membership or fundraising solicitations for other organization(s)		114
		11
m Sharing of facilities, equipment, mailing lists, or other assets		1m
n Sharing of paid employees	***************************************	Tn.
o Reimbursement paid to other organization for expenses		10
		1p
q Other transfer of cash or property to other organization(s)	*******************	
. 1		1r
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	resholds.	
(a)		(0)
Name of other organization(s)  (ype (a-t)		Anioum involved
		· · · · · · · · · · · · · · · · · · ·
(3)		
(4)		
(9)		
982163 02-04-10	Schedule	Schedule R (Form 990) 2009

72-0540607

NEW ORLEANS METROPOLITAN CONVENTION & VISITORS BUREAU, INC.

Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(8)	(5)	(0)	Ð	(e)	€	(b)	(F)
Name, address, and EIN of entity	Primary activity	micile oreign ry)	Are all partners section 501(c)(3) organizations?	Share yeal	No 18 5	Code V-UBI amount in box 20 of Sohedule K-1 (Form 1065)	Seneral or managing partner?
	The state of the s						Property and a second s
						·	
		والمراقع والمستواد والمستود والمستواد والمستواد والمستود والمستود والمستود والمستود والمستود والمستود والمستود والمس	,			Schedule R (Form 990) 2009	n 990) 2009

Form 990-T	1	xempt Organization Bus (and proxy tax und	ines er sec	stion obsole))	ax Return	0.0	2009 ten to Public Inspection for ((c)(3) Organizations Only
Department of the Treasury Internal Revenue Service (77)	Forc	alendar year 2009 or other tax year beginning		and ending		D Employs	er Identification number
A Check box if address changed		Name of organization ( Check box if name clineW ORLEANS METROPOLIT	anged :	and see instructions.)	&	for Block	ees' trust, see Instructions k D on page 9.) -0540607
B Exempt under section	Print	VISITORS BUREAU, INC.					d business activity codes
X 501(C)(6 ) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box 2020 ST. CHARLES AVE	t, see pa	ge 8 of instructions.	·	(See inson page	nuctions for Block E
408A 530(a)	i	City or town, state, and ZIP code					
529(a)		NEW ORLEANS, LA 70130				5418	00
C Book value of all assets	F Grou	p exemption number (See instructions for Block F.)	<u>, (</u>	501(c) trust	401(a) trust		Other trust
at end of year 32047767.		k organization type 🕨 🗓 501(c) corporation		• -			
	on's prim	ary unrelated business activity. ADVERTI	SINC	SALES			্তি
<ol> <li>During the lay year, was</li> </ol>	s the con	octation a substitiary in an attiliated group of a parer	nt-subsi	diary controlled group	? ▶ ∶	Yes	X No
If "Vec " antarthe name	and iden	itifying number of the parent corporation.	·			704 5	CC FOOA
I The hooks are in care of	f ▶ ¹	TAMMIE BOTELER			hone numbar 🕨 🗄	045	00-5094
Part I Unrelate	ed Tra	de or Business Income		(A) Income	(B) Expense	S	(C) Net
1a Gross receipts or sa							
h Less returns and all		c Balance	10	·			
		e A, line 7)	2		_		
3 Gross profit. Subtra	ct line 2 i	from line 1c	3			-	
4 a Capital pain net inco	me (atta	ch Schedule D)	4a				<u></u>
b Net gain (loss) (For	m 4797.	Part II, line 17) (attach Form 4797)	4b				
e Capital loss deducti	on for tru	ists	40			<del></del>	
6 Income (loss) from	partners	hips and S corporations (attach statement)	5				
6 Rent Income (Scher	dule C)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6	······································	<del></del>	-+	
7 Unicialed debt-finar	nead Inco	me (Schedule E)	7			<del></del> +	
8 Interest, annulties,	royalties,	and rents from controlled organizations (Sch. F)	8				
9 Investment Income	of a sect	lon 501(c)(7), (9), or (17) organization				1	
(Schedule G)	,,,,,,,,,,,,		9				
10 Exploited exempt as	ctivity inc	ome (Schedule I)	10	12,453	- A	753.	7,700.
11 Advertising income	(Schedu	ile J)	11	12,455	*	7 3 3 6	, , , , , , ,
12 Other income (See	instructio	ons; attach schedule.)	12	$\frac{12,453}{12,453}$	Δ	753.	7,700.
13 Total. Combine Iln	es 3 thro	ugh 12	13			1001	
(Except fo	er contril	lot Taken Elsewhere (See instructions foutlons, deductions must be directly connected.)	SC AAIEIT	the amelated beam	<del></del>	<del></del> .	
14 Compensation of	officers i	directors, and trustees (Schedule K)			******************	14	
45 Calariae and 1920a	e		*****		~,~-~~. ~~ *~ * * * * * * * * * * * * * * *	15	·
48 Depoire and main	lenance					10	
17 Rad dehis					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del>  '    </del>	
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48 Toyon and linence						·├─ <del>`</del> ~	<del></del>
an Obseitable anotrib	utione /9	too includelings for limitation tilles.)				20	<del></del>
94 Depreniation (atta	eh Enron	4562\		21		22b	•
nolfsineroab see I co	claimeri	on Schedule A and elsewhere on return				1 1	
23 Danielion							
24 Contributions to c	leferred (	enmansation plans				·	
25 Employee benefit	program	\$				`   <del> </del>	
26 Evenes everent av	nanses (	Schedule I)				<del>  -  </del>	7,700.
97 Evcess readership	n costs #	Schedule J)				·	
anoites to the control of	(allech s	chedula)				·   ===	7,700.
nn Takalalandurakia	as Add	linge 14 through 28				·   <u></u>	0.
and the state of the state of		, ianama hafara not anaretina loss deduction. Subta	act line a	er British (2)		.   00	
'na salamantan tan	a daduati	on Alimited to the amount on line 30)	<b></b>			. ] "	0.
an Harolated huning	ce tavabli	a income hefore specific deduction. Subtract line 31	trom in	e 30		.   02	1,000.
33 Specific deductio	n (Genen	ally \$1,000, but see instructions for exceptions.)	n 99 in n	restar than line 32 en	ter the smaller	-	
34 Unrelated bus		easy \$1,000, 600 and included line 33 from line 32. If lin				. 34	0.

Enterhere and on page 1, Parl I,

line 8, cotumn (A).

Enterhere and on page 1, Pari I,

0.

Form 990-T (2009)

tine 8, column (B).

0.

Totals ..

923721 01-08-10

Schedule G - Investmer	nt Income of a Suctions on page 20)	Section 501(c)	(7), (9), or (17) O	rganizati	ion			
1. Descri	ption of income		2. Amount of Income	3. Dedu directly of (allach s	onnested		Set-asides sch schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)	·							
(4)	<u></u>		Enter here and on page 1, Part I, line 9, column (A).					Enter here and on page 1, Part I, line 9, column (B).
Totals		·	0.					0.
Schedule I - Exploited I	Exempt Activity ctions on page 21)	Income, Othe	r Than Advertis	ing inco	me 			
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 from acti is not un business	vily that related	att	Expenses nibulable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)	-		`	<u> </u>				<u> </u>
(2)					···			
(3)						l		
(4)	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, tine 10, col. (8).						Enter here and on page 1, Part II, line 26,
Totals	0.]	0.						<u> </u>
Schedule J - Advertisin	ng Income (see i	estructions on pag	e 21)					
Partil Income From F	Periodicals Rep	orted on a Cor	nsolidated Basis	` 	<u>.                                    </u>	· }	· · · · · · · · · · · · · · · · · · ·	
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, compucols, 5 through 7,	s   D.Cir	cuiadon come	6.5	leadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)		11.						
(2)						Ī		
(3)		<del></del>	_					
(4) STATEMENT	<u>1                                       </u>			****			<del></del>	
Totals (carry to Part II, line (5)) Part III Income From I	Periodicals Rep	orted on a Sep	3. 7,700 parate Basis (For	each perio	, 138 . dical liste	11: d in Pa	5,854. rt II, fill in	7,700.
columns 2 through	7 on a line-by-line ba	SIS.)	<del></del>			1		<del></del>
1. Name of periodical	2. Gross advertising income	3. Direct	4. Advertising gain or (toss) (col. 2 minus col. 3). If a gain, compt cols. 5 through 7.	s i bi.Cii	rculation come	6.1	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
f5)								
(1) (2)		<u> </u>						
	<del></del>							
(3)	<del></del>					T		
(4)	10 45	3. 4,75	2			•		7,700.
(5) Totals from Part I	12,45	<del></del>						Enter here and
	Enter here and of page 1, Part I, line 11, cot. (A)	page 1, Part I, line 11, col. (B).						on page 1. Part II, line 27. 7 , 700 .
Totals, Part II (lines 1-5)	<u> 12,45</u>	o Divoctors	and Tructops (see	e înstrucțio	ns on pac	ie 21)		
Schedule K - Compens		s, pilectors, e	2. Title		3. Perce time devo busine	ntot tecito		ensation attributable related business
				·		%		
		<del>-</del> <del>-</del>	· · · · · · · · · · · · · · · · · · ·	,		/a %		
					-			
<u> </u>					<u> </u>	%	<u></u>	
					L	. %		
Total. Enter here and on page 1, P	Part 11, line 14				********			0 . Form <b>990-T</b> (2009)

	INCOME FROM I		EPORTED ST	PATEMENT 1
NAME OF PERIODICAL	GROSS ADV	DIRECT ADV COSTS	CIRCULATION INCOME	READERSHIP COSTS
VISITOR GUIDE #1 VISITOR GUIDE #2 TRAVEL PLANNER GUIDE MEETING PLANNER GUIDE	4,432. 3,427. 2,333. 2,261.	1,692. 1,308. 890. 863.	4,676. 3,616. 2,461. 2,385.	41,237. 31,883. 21,701. 21,033.
TO FM 990-T, SCH J, PART I	12,453.	4,753.	13,138.	115,854.

Form 8868

# Application for Extension of Time To vile an Exempt Organization Return

OMB No. 1545-1709

(Rev. April 2009)

File a separate application for each return. Department of the Treasury Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box 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 Il unless you have aiready been granted an automatic 3-month extension on a previously filed Form 8868. 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 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. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Employer identification number Name of Exempl Organization Type or New Orleans Metropolitan Convention & Visitors Bureau 72-0540607 print Number, street, and room or suite no. If a P.O. box, see instructions. File by the 2020 St. Charles Avenue que dals lor City, town or post office, state, and ZIP code. For a foreign address, see instructions. filing your reium. See New Orleans, LA 70130 Instructions. Check type of return to be filed (file a separate application for each return): Form 4720 Form 990-T (corporation) Form 990 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 990-BL Form 6069 Form 990-T (trust other than above) Form 990-EZ Form 8870 Form 1041-A Form 990-PF The books are in the care of ▶ Tammie Boteler FAX No. > 504-556-5898 Telephone No. ≥ 504-566-5094 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) for the whole group, check this box - ▶ 🔲 . If it is for part of the group, check this box - . ▶ I and attach a list with the I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15 2010 to file the exempt prospiration return for the contraction required to file Form 990-T) extension of time names and EINs of all members the extension will cover. 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 2009 or , and ending tax year beginning If this tax year is for less than 12 months, check reason: Initial return Change in accounting period Final return . 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. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments 3b made, include any prior year overpayment allowed as a credit. c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See 3 c instructions. 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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

Form	8868 (Rev. 4-2009)				Page 2
≎ If v	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and c	heck this bo	x	<u> </u>	
Note	. Only complete Part II if you have already been granted an automatic 3-month extension on a pre	viously filed	Form I	3868.	
≥ If y	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).				
Pai	t II. Additional (Not Automatic) 3-Month Extension of Time. Only file the c	original (no co	pies n	eeded).	
	Name of Exempt Organization		Empl	oyer identification nu	mber
Туре	MEM OUTPHIO MILITOROTTHY COMMITTEE &				
print	VISITORS BUREAU, INC.	<u>.</u> .	7	<u>2-0540607                                   </u>	
File by extend	the Number street and room arguite no. If a P.O. have see instructions		For IF	S use only	
ರಬಃ ರೆಶ	© 2020 ST. CHARLES AVE				
filing three returns.		• • •	• :		
ใกรขับเต	NEW ORLEANS, LA 70130			<u> </u>	
Chec	k type of return to be filed (File a separate application for each return):	,		,,	
X	Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form	1041·A L	Fo	rm 5227 Form	8870
	Form 990-BL Form 990-PF Form 990-T (trust other than above) Form	4720 L	] Fo	rm 6069	
STOR	Pl Do not complete Part II if you were not already granted an automatic 3-month extension o	n a previous	sly file	d Form 8868.	· ·
	TAMMIE BOTELER	.a	701	20 .	
	e books are in the care of 2020 ST. CHARLES AVE - NEW ORLEAN	5561	101 201	30	
Ţe	top(10)10.70.7				_
e Ifi	he organization does not have an office or place of business in the United States, check this box				 1 #1_ * .
	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	. IT TO	s is foi	The whole group, chec	KThis
box ]		DEINS OF ALL	memb	ers une extension is for,	
4	I request an additional 3-month extension of time until NOVEMBER 15, 2010.	ad ameliaa			
5	the caletter for 2005 to one to for a first for the first	nd ending	[ ]	Thomas is accounting a	
6	If this tax year is for less than 12 months, check reason: Initial return Final	erum	السما	Change in accounting p	елоа
7	State in detail why you need the extension	V TNEO	י ער איני	מיראי אי שיי	1 7
	<u> </u>	I INTO	Viritz	LTOM TO LIDE	<u>. A.</u>
	COMPLETE AND ACCURATE RETURN.			*	
88	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less a	ыıy		\$	
-	nonrefundable credits. See instructions.	meteri	8a	<u> </u>	
þ	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and esti	ingled Ingled	. N 14.4		
	tax payments made. Include any prior year overpayment allowed as a credit and any amount pai	u		٨	
	previously with Form 8868.	J16	ď8	\$	
C	Balance Due, Subtract line 8b from line 8a. Include your payment with this form, or, if required,			\$ N/Z	•
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System), See i	nstructions.	8c	\$ N/Z	7
	Signature and Verification		hant of	on the order doe and L-12-E	
Under	penalfies of perjury, I declare that I have examined this form, including accompanying schedules and slateme se, correct, and complete, and that I ay authorized to prepare this form.	ins, and to ing	กรรถ ()	my knowledge and belief,	
	Marie Land St. T. Can.		Onla	8/4/10	
Signa	wre Marson Dilatture Title & CFA	······································	บลเช	Form BR68 (Bev	4-20091

Department of the Treasury internal Revenue Service

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

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

A	For	the 2010 calendar year, or tax year beginning . and	ending		
В	Chec	kii C Name of organization ⇒bis: NEW ORLEANS CONVENTION &		D Employer identi	fication number
	Ac ch	OFFES VISITORS BUREAU		1	
[	X Na			72-6	0540607
Ī	inl let		Room/suite	E Telephone numb	er
F	— ale An			7	<u>-566-5011</u>
Ĺ		City or town, state or country, and ZIP + 4  Pleas NEW ORLEANS, LA 70130		G Gross recelpts \$	16,072,839.
<u> </u>	امور امور لــــــ	F Name and address of principal officer. J. STEPHEN PERRY		H(a) Is this a group	
		SAME AS C ABOVE		for affiliates?	Yes X No
	Tov-		- [ ] - [		tcluded? Yes No
<u>.</u> ī		exempt status: ☐ 501(c)(3) [X] 501(c)( 6 )  (insert no.) ☐ 4947(a)(1) o site: ➤ WWW.NEWORLEANSCVB.COM	or 527	If No, attach	a list. (see instructions)
		of organization: X Corporation	1 Voor	H(c) Group exemption	on number 🚩 M State of legal domicile: LA
		Summary	[ L. 1541	or tomaton, 1000	M Prace of legal doubline; TVF
	-		OPING	AND MARKET	TNG THE NEW
Activities & Governance		ORLEANS REGION AS THE PREMIER CONVENTION	AND V	ISITOR DEST	TNATTON
ırnz	2	Check this box  if the organization discontinued its operations or dispose	ed of more	than 25% of its net a	esate
Š Š	3			3	17
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	
ės	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	315
Z.	6	Total number of volunteers (estimate if necessary)		6	0
Act	7:	a Total unrelated business revenue from Part VIII, column (C), line 12	4*	7a	15,794.
	<del> 1</del>	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
₽ n	8	Contributions and grants (Part VIII, line 1h)		10,421,293.	
Явуелие	9	Program service revenue (Part VIII, line 2g)		2,056,167.	
Яе	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		267,245.	216,489.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·····	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part Vill, column (A), line 12)	······	12,744,705.	16,070,423.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
70	15	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	}	6,353,192.	6,076,029.
per	100	Professional fundralsing fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	n	0.	0
双		Other expenses (Part IX, column (D), line 25)  Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>v.</u>	6,527,479.	10,101,659.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<del> </del>	12,880,671.	16,177,688.
	19	Revenue less expenses. Subtract line 18 from line 12		-135,966.	
- 58 - 58		The state of the s		Inning of Current Year	End of Year
sets or	20	Total assets (Part X, line 16)	150	32,047,767.	32,356,738.
Net As Fund B	1	Total liabilities (Part X, line 26)		2,231,844.	1,068,753.
	22	Net assets or fund balances. Subtract line 21 from line 20		29,815,923.	31,287,985.
	nt II	Signature Block	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Unda	er pena	allies of parjury, I declare that I have examined this return, including accompanying schedules at	nd stateme	nts, and to the best of my	knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer h	as any knowledge.	• • • • • •
		Signature of officer			
Sign	1	Signature of officer		Date	
Here	3	J. STEPHEN PERRY, PRESEDENT & CEO			
		Type or print name and title			
Pald		Type or print name and title  Print/Type preparer's name  SHARON CASSIERE REALITY  Preparer's signature	Da	ta Check III self-employed	PTIN
Ргара	arer	Firm's name POSTLETHWAITE & NETTERVILLE	J	Firm's EIN	<del></del>
Use (		Firm's address ONE GALLERIA BLVD, SUITE 2100		FULL S ELIA S	
		METAIRIE, LA 70001		Phone no. (5	04)837-5990
May	the if	3S discuss this return with the preparer shown above? (see instructions)		Transcar. (	. X Yes No
*****		2 44 HA For Danopurk Doduction Art Mating and the second in the st		***********	

Fcpn 8868 (Rev. 1-2011)			•	Page 2
e If you are filing for an Additional (Not Automatic) 3-Month Ex				≽ X
Note. Only complete Part II if you have already been granted an			d Form 8868.	•
o if you are filing for an Automatic 3-Month Extension, comple				<del></del>
Partil Additional (Not Automatic) 3-Month E	xtensio	n of time. Only file the original (no o	copies needed).	<del> </del>
Type or NEW ORLEANS CONVENTION &		•	Employer identifica	ition number
print VISITORS BUREAU .		•	72-054060	7
File by the extended the following street, and room or suffe no. If a P.O. box, s the date for filing your	ee instruc	tions.		
return. See City, town or post office, state, and ZIP code. For a functions NEW ORLEANS, LA 70130	oreign add	íress, see instructions.		
Enter the Return code for the return that this application is for (file	a separa	te application for each return)	*************************	0 1
Application	Return	Application		Return
Is For	Code	is For		Code
Form 990	01	BERTHER THEN CONTROL	· · · · · · · · · · · · · · · · · · ·	THE POSSESS
Form 990-BL	02	Form 1041-A		08
Form 990-EZ	03	Form 4720		09
Form 99D-PF	04	Form 5227		10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 5069		11
Form 990-T (trust other than above)	06	Form 8870		12
STOP! Do not complete Part II if you were not already granted  TAMMIE BOTELER  The books are in the care of ▶ 2020 ST. CHARLE  Telephone No. ▶ 504-566-5094				
^a If the organization does not have an office or place of business	in the Un	ited States, check this box		<b>—</b>
Political light of the light of	Broup Exe	mption Number (GEN) If thi	s is for the whole group	D. check this
box ▶ . If it is for part of the group, check this box ▶	and atta	ch a list with the names and EINs of all		
· · · · · · · · · · · · · · · · · · ·	OVEM	BER 15, 2011.	•	
5 For calendar year $2010$ , or other tax year beginning $_$		, and ending	·	
6 If the tax year entered in line 5 is for less than 12 months, cl Change in accounting period	eck reaso	on: Initial return	Final retum	
7 State in detail why you need the extension SEE STA	TEMEN	PT 2		·
		· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o nonrefundable credits. See instructions.	r 6069, ег	iter the tentative tax, less any	8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, a	enter any r	efundable credits and estimated ·		<u></u>
tax payments made. Include any prior year overpayment allo	wed as a	credit and any amount paid		
previously with Form 8868.  Balance due, Subtract line 8b from line 8a. Include your pay	mont suffit	this form if required by the	8b   \$	0
EFTPS (Electronic Federal Tax Payment System), See Institut		i dis ionii, ii recidired, by dsing	8c \$	0.
	········	d Verification	8c   \$	
Under penalties of perjury, I declare that I have examined this form, includin it is true, correct, and complete, and that I am authorized to prepare this form			best of my knowledge and	I bellef,
Signature & Maron B. Casherbrite & (	PA		Date ► 8 10/1	1
, , , , , , , , , , , , , , , , , , ,			Form 8868 (	Rev. 1-2011)

FORM 8688

EXPLANATION FOR EXTENSION

STATEMENT

2

### EXPLANATION

AN ATTEMPT TO OBTAIN INFORMATION NECESSARY FOR FILING A RETURN WAS REQUESTED IN A TIMELY FASHION, BUT THE INFORMATION WAS NOT FURNISHED IN SUFFICIENT TIME TO PERMIT THE TIMELY FILING OF THE RETURN, OR THE TAXPAYER PERSONALLY VISITED AN IRS OFFICE FOR THE PURPOSE OF SECURING INFORMATION OR ADVICE AND WAS UNABLE TO MEET WITH AN IRS REPRESENTATIVE Form 8868 (Rev. January 2011)

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

OMB No. 1545-1709

	ence Service	▶ File a sep	erate app	fication for each return.			
# H VOU	are filing for an Aut	omatic 3-Month Extension, comple	ete only Pa	art I and check this box		<b>&gt;</b> [X	ī
⊕ If vou	are figna for an Ado	Stional (Not Automatic) 3-Month E	ctension.	complete only Part II (on page 2 of this	form		
_		•	_	atic 3-month extension on a previously fi			
				a 3-month automatic extension of time t			on
				sion of time. You can electronically file f			
of time to	o file any of the form	es listed in Part I or Part II with the ex	ception of	Form 5870, Information Return for Tren	eretzi	Associated With Certain	
Personal	Benefit Contracts,	which must be sent to the IRS in page	er format	(see instructions). For more details on t	hə ele	ctronic liting of this form,	:
visit www	v.ks.gov/efile and c	ick on e-file for Charities & Nonprofit	5.				
Part I	Automatic	c 3-Month Extension of Tim	e. Only su	ibmit original (no copies needed).			
А сотрог	ation required to fik	Form 996-T and requesting an auto	matic 6-mk	onth extension - check this box and con	efelqı		_
Part I on	ly			# & \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	*****	▶ ∟	]
				rusts must use Form 7004 to request an			
Type or	Name of exemp	t organization			Emr	loyer Identification num	aber
print		ANS METROPOLITAN C	ONVEN	TION &	`	•	
	VISITORS	BUREAU, INC.			7	2-0540607	
Fig. by the date for Number, street, and room or suite no. If a P.O. box, see instructions.  2020 ST. CHARLES AVE							
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  NEW ORLEANS, I.A. 70130							
						· · · · · · · · · · · · · · · · · · ·	
Enter the	Return code for th	e return that this application is for (fil	e a separa	te application for each return)		10	1
Applicat	Inu		Dal	A A A STANKAN		TB	tern
	ស្រាវ	•	1	Application			
Is For			Code				ode
Form 990		<del> </del>	01	Form 990-T (corporation)			37
Form 990			02	Form 1041-A			38
Form 890			03	Form 4720			9
Form 990	)PF		04	Form 5227			10
Form 990	FT (sec. 401(a) or 4	08(a) trust)	05	Form 6069			11
Form 990	)-T (Irust other than		06	Form 8870			12
		TAMMIE BOTELER					
			es avi	e - NEW ORLEANS, LA	701	30	
Teleph	юпе № 504	-566-5094		FAX No. D			_
∘ Ifthe o	organization does n	ot have an office or place of busines	s in the Un	ited States, check this box		> └	]
				emption Number (GEN), if this			this
box 🌫				ch a list with the names and ElNs of all I			
				to file Form 990-T) extension of time unti			
. ,,-	AUGUST 15		-	tion return for the organization named a		The extension	
ie f	or the organization	<del></del>	. organian			****	
	X calendar year						
} 				d challed	•		
5-1	THE TOTAL PART CARRIE	unsi	, аля	d ending		<b>`</b>	
n 1616						_	
2 114	<b>¬</b>	in line 1 is for less than 12 months, c	neck reaso	on: Linital return Lifthai	refur	1	
1	_l Change in accou	Inting period				•	
			····				
		Form 990-BL, 990-PF, 990-T, 4720,	ж 60 <del>6</del> 9, ег	nter the tentative tex, less any			*
DOD	refundable credits.	See Instructions.			3a	\$	<u>0.</u>
b lith	is application is for	Form 990-PF, 990-T, 4720, or 6069,	enter any :	refundable credits and	ı		_
esti	mated tax paymen	ts made, include any prior year overp	ayment al	lowed as a credit.	3b	\$	6.
c Bat	ance due. Subirac	t line 3b from line 3a. Include your pa	yment with	this form, if required,			
by:	using EFTPS (Elect	onic Federal Tax Payment System), 9	See instruc	tions.	30	\$	0.
				orm 8868, see Form 8453-EO and Form 8	3879-1	O for payment instruction	ns.
		uction Act Notice, see Instructions		*		Form 8868 (Rev. 1-2	
AMAR / =							
023841 01-03-11							
				44			

	Statement of Program Service Accomplishments
10000000	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: THE MISSION OF THE NEW ORLEANS CONVENTION & VISITORS BUREAU IS TO
	CREATE VIBRANT ECONOMIC GROWTH BY DEVELOPING AND MARKETING THE NEW
	ORLEANS REGION AS THE PREMIER VISITOR DESTINATION INVOLVING AND
	LEADING THE DIVERSE ELEMENTS OF THE HOSPITALITY INDUSTRY AND THE
2	Did the organization undertake any significant program services during the year which were not listed on  Yes X No.
	the bilot Lotte and of any FC:
	If "Yes," describe these new services on Schedule O.  Did the organization case conducting or make significant changes in how it conducts, any program services?  Yes X No
3	Did the digatization coace bonds among of many significant strangers in the strangers in th
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.  (Code: ) (Expenses \$
4a	(Code: ) (Expenses \$ including grants of \$) (Revenue \$) CONVENTION PROMOTION & SERVICE:
	THE BUREAU CONTACTS MANY ASSOCIATIONS TO INFORM THEM OF THE CONVENTION
	FACILITIES IN NEW ORLEANS; 850 CONVENTIONS WERE BOOKED BY THE BUREAU
	AND HELD IN NEW ORLEANS IN 2010. THE BUREAU ALSO PROVIDES ASSISTANCE
	AND HELD IN NEW ORLEANS IN 2010. THE BUREAU ALSO PROVIDES ASSISTANCE IN PLANNING; 81,225 PEOPLE WERE HELPED IN NEW ORLEANS.
	IN PLANNING; 81,223 PEOPLE WERE RELIED IN MEN CRUMANO.
	(Code: ) (Expenses \$ Including grants of \$) (Revenue \$)
45	
	PROMOTIONAL MEDIA: THE BUREAU PRINTS AND DISTRIBUTES POSTERS AND BROCHURES WHICH PROVIDE
	INFORMATION ABOUT THE VARIOUS POINTS OF INTEREST AND CURRENT EVENTS
	HAPPENING IN NEW ORLEANS. IN 2010, APPROXIMATELY 491,408 BROCHURES
	WERE CIRCULATED.
	WERE CIRCODALED;
	•
	(Code: ) (Expenses \$ Including grants of \$ ) (Revenue \$)
4c	(Code:) (Expenses \$lncluding grants of \$) (Revenue \$)  MEMBERSHIP PROMOTION:
	THE BUREAU CONDUCTS PROMOTIONAL ACTIVITIES THROUGHOUT THE YEAR TO
	ATTRACT ADDITIONAL MEMBERS. MEMBERSHIP FOR 2010 WAS 1,022.
	ALLIACI ADDITIONAL MINDING.
	<u> </u>
	On the least the Only of the Collection (Collection Collection Col
4d	Other program services. (Describe in Schedule O.)  (Expenses \$ Including grants of \$ ) (Revenue \$ )
	(27)01300 4
4e	Total program service expenses ► Form 990 (2010)

Page 3

<u> </u>	9999994		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	140
•	If "Yes," complete Schedule A.	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	٠,		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes," complete Schedule D,			
	Part VI	11a	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			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		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		1	37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		X
ď	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			٧,5
	Part X, line 16? If "Yes," complete Schedule D, Part IX	110	Х	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Δ	
ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		
12a	Did the organization obtain separate, independent audited financial statements for the fax year? If "Yes," complete			X
_	Schedule D, Parts XI, XII, and XIII	12a		-11
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	405	x	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	-23	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
a	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	74b	x	
4=	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	175		
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	-10		
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17	1	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	
LO	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20=	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	$\neg$	X
	If "Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that		1	
-	operate one or more hospitals must attach audited financial statements (see Instructions)	20ь	]	
		Form §	90 (2	010)

NEW ORL_INS CONVENTION & VISITORS BUREAU

89	Checklist of Required Schedules (continued)	,		г
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		<b>47</b>	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			_V
	column (A), line 27 if "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		47	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
đ	Did the croanization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
G	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
ri	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
2.08	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
u	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? It "Yes," complete			
	Schedule L, Part I	25b		
00	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
~~	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
27	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			Ì
		27		Х
	Schedule L, Part III			
28				
	Instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28Ь		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
C	An entity of which a current or tormer officer, director, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
	director, irustee, or direct or indirect owner? If "Yes," complete Schedule II, Factive	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<del></del>		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		Х
	contributions? If "Yes," complete Schedule M	_ <del></del>		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		Х
	If "Yes," complete Schedule N, Part I	<del>"</del>		<del> </del>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х
	Schedule N, Part II	- 54		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22	х	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1 23	
34	Was the organization related to any tax-exempt or taxable entity?			х
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	ļ	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	<del>                                     </del>	-
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes." complete Schedule R. Part V, line 2	36	<u> </u>	<del></del>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٠,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
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	38	X	<u> </u>
		Form	990 (	2010)

14b

Form 990 (2010)

rom	1990 (2010) VIBITORS BONERO		72-0240	7001		age :
Pa	Statements Regarding Other IRS Fillings and Tax Compliance Check if Schedule O contains a response to any question in this Part V					Γ
		,			Yes	No
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	la	72			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	15	C	-0307033000		
	Did the organization comply with backup withholding rules for reportable payments to vendors and		able camino			
U	(gambling) winnings to prize winners?			1c	X	00000000
Ω_	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	]	]			
24	filed for the calendar year ending with or within the year covered by this return	2a	315	;		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		<del></del>	2ъ	X	*****
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction					
ο.	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	3000000
	· · · · · · · · · · · · · · · · · · ·			3b	X	
	in the first the same of the s		with a some as	30	1	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			100		Х
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	mys	4a		17
b	If "Yes," enter the name of the foreign country:	A				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			١.		17
	any contributions that were not tax deductible?			6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			76		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		ulred			
	to file Form 8282?	1	1	7c		7668678B
	If "Yes," Indicate the number of Forms 8282 filed during the year	7d	4			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e	.	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contractly			7f		
	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		Stamond.
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	se during the year?	8		****
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
ίO	Section 501(c)(7) organizations. Enter:	,	•			
а	Initiation fees and capital contributions included on Part Vill, line 12	10a				
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>			
Н	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	}	12a		
		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization ilcensed to issue qualified health plans in more than one state?	*****		13a		
_	Note. See the instructions for additional information the organization must report on Schedula O.					
ь	Enter the amount of reserves the organization is required to maintain by the states in which the		·			
-	organization is licensed to issue qualified health plans	13Ъ				
^	Enter the amount of reserves on hand	13c				
	Did the association weekly only powered for indeptrigation populate the fay year?			1/12		X

b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .....

VISITORS BUREAU

Form	990 (2010) VISITORS BUREAU		540607		age 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7b below, and	fora "No" i	espor	)5e
Morris	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.				
	Check if Schedule O contains a response to any question in this Part VI	<u></u>	***********	····	X
Sec	tion A. Governing Body and Management			γ	,
		. 1	·	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u> 17</u>		
đ	Enter the number of voting members included in line 1a, above, who are independent	1b .	7/		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other			17
	officer, director, trustee, or key employee?		2		<u> X</u>
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	190 was filed?	4	X	<del> </del>
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	5		X
6	Does the organization have members or stockholders?		6	X	ļ
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers of the			
	governing body?		7a	Х	<del> </del>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	sons?	7b	**********	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year			
	by the following:				
а	The governing body?		8a	X	<u> </u>
ь	Each committee with authority to act on behalf of the governing body?		8ъ	X	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	<u> </u>	X
Sec	tion B. Policies (This Section B requests Information about policies not required by the Internal R				
				Yes	
10a	Does the organization have local chapters, branches, or affiliates?	· 	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?		10Ъ		<u></u>
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ling the form?	11a	X	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Does the organization have a written conflict of interest policy? If "No," go to fine 13		12a	Х	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld give rise			
_	to conflicts?	*****	12b	Х	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," describe			
	în Schedule O how this is done		12c	X	<u> </u>
13	Does the organization have a written whistleblower policy?		13	X	
14	Does the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by Independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•			
а	The organization's CEO, Executive Director, or top management official	.,,	15a	X	
	Other officers or key employees of the organization		15Ь	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 arranger	nent with a			
	taxable entity during the year?		16a		X
ħ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate the organization of the organization o	luate its participation			
-	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization	anization's			
	exempt status with respect to such arrangements?		16b		L
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE				<u>.                                    </u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(3)s only) avai	lable for		
	public Inspection. Indicate how you make these available. Check all that apply.				
	Own website Another's website X Upon request			-	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	onflict of interest poli	cy, and fina	ncial	
13	statements available to the public.	• -			
20	State the name, physical address, and telephone number of the person who possesses the books are	nd records of the ora:	anization: Þ		
Æ.V	TAMMIE BOTELER - 504-566-5094				
	2020 ST. CHARLES AVE, NEW ORLEANS, LA 70130				
			Form	990 (	2010)
03200				·	

Form 990 (2010)

### VISITORS BUREAU 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.

(A)	(B)	ted organization compensi (C)					(D)	(E)	(F)	
Name and Title	Average	Position					Reportable	Reportable	Estimated	
	hours per week (describe		hecl	call that				from the	compensation from related organizations	amount of other compensation
	hours for related organizations in Schedule O)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest componsated ompioses	Forner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
CHRIS BARDELL	1.30	x						0.	0.	0.
DIRECTOR		-	├─	-	$\vdash$					
FRANK BRIGTSEN . DIRECTOR	1.30	х						0.	0.	0.
DARRIUS GRAY				1						
DIRECTOR	1.30	X						0.	0.	0.
GARY LAGRANGE				ļ			ĺ		_	
DIRECTOR	1.30	X				<u> </u>	<u> </u>	0.	0.	0.
AMY REIMER					ļ	] .		_		_
DIRECTOR .	1.30	X						0.	0.	0.
CLANCY DUBOS		}								
DIRECTOR	1.30	X				<u> </u>		0.	0.	0.
GIL ZANCHI									_	_
DIRECTOR	1.30	X			_	<u> </u>		0.	0.	0.
JAY WEIGEL	1.30	\ \ \ \ \						0.	ο.	0.
DIRECTOR	1.30	(4	-			-		V.	V .	0.
DOUG THORNTON DIRECTOR	1.30	х						0.	о.	0.
GREG RUSOVICH			-		_	<del>                                     </del>				
DIRECTOR	1.30	Х						0.	0.	. 0.
JOHN PAYNE			1							
DIRECTOR	1.30	X	<u></u>					0.	0.	0.
BILL MÇCREARY	į							_		-
DIRECTOR	1.30	X	<u> </u> :					0.	0.	0.
STEVE PETTUS								_	_	_
CHAIRPERSON	1.30	X		X				0.	0.	0.
FRED SAWYERS										^
CHAIRPERSON ELECT	1.30	Χ		X				0.	0.	0.
RON FORMAN									<u>,                                    </u>	
PAST CHAIRPERSON	1.30	X		X	<b></b>			0.	0.	0.
TERRY EPTON	1 20	1,7		٧,				о.	0.	0.
SECRETARY	1.30	A		X				<b>U.</b>	0.	<u>U.</u>
ALFRED GROOS	1 20	v		х			-	0.	0.	0.
TREASURER	1.30	X		Δ.		لــــا		U .	_ <del>.</del>	Form 990 (2010)

032007 12-21-10

Form 990 (2010)

Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mpi	oyee	es, a	nd l	High	est	Compensated Employ	rees (continued)	
		(C)				(D)	(E)	(F)		
Name and title	Average			Pos				Reportable	Reportable	Estimated
·	hours per week (describe hours for related organizations in Schedule O)	stee or director	ec eastern fructional fruction	Officer		Highest compensated De employee	Ī	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
J. STEPHEN PERRY		-			$\vdash$	<del> </del>	-			
PRESIDENT/CEO	60.00	1		X	х			370,878.	0	14,747.
LINDA NICHOLSON								1.		1
VICE-PRESIDENT OF CONVENTI	50.00	-			X			167,129.	0	8,170.
DONNA KARL		1							- <del>-</del> -	
VICE-PRESIENT OF CLIENT RE	50.00				X			152,973.	0 .	15,649.
KIM PRIEZ										
VICE-PRESIDENT OF TOURISM	50.00					X		135,678.	0 .	7,473.
SALLEE PAVLOVICH									***************************************	
DIRECTOR OF CORPORATE MEET	50.00	ļ			`	X		133,487.	0 .	8,573.
STEPHEN MOELLER									A	
VICE-PRESIDENT OF FINANCE	50.00					Х		128,427.	0.	12,938.
KELLY SCHULZ									A	
VP OF COMMUNICATIONS/PR	50.00					X		112,035.	0.	6,676.
DONNA GLOVER										
DIRECTOR OF ASSOCIATION SA	50.00					X		110,300.	0.	6,728.
JEFFREY ANDING										
DIRECTOR OF CONVENTION MAR	50.00					X		110,182.	0.	6,426. 87,380.
1b Sub-total						₽		1,421,089.	0.	87,380.
c Total from continuation sheets to Part VI	, Section A					$\triangleright$		0.	Ō.	
d Total (add lines 1b and 1c)						▶		1,421,089.	0.	87,380.
2 Total number of Individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 in reportable	
compensation from the organization										10
<ul> <li>Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st</li> <li>For any individual listed on line 1a, is the su and related organizations greater than \$150</li> <li>Did any person listed on line 1a receive or a rendered to the organization? If "Yes." communication?</li> </ul>	<i>ich individual</i> m of reportabl 1,000? If "Yes," ccrue compen	e co co sati	mpe mple on fr	ensa te S	tion che any	and dule	oth J fo	ner compensation from to	he organization	Yes No  3 X  4 X  5 X
Section B. Independent Contractors										<u> </u>
Complete this table for your five highest cor the organization.     NONE	npensated ind	lepe	ndei	nt co	ontra	acto	rs ti	nat received more than \$	100,000 of compens	ation from
(A) Name and business	address							(B) Description of se	ervices (	(C) Compensation
							$\dashv$	· · ·		
	· · · · · · · · · · · · · · · · · · ·						+			
•		· · · · ·								
:							$\dagger$			
	· · · · · · · · · · · · · · · · · · ·					•	+			
Total number of independent contractors (in \$100,000 in compensation from the organization).		et lin	ited	l tọ t	hos 0		ed :	above) who received mo	re than	

	a VII		ue					5
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2 0	1 a	.Federated campaigns	†a					
Contributions, gifts, grants and other similar amounts		Membership dues		1303766.				
g 51		Fundraising events	F 1					
f.		Related organizations						
312		Government grants (contribution	1 1	12,364,364.				
is.		All other contributions, gifts, grant						
Per F	•	similar amounts not included abov	3 1	1029554.				
들이	a	Noncesh contributions included in lines		***				
Seg		Total. Add lines 1a-1f		▶	14,697,684.			
				Business Code				
یه	2 a	REGISTRATION	•	900099	543,615.	543,615.		
Program Service Revenue		OTHER REVENUE		900099	424,923.	424,923.		
Sel	e e	INDUSTRY SHOW C	OST-SHA	900099	171,832.	171,832.		
E S		ADVERTISING		541800	15,794.		15,794.	
ķř		BROCHURE SALES		900099	86.	86.		
F.		All other program service rever	nue					
- 1		Total. Add lines 2a-2f			1156250.			
ㅋ	3	investment income (including						
		other similar amounts)			218,905.			218,905.
	4	Income from investment of tax		_			v	
	5	Royalties		<b>&gt;</b>		~		
		:	(i) Real	(ii) Personal				
	6 a	Gross Rents						
		Less: rental expenses					600000000000000000000000000000000000000	
- 1	c	Rental income or (loss)						
- 1	đ	Nat rental income or (loss)	····	<b>≫</b>				
ļ	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
- 1		assets other than inventory						
į	b	Less: cost or other basis						
j		and sales expenses		2,416.				
į	c	Gain or (loss)		-2,416.				
	d	Net gain or (loss)		<u> </u>	-2,416.			-2,416.
9	8 a	Gross income from fundralsing	g events (not					
enne		Including \$	of	•				
		contributions reported on line	1c). See				200 and 200 an	
Other Rev		Part IV, line 18	a					
ž l	ь	Less: direct expenses	b			-		
	C	Net income or (loss) from fund	ralsing events	<u></u>				
1	9 a	Gross income from gaming ac		ļ				
1	,	Part IV, line 19						
- 1		Less: direct expenses						
		Net income or (loss) from gam		<u> </u>			<u> </u>	
1	10 a	Gross sales of inventory, less i						
		and allowances						
1		Less: cost of goods sold						
1	C	Net income or (loss) from sales		1				
1		Miscellaneous Revenue	3	Business Code				
1	11 a							
1	b			}		~ · · · · · · · · · · · · · · · · · · ·		
	¢				ļ		·	
]		All other revenue		<u> </u>	<u></u>			
	Θ	Total. Add lines 11a-11d				1140456.	15 701	216,489.
	12	Total revenue. See instructions.	*********	<b>&gt;</b>	16,070,423,	1740400+	10,124.	Form 990 (2010)
03200	-10							LOUIN SOC (SOLD)

## VISITORS BUREAU

Form 990 (2010) VISITORS BURE
Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must cor				(D).
Do 7b,	not include amounts reported on lines 6b, 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 U.S. See Part IV, line 21		]		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.	]			
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	729,546.			
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	4,511,604.			
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)				
9	Other employee benefits	465,098.			
10	Payroll taxes	369,781.			
11	Fees for services (non-employees):	-			
а	Management				
	Legal				
	Accounting				
d	Lobbying	96,800.			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	85,001.			
12	Advertising and promotion	6,747,992.			
13	Office expenses	416,404.			
14	Information technology	298,152.			
15	Royalties				
16	Occupancy	267,485.			
17	Travel	851,421.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	107,154.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	334,743.			·
23	Insurance	129,877.			
24	Other expenses, itemize expenses not covered				
	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A).				
	amount, list line 24f expenses on Schedule O.)				
a	FESTIVAL SPONSORSHIPS	476,022.			<u></u>
đ	CLIENT SERVICE INITIATI	149,550.			
c	RESEARCH	138,943.			
d	MISCELLANEOUS	2,115.		<u> </u>	
e		-			
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	16,177,688.			
26	Joint costs. Check here 🕨 🔲 it following SOP				•
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising		ciĝi.		
	solicitation	•		<u>                                     </u>	
การกาย	12-21-10		181		Form <b>990</b> (2010)

Part X Balance Sheet (A) Beginning of year End of year 1,677,001. 1,722,442. Cash - non-interest-bearing 1 6,825,460. 3,114,780. 2 Savings and temporary cash investments 2 3,129,373. 1,567,974. 3 3 Pledges and grants receivable, net 865,970. 2,228,947. 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L 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 Notes and loans receivable, net 7 62,249. 76,212. 8 8 Inventories for sale or use 1,110,389. 330,920. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 14,715,896. basis, Complete Part VI of Schedule D _____ 10a 11,293,677. 10c 3,732,008. 10,983,888. b Less: accumulated depreciation ______10b 8,631,084. 10,784,139. Investments · publicly traded securities 11 11 investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets _____ Other assets. See Part IV, Ilne 11 15 15 32,047,767. 32,356,738. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 638,305. 250,000. 1,444,156. 17 17 Accounts payable and accrued expenses 285,591. 18 18 Granis payable 62,902. 125,680. Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 439,195. 25 54,768. Other liabilities. Complete Part X of Schedule D 25 2,231,844. 1,068,753. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balanoes 22,944,447. 24,659,945. 27 Unrestricted net assets 6,871,476. 6,628,040. 28 Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117, check here 👂 🗌 and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 29,815,923. 31,287,985. 33 Total net assets or fund balances 32,047,767. 32,356,738. Total liabilities and net assets/fund balances

P	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<del></del>	··		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,07		
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,17	7,6	88.
3	Revenue less expenses. Subtract line 2 from line 1	3			65.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,81	5,9	23.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,57	9,3	27.
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	31,28	7,9	85.
Pa	TEXT 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:   Cash X Accrual Other	<del></del>	_		
	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?		2a		X
Ь	Were the organization's financial statements audited by an Independent accountant?		2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	}
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
đ	if "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	dona			
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?	-	3a	-	X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			· ·
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		Зъ		
			Form	990 (	2010)

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

Department of the Treasury Internal Revenue Service

## Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization Employer identification number NEW ORLEANS CONVENTION & VISITORS BUREAU 72-0540607 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 6) (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 filling 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 filling 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, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of crueity 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 aggregate 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),

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) (2010)

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 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).

Name of organization
NEW ORLEANS CONVENTION &
VISITORS BUREAU

72-0540607

NEW ORLEANS TOURISM MARKETING   CORPORATION   365 CANAL PLACE   \$ 1,029,554.   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash contribution   Complete Part II if the is a noncash cont	Partf	Contributors (see Instructions)	•	
CORPORATION   365 CANAL PLACE   \$ 1,029,554.		Name, address, and ZIP + 4		(d) Type of contribution
No. Name, address, and ZIP + 4    STATE OF LOUISIANA	1	CORPORATION  365 CANAL PLACE	\$ <u>1,029,554.</u>	Payroll
P. O. BOX 44154  BATON ROUGE, LA 70804  (c)  (d)  No.  Name, address, and ZIP + 4  LOUISIANA OFFICE OF TOURISM  Person BATON ROUGE, LA 70804  (d)  No.  Name, address, and ZIP + 4  LOUISIANA OFFICE OF TOURISM  Person BATON ROUGE, LA 70804  (e)  (f)  Aggregate contributions  (g)  No.  Name, address, and ZIP + 4  Aggregate contributions  (h)  No.  Name, address, and ZIP + 4  Aggregate contributions  (h)  No.  Aggregate contributions  (h)  Aggregate contri	4	· ·		(d) Type of contribution
No. Name, address, and ZIP + 4  CITY OF NEW ORLEANS—DIASTER RELIEF FUNDING  1300 PERDIDO ST  NEW ORLEANS, LA 70112  (c) No. Name, address, and ZIP + 4  LOUISIANA OFFICE OF TOURISM  Person   Complete Part III the is a noncash contribution   Person   Complete Part III the is a noncash contribution   Person   Complete Part III the is a noncash contribution   Person   Complete Part III the is a noncash contribution   Person   Complete Part III the is a noncash contribution   Person   Complete Part III the is a noncash contribution   Person   Complete Part III the is a noncash contribution   Person   Complete Part III the is a noncash contribution   Person   Complete Part III the is a noncash contribution   Person   Pe		STATE OF LOUISIANA P. O. BOX 44154		Payroll
CITY OF NEW ORLEANS-DIASTER RELIEF   FUNDING   1300 PERDIDO ST   \$ 5,000,000.   Noncesh   Complete Part III if the is a noncesh contribution   Noncesh   Complete Part III if the is a noncesh contribution   Noncesh   Complete Part III if the is a noncesh contribution   Noncesh   Complete Part III if the is a noncesh contribution   Person   Payroll   Noncesh   Complete Part III if the is a noncesh contribution   Noncesh   Complete Part III if the is a noncesh contribution   Noncesh   Complete Part III if the is a noncesh contribution   Noncesh   Complete Part III if the is a noncesh contribution   Noncesh   Complete Part III if the is a noncesh contribution   Noncesh   Complete Part III if the is a noncesh contribution   Noncesh   Complete Part III if the is a noncesh contribution   Noncesh   Complete Part III if the is a noncesh contribution   Noncesh   Complete Part III if the is a noncesh contribution   Noncesh   Complete Part III if the is a noncesh contribution   Noncesh   Noncesh   Complete Part III if then is a noncesh contribution   Noncesh		- <del>-</del> <del>-</del> <del>-</del>	, ,	1
No. Name, address, and ZIP + 4  LOUISIANA OFFICE OF TOURISM  P. O. BOX 94291  BATON ROUGE, LA 70804  (a) No. Name, address, and ZIP + 4  (b) No. Name, address, and ZIP + 4  (c) (d) Type of contribution Person [ Payroll   ] Noncash [ Complete Part II if there is a noncash contribution of the payroll   ] Noncash [ Complete Part II if there is a noncash contribution of the payroll   ] Noncash [ Complete Part II if there is a noncash contribution of the payroll   ] Noncash [ Noncash	CITY OF NEW ORLEANS-DIASTER RELIEF FUNDING 1300 PERDIDO ST		Person X Payroll	
P. O. BOX 94291	1	• •	1 ' '	(d) Type of contribution
No. Name, address, and ZIP + 4  Aggregate contributions  Person Payroll Noncash (Complete Part II if there is a noncash contributions)  (a) (b) Aggregate contributions  (c) (d) Type of contributions  Person Payroll Noncash Type of contributions  Person Payroll Noncash (Complete Part II if there is a noncash contributions)	4	P. O. BOX 94291	\$ 495,300.	Payroll
Person Payroll Noncash (Complete Part II if there is a noncash contribution  (a) (b) (c) (d) (d)  No. Name, address, and ZIP + 4 Aggregate contributions  Person Contribution  Person Payroll Payroll Noncash (Complete Part II if there is a noncash contribution is a noncash contribution.		* *	1	(d) Type of contribution
No. Name, address, and ZIP + 4  Aggregate contributions  Person Payroll Noncash (Complete Part II if there is a noncash contribution		· ·	\$	Payroli
Payroll Noncash (Complete Part II if there is a noncash contribution				(d) Type of contribution
023452 12-23-10 Schedule B (Form 990, 990-EZ, or 990-PF) (20				Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page of oi Employer identification number

NEW ORLEANS CONVENTION &

72-0540607

VISITORS BUREAU

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	•	_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(e) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
		_   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		_ _ _	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_   \$	

of

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

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Tressury Internal Revenue Service

032041 02-02-11

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

Section 501(c)(3) organizations that	have NOT filed Form 5768 (electlo	n under section 501(	n)): Complete Part II-B. Do r	not complete Part II-A.
f the organization answered "Yes," to	Form 990, Part IV, line 5 (Proxy	Tax), or Form 990-E	Z, Part V, line 35a (Proxy 1	Tax), then
<ul> <li>Section 501(c)(4), (5), or (6) organiza</li> </ul>	tions: Complete Part III.			
Name of organization NEW ORL	EANS CONVENTION &	:	Empl	oyer identification number
VISITOR	S BUREAU			72-0540607
Part 1-A Complete if the org	ganization is exempt unde	r section 501(c)	or is a section 527 o	rganization.
1 Provide a description of the organiz	zation's direct and indirect political	l campaign activities i	n Part IV.	
2 Political expenditures			<u></u> ▶\$	:
3 Volunteer hours				
7 70,011,001,11010				
Part I-B Complete if the org	ranization is exempt unde	r section 501(c)(	3).	
1 Enter the amount of any excise tax	incurred by the organization unde	r section 4955	<b>▶</b> \$	
2 Enter the amount of any excise tax	incurred by organization manager	s under section 4955	<b>▶</b> \$	
3 If the organization incurred a section	n 4955 tax, did it file Form 4720 fo	or this year?		Yes No
4a Was a correction made?				
b if "Yes," describe in Part IV.  Part Ids Complete if the org	anization is exempt unde	r section 501(c),	except section 501(	c)(3).
Enter the amount directly expended	d by the filing organization for each	ion 527 exempt funct	ion activities > \$	•
2 Enter the amount of the filing organ	July the limite organization for sect	er orosoizations for se	ection 507	
exempt function activities3  Total exempt function expenditures	Addition day of Palachara	d on Form 1120.BO		
3 Total exempt function expenditures	. And lines I and Z. Enter here and	U OH FORM 1120-FOL,	<b>}&gt;</b> €	
line 17b				Yes No
4 Dld the filing organization file Form	1120-POL for this year?		**************************************	
5 Enter the names, addresses and en	nployer identification number (EIN)	of all section 527 po	litical organizations to which	in the filing organization
made payments. For each organiza contributions received that were pr	tion listed, enter the amount paid	trom the ning organiz	audi s iulius. Also ciliei ul Martallan, alsah ang anangra	to engrape to differ a
political action committee (PAC). If	omptly and directly delivered to a	separate portica orga In Information in Dari	niitalioii, suoli as a sepala N	ite segregated folia of a
	1		T	
(a) Name	. (b) Address	(c) EIN	(d) Amount paid from filling organization's	(e) Amount of political contributions received and
			funds. If none, enter 0.	promptly and directly
		į	industriality offices of	delivered to a separate
	-			political organization.
				If none, enter -0
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or Paperwork Reduction Act Notice,	eas the Instructions for Form 60	n or 990-F7	Schedule C	(Form 990 or 990-EZ) 2010
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HA				

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NE. ORLEANS CONVENTION &

Schedule C (Form 990 or 990-EZ) 2010	VISITO	ORS BI	UREAU	•	72-0	1540607 Page 2
Part II-A Complete if the org	anization	is exen	npt under sectio	n 501(c)(3) and fi	led Form 5768	
(election under sec	tion 501(h	)),				
A Check ▶ ☐ if the filing organizat			ated group.			
B Check If the filing organizat	tion checked	box A an	d "limited control" pr	ovisions apply.		
					(a) Filing	(b) Affiliated group
Limit	s on Lobbyi	ng Expen	onures nts paid or incurred	<b>)</b>	organization's totals	totals
(The term "expend	inures" mea	ilis amoni	its paid of incorrect	'I	totais	
1a Total lobbying expenditures to influ	ence public	opinion (g	rass roots lobbying)			
b Total lobbying expenditures to Influ	ience a legis	lative bod	y (direct lobbying)			
c Total lobbying expenditures (add lin	nes 1a and 1	ь)	*******	,		
d Other exempt purpose expenditure	×s					
e Total exempt purpose expenditures	s (add lines ⁻	ic and 1d)				
f Lobbying nontaxable amount. Ente	er the amoun	t from the	following table in bo	ih columns.		
If the amount on line 1e, column (a) o	r (b) is:	The lobb	ying nontaxable an	ount is:		
Not over \$500,000			he amount on line 1e			
Over \$500,000 but not over \$1,000	0,000	\$100,000	D plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000			cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,000	D plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,0	00			
g Grassroots nontaxable amount (en	ter 25% of II	ne 1f)				
h Subtract line 1g from line 1a. If zero	o or less, ent	er -0			<u> </u>	
i Subtract line 1f from line 1c. If zero	or less, ente	er-O				
i If there is an amount other than zer	ro on either l	ine th or li	ine 11, did the organiz	ration file Form 4720	ı	
reporting section 4911 tax for this	year?					Yes No
	4-	Year Ave	raging Period Under	Section 501(h)		
(Some organiz	ations that :	made a se	ection 501(h) election	n do not have to com es 2a through 2f on p	piete all of the live	
					490 34	
	Lobbyt	ng Expen	ditures Dunng 4-16	ar Averaging Period	1	
Calendar year	(a) 20	07	(ь) 2008	(c) 2009	(d) 2010	(e) Total
(or fiscal year beginning in)		l		<u> </u>	<u> </u>	
				İ		
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
				į		
c Total lobbying expenditures						
				-		
d Grassroots nontaxable amount						
e Grassroots celling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures	<u> </u>			<u> </u>	0-1	990 or 990-EZ) 2010
					achequie C (Form	990 OF 989-EZIZUIU

Schedule C (Form 990 or 990-EZ) 2010 VISITORS BUREAU 72-054060

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

·		į.	1	1	
_	,	Yes	No	Am	ount
1 During the year, did the filing organization atter	npt to influence foreign, national, state or				
local legislation, including any attempt to influe	nce public opinion on a legislative matter				
or referendum, through the use of:					
a Volunteers?					
<ul> <li>b Paid staff or management (include compensation)</li> </ul>	on in expenses reported on lines 1c through 1i)?				
c Media advertisements?			1	_	
d Mallings to members, legislators, or the public?					
e Publications, or published or broadcast statem					
	oses?				
g Direct contact with legislators, their staffs, gove			1		
h Rallies, demonstrations, seminars, conventions					
i Other activities? If "Yes," describe in Part IV					
j Total. Add Ilnes 1c through 1i					
2a Dld the activities in line 1 cause the organization					
b If 'Yes,' enter the amount of any fax incurred u					
o If "Yes," enter the amount of any tax incurred b					
d If the filing organization incurred a section 4912	tax, did it file Form 4720 for this year?				
Part [[]A Complete if the organization	is exempt under section 501(c)(4), se	ction 501(c)	(5), or se	ction	
501(c)(6).					
•		•		Yes	Nο
	ved nondeductible by members?				X
	g expenditures of \$2,000 or less?				X
3 Dld the organization agree to carryover lobbying	and political expenditures from the prior year?		3		X
Part III B Complete If the organization 501(c)(6) if BOTH Part III-A, lin "Yes."	is exempt under section 501(c)(4), senes 1 and 2 are answered "No" OR if	ction 501(c) Part III-A, lir	(5), or se 1e 3 is ar	ction iswered	
1 Dues, assessments and similar amounts from m	nembers		_ 1	1,303	766
	lical expenditures (do not include amounts of po				
expenses for which the section 527(f) tax was					
a Current year			2a	96	,000
b Carryover from last year					<del></del>
c Total				96	,000
3 Aggregate amount reported in section 6033(e)(1	)(A) notices of nondeductible section 162(e) dues	,	3		,301
	exceeds the amount on line 3, what portion of the				
	reasonable estimate of nondeductible lobbying ar				
100		·- • - · · · · · · · · · · · ·	4		
	ditures (see instructions)			8	,301.
art iV Supplemental Information			1		
omplete this part to provide the descriptions required or any additional information.	d for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5	and Part II-B, I	ne 11. Also,	complete	this part
	· · · · · · · · · · · · · · · · · · ·				
			· · · · · · · · · · · · · · · · · · ·		
	•				

## SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Operato Public

Department of the Treasury Internal Revenue Service Name of the organization

NEW ORLEANS CONVENTION & VISITORS BUREAU

Employer identification number 72-0540607

Pa	Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
2,1111	organization answered "Yes" to Form 990, Part IV, lin	e 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		sed funds
-	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	Impermissible private benefit?		
122	Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, F	Part IV, Ilne 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or a		storically important land area
	Protection of natural habitat		ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
-	day of the tax year.		,
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
u	listed in the National Register		
a	Number of conservation easements modified, transferred, re		
3	year	temony orthinguistico, or tollimized by an	,
	Number of states where property subject to conservation ea	cament is located &	
4	Does the organization have a written policy regarding the per	riodic monitoring legaction handling of	
5	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(N)?		
9	In Part XIV, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	lion's financial statements that describes	the organization's accounting for
200	conservation easements.      Organizations Maintaining Collections or	f Art Historical Transuras or O	ther Similar Accete
	Organizations Maintaining Collections or Complete if the organization answered "Yes" to Form		thei Olimbi Assets2
1a	If the organization elected, as permitted under SFAS 116 (AS	50 956), not to report in its revenue statem	rient and balance sheet works of art,
	historical treasures, or other similar assets held for public ext		nce of public service, provide, in Part AIV.
	the text of the footnote to its financial statements that descri		
ь	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pul	olic service, provide the following amounts
	relating to these items:		<b>b</b> . <b>a</b>
-	(i) Revenues included in Form 990, Part VIII, line 1		F \$
	(ii) Assets included in Form 990, Part X		* \$
2	If the organization received or held works of art, historical treatment		gain, provide
	the following amounts required to be reported under SFAS 1		
a	Revenues included in Form 990, Part Vill, line 1		<b>&gt;</b> \$
đ	Assets included in Form 990, Part X		<b>&gt;</b> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2010

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## NEW C. LEANS CONVENTION &

		(S BUREAU						<u>-054060</u>	
F	it III Organizations Maintaining	Collections of A	rt, His	storical Ti	reasures,	or Other	Similar <i>I</i>	Assets (cont	tinued)
3	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	٠,	d 🔲	Loan or exc	change prog	rams			
ь	Scholarly research	•	e 🔲	Other					
G	Preservation for future generations								
4.	Provide a description of the organization's of	ollections and expla	in how t	hev further t	the organizat	ilon's exemp	t purpose i	In Part XIV.	
5	During the year, did the organization solicit			-	_	_		.,	
•	to be sold to raise funds rather than to be m							Yes	No
D.A	ILIV Escrow and Custodial Arrar								
******	reported an amount on Form 990, Pa			o organizati		100 1010	1111 000; 1 0	411, 1110 0, 01	
	is the organization an agent, trustee, custoo	<del></del>	diant for	- contributio	ns or other a	esets not lar			· · · · · · · · · · · · · · · · · · ·
10	on Form 990, Part X?							Yes	No
- 1-	If "Yes," exclain the arrangement in Part XIV					*****************		165	140
Ð	it les, explaintle analyement in Fall Air	and complete the it	SHOWNIG	lauje.				5	
	Post of the body							Amoun	<u> </u>
	Beginning balance						ic		
	Additions during the year						1d	-	
	Distributions during the year								<del></del>
f	Ending balance								
	Did the organization include an amount on F		∍21?					Yes	∐ Nö
	If "Yes," explain the arrangement in Part XIV						<del></del>		
¥a	Endowment Funds. Complete							<del></del>	
		(a) Current year	(d)	orior year	(c) Two yea	rs back (d)	Three years	back (e) Four	years back
1a	Beginning of year balance				Ļ				
ь									
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		1						
2	Provide the estimated percentage of the year	r end balance held a	35:				,		
а	Board designated or quasi-endowment		%						
ь	Permanent endowment >		_						
С		<u></u> - %							
	Are there endowment funds not in the posses	ession of the ornaniz	ation the	at are held a	nd administe	ered for the c	roanization	3	
	by:					, ,		r	Yas No
	(i) unrelated organizations								
	(ii) related organizations								
h	If "Yes" to 3a(ii), are the related organizations								
æ		•							
ι Ž	4 Describe in Part XIV the intended uses of the organization's endowment funds.  Ract XI Land, Buildings, and Equipment. See Form 990, Part X, line 10.								
<u> </u>		(a) Cost or o		~	or other	(c) Accui	mulatod	(d) Pop!	
	Description of investment							(d) Book	, yatud
<b>-</b>	basis (investment)   basis (other)   depreciation   1a Land   3,373,130.   3,373,130.								
	Land				$\frac{3,130}{6,119}$ .	1 70	1,625.		1,494.
b	Buildings				8,928.				
	Leasehold improvements	1		01	6,313.		2,080.		848.
	Equipment						5,010.		303.
	Other				1,406.		<del>),293.</del>		113.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	Х, сошл	nn (B), iine 1	<i>0(c).)</i>		<u>&gt;</u>	10,983	,,888.

VISITORS BUREAU

Part VII Investments - Other Securities. Se		e 12	
(a) Description of security or category	]	(c) Met	hod of valuation:
(a) Description of security of category  (including name of security)	(b) Book value		of-year market value
(1) Financial derivatives	ļ		<del></del>
(2) Closely-held equity interests		·	
(3) Other	<del></del>		
(A) ·			
(B)			
(C)			
(D)			· · · · · · · · · · · · · · · · · · ·
<u></u>	<u> </u>		
(F)	<u> </u>		
(G)			
(H)			
()			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶			
Part VIII Investments - Program Related. S	ee Form 990, Part X, lir	ne 13.	
	1	(o) Met	nod of valuation:
(a) Description of investment type	(b) Book value		of year market value
		<del>_</del>	
	1		
(2)			
(3)			
(4)			
(5)			
(6)			
(2)			•
(0)			
(10)			·
Total. (Gol (b) must equal Form 990, Part X, col (B) line 13.) ▶	<u> </u>		
Part IX Other Assets. See Form 990, Part X, line	15.		
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)	· · · · · · · · · · · · · · · · · · ·		
(9)			
(10)			
Total, (Column (b) must equal Form 990, Part X, col (B) line	15)		
	line 25		*
7 1 T 7 T 1 1 1 1 1 1 2 2 4 4 1 1 1 1 1 1 1 1 1 1	1110 E 01	(b) Amouni	
(1) Federal income taxes		54 760	
(2) OTHER ACCRUED LIABILITIES		. 54,768.	
(3)			
(4)			
(5)		'	
(6)			
(9)			
(10)			
(44)	1		
Total, (Column (b) must equal Form 990, Part X, col (B) line	25.)▶	54,768.	
Total. (Column (b) must equal Form 990, Part X, col (B) lins FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the Footnote to 2. FIN 48 (ASC 740).	the organization's financial s	istements that reports the organization's liab	Hity for uncertain tax positions under
032053			Schedule D (Form 990) 2010
12-20-10	_		

THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE BUREAU AND VARIOUS

Schedule D (Form 990) 2010

Part XX Supplemental Information (continued)
POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE
INCOME (UBIT). THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS
FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A
GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT.
THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS
LIABILITIES FOR FISCAL YEAR 2010 AND 2009. THE BUREAU'S TAX RETURNS FOR
THE YEARS ENDED DECEMBER 31, 2009, 2008 AND 2007 REMAIN OPEN AND SUBJECT
TO EXAMINATION BY TAXING AUTHORITIES.
FOR PART XIII, THE \$2,416 WAS A LOSS ON THE DISPOSAL OF AN ASSET.
Schedule D (Form 990) 2010

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## SCHEDULE F (Form 990)

## Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions. 2010

Open to Paulic haspection

Department of the Treasury Internal Revenue Service

Name of the organization
NEW ORLEANS CONVENTION &

Employer identification number

VISITORS BUREAU 72-0540607

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

(a) Region	(b) Number of		an be duplicated if additional space is (d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
(a) Negion	offices	employees, agents, and	(by type) (e.g., fundraising, program	1	expenditures
	in the region	agents, and	services, investments, grants to	describe specific type	for and
		Independent contractors in region	recipients located in the region)	of service(s) in region	investments In region
	<del>                                     </del>	in region	<u> </u>	MARKET NEW ORLEANS AS A	1
		}.		TOURIST DESTINATION;	
www.np.np. / Tree provide	ļ			EXPENDITURES INCLUDE	1
EUROPE (INCLUDING	1	3	PROGRAM SERVICES	FEES AND OPERATIONAL	552,488
ICELAND & GREENLAND)	<u> </u>		PROGRAM SERVICES	MARKET NEW ORLEANS AS A	332,300
		į		TOURIST DESTINATION;	
			***	1	1
				EXPENDITURES INCLUDE	1
NORTH AMERICA	1	1	PROGRAM SERVICES	FEES AND OPERATIONAL	121,531
					1
		+	-		1
<u> </u>	<u> </u>				
			-		
					<u> </u>
•		ŀ			
***	,				
		·			1
•					
					1
-	ŧ				
		·			
•					}
3 a Sub-total	2	4			674,019
b Total from continuation				1940 144 144 144 144 144 144 144 144 144 1	
sheets to Part I	٥	0			0
c Totals (add lines 3a					
e rotais (acu ilites sa and 3h)	9	4			674,019
				construence a sur activity (consignity construence) of the delegation of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence of the construence	

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2010

## NEW ORLEANS CONVENTION &

VISITORS BUREAU

reciplent who received more than \$5,000. Check this box if no one recipient received more than \$5,000 

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appralsal, other)
						1 LONDON		
					-			
						•		
<ul> <li>Enter total number of the IRS, or for which</li> <li>Enter total number of</li> </ul>	Enter total number of reciplent organizations listed above that the IRS, or for which the grantee or counsel has provided a se- Enter total number of other organizations or entitles	ns listed above that are i el has provided a section or contino	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country, recogniz	recognized as tax-ex	empt by		

Schedule F (Form 990) 2010

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3 Enter total number of other organizations or entitles

NEW ORLEANS CONVENTION & VISITORS BUREAU.

Schedule F (Form 990) 2010 VISITORS BUREAU.

(Recting Grants and Other Assistance to Individuals Outside the United States, Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Page 3

72-0540607

Part III can be duplicated if additional space is needed.

יייייייייייייייייייייייייייייייייייייי	Property of the second	And Milmhor of	And American of	A Market Market	14 American A 181	(a) December 1	11.1 3.4 ± 11. ± 1.1 ± 6.1
(a) Type of grant or assistance	(b) Region	recipients cash grant	cash grant	tej vrainer or cash disbursement	(i) Amount of non-cash assistance	igj Descripton of non-cash assistance	(n) Method of Valuation (book, FMV, appraisal, other)
				-			-
			•			•	
					-		
							·

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Schedule F (Form 990) 2010

## NEW ORL ANS CONVENTION &

Sche	dule F (Form 990) 2010 VISITORS BUREAU	72-0540607	Page -
Pa	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gilts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	· X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the Tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If *Yes, the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2010

HEDULE 1	rm 990)
SCHED	(Form

Department of the Tressury internal Revenue Service

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

OMB No. 1545-0047

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

Schedule ( (Form 990) (2010) 2 [] Employer identification number FUNDING TO HELP PURCHASE REGWAYS FOR NOPD TO HELP 72-0540607 uspecupp (h) Purpose of grant PATROL THE FRENCH X Yes Grants and Other Assistance to Governments and Organizations In the United States. Complete if the organization answered "Yes" to Form 990, Part IV, Ilne 21, for any VIARTER Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 500 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)3 NEW ORLEANS CONVENTION 68~0530921 criteria used to award the grants or assistance? General Information on Grants and Assistance VISITORS BUREAU 1 (a) Name and address of organization 840 N. RAMPART ST. #51 NEW ORLEANS, LA 70116 Name of the organization COPS 8 INC Partil

Q.

NEW ORLEANS CONVENTION & VISITORS BUREAU

Schedule J (Form 990) (2010) VISITORS BUREAU

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

72-0540607

(a) Type of grant or assistance	(b). Number of reciplents	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Desoription of non-cash assistance
	-				
				•	
ntal Information. Complete this part to	e the Information	n required in Part I, II	ine 2, and any other	additional Information.	
SCAEDULE I, PART I, LINE 2: THE GRA	ANT WAS I	GRANT WAS UNRESTRICTED.	ED.		
			, , , , , , , , , , , , , , , , , , ,		
			بدنيد المارية المارية والمارية والمارية والمارية والمارية والمارية والمارية والمارية والمارية والمارية		
AND AND THE REPORT OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY					
		A de la maragement de la companya de la companya de la companya de la companya de la companya de la companya d			

032102 01-13-11

Schedule I (Form 990) (2010)

## **SCHEDULE J** (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. See separate instructions. NEW ORLEANS CONVENTION &

VISITORS BUREAU

Employer identification number 72-0540607

P	art I Questions Regarding Compensation			
		e constant	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	X Discretionary spending account Personal services (e.g., mald, chauffeur, chef)			
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part ill to explain	1b	X	1
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
-	CEO/Executive Director, Check all that apply.			
	☐ X Written employment contract			
	Independent compensation consultant  IX Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
	Less's Giff 555 of Other Organizations			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	20600000000	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	$\vdash$	X
	Participate in, or receive payment from, an equity-based compensation arrangement?	40	<del> </del>	X
•	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	11 100 to tally of miles 40 of the till personal and provide the application and all the first tall in the till			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		<u> </u>
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
a	The organization?	6а		
Ь	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VIII, paid or accrued pursuant to a contract that was subject to the		j	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010 VISITORS BUREAU 72-0540607 Partie Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each Individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any Individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

Ÿ	)	B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(O)	(0)	(E)	(F)	
(A) Name		(I) Base compensation	(ii) Bonus & hoentive compensation	(iii) Other reportable compensation	netrement and other deferred compensation	Nontaxable beneffts	Total of columns (B)(I)-(D)	Compensation reported in prior Form 990 or	
			,					Form 990-EZ	
	<u>€</u>	292,371.	69,454.	9,053.	4,526.	10,221.	385,625.	0	¥
1 J. STEPHEN PERRY	<b>E</b>	ĺ	0.	0.	0	0	-1	0	
	6	138,417.	19,592.	9,120.	4,560.	3,610.	175,299.	0.	
2 DINDA NICHOLSON	8	0	0		0.	0	0	0	
	<u> </u>	121,960.	15,513.	15,500.	4,380.	11,269.	168,622.	0	
3 DONNA KARL	Œ	0	0.	0	0	0	0	0	
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### SCHEDULE O (Form 990.or 990-EZ)

Department of the Treasury

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 Operato Public Inspection

Internal Revenue Service Name of the organization

NEW ORLEANS CONVENTION &

Employer identification number 72-0540607

VISITORS BUREAU FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMMUNITY. FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION MADE CHANGES TO IT'S BYLAWS IN 2011. A COPY OF THESE CHANGES IS ATTACHED. FORM 990, PART VI, SECTION A, LINE 6: 1.1 ELIGIBILITY FOR ADMISSION. ANY NATURAL PERSON, TRUST, LIMITED LIABILITY COMPANY, PARTNERSHIP, CORPORATION OR OTHER JURIDICAL PERSON IS ELIGIBLE FOR ADMISSION AS A MEMBER OF THE ORGANIZATION. 1.2 ADMISSION TO MEMBERSHIP. ADMISSION TO MEMBERSHIP SHALL BE BY APPLICATION IN ACCORDANCE WITH PROCEDURES FROM TIME TO TIME APPROVED BY THE BOARD OF DIRECTORS AND UPON PAYMENT OF DUES ASSESSED. THE EXECUTIVE COMMITTEE MAY DENY ADMISSION TO MEMBERSHIP TO ANY APPLICANT THAT THE COMMITTEE REASONABLY BELIEVES TO HAVE INTERESTS THAT, ON THE WHOLE, ARE NOT SUBSTANTIALLY ALIGNED WITH THE INTERESTS OF THE TOURISM, HOSPITALITY, SPECIAL EVENTS, SPORTS, ENTERTAINMENT AND OTHER RELATED INDUSTRIES IN THE PARISHES OF ORLEANS, JEFFERSON, ST. BERNARD, ST. CHARLES, ST. TAMMANY, PLAQUEMINES OR ST. JOHN THE BAPTIST (THE "GREATER NEW ORLEANS AREA"). 1.3 DUES AND ASSESSMENTS. THE BOARD OF DIRECTORS SHALL FIX BY RESOLUTION THE AMOUNT, DUE DATES AND METHODS OF PAYMENT OF THE DUES AND THE ASSESSMENTS TO BE PAID BY THE MEMBERS TO THE ORGANIZATION.

^{1.4} AFFILIATES. A PERSON IS ELIGIBLE TO BE A MEMBER ONLY FOR SO LONG AS ALL LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010) 032211 01-24-11

OTHER ENTITIES THAT ARE (I) OWNED, CONTROLLED OR MANAGED BY OR UNDER COMMON OWNERSHIP OR MANAGEMENT WITH THE MEMBER AND (II) ARE ENGAGED IN OPERATING ONE OR MORE RESTAURANTS, HOTELS OR OTHER HOSPITALITY COMPANIES IN THE GREATER NEW ORLEANS AREA ("AFFILIATES") ARE MEMBERS IN GOOD STANDING. FOR THESE PURPOSES, "CONTROL" MEANS THE ABILITY TO INFLUENCE MANAGEMENT IN THE DAY-TO-DAY OPERATION OF A BUSINESS. THIS PROVISION SHALL BE CONSTRUED TO ACCOMPLISH ITS PRINCIPAL PURPOSE OF ASSURING THAT ALL AFFILIATED PARTIES IN A POSITION TO BENEFIT FROM MEMBERSHIP SHOULD BE MEMBERS IN PROPORTION TO THAT POTENTIAL BENEFIT. ALL PERSONS THAT ARE PART OF A GROUP WHOSE MEMBERS SHARE OR APPEAR LIKELY TO SHARE MARKETING INFORMATION WITH ONE ANOTHER MUST BE MEMBERS IF ANYONE OF THEM IS A MEMBER. FOR EXAMPLE, HOTELS AND RESTAURANTS THAT ARE UNDER COMMON MANAGEMENT SHALL BE CONSIDERED TO BE PART OF SUCH A GROUP AND, THEREFORE, TO BE AFFILIATES; WHILE HOTELS OR RESTAURANTS OPERATED AS SEPARATE FRANCHISES UNDER THE SAME FLAG WOULD NOT.

1.5 DISCIPLINARY PROCEDURES. THE BOARD OF DIRECTORS SHALL AT ALL TIMES
MAINTAIN IN EFFECT A STATEMENT OF DISCIPLINGL), PROCEDURES CONCERNING
STANDARDS AND PROCEDURES FOR IMPOSITION OF SANCTIONS, INCLUDING SUSPENSION
AND EXPULSION, BY THE EXECUTIVE COMMITTEE AGAINST MEMBERS FOR NONPAYMENT OF
DUES AND OTHER ACTS AND OMISSIONS THE BOARD IDENTIFIES IN THE STATEMENT OF
DISCIPLINGL)1 PROCEDURES AS INIMICAL TO THE INTERESTS OF THE ORGANIZATION
OR THE INDUSTRY. UNLESS THE EXECUTIVE COMMITTEE EXPRESSLY PROVIDES
OTHERWISE, SUSPENSION OR EXPULSION OF A MEMBER SHALL AUTOMATICALLY EFFECT
THE SUSPENSION OR EXPULSION, AS THE CASE MAY BE, OF ALL THE MEMBER'S
AFFILIATES.

^{1.6} REINSTATEMENT. THE EXECUTIVE COMMITTEE, IN ITS DISCRETION, MAY RE-ADMIT

01-22-11 Schedule O (Form 990 or 990-EZ) (2010)

AN EXPELLED MEMBER AT ANY TIME EXCEPT THAT AN EXPELLED MEMBER AND ITS

AFFILIATES SHALL BE INELIGIBLE FOR RE-ADMISSION FOR A TWO YEAR PERIOD

FOLLOWING EXPULSION IN THE FOLLOWING CIRCUMSTANCES: (I) A MEMBER THAT HAS

BEEN EXPELLED MORE THAN ONCE FOR NON-PAYMENT OF DUES OR ASSESSMENTS AND

(II) A MEMBER THAT HAS BEEN EXPELLED FOR ANY REASON OTHER THAN NON-PAYMENT

OF DUES. RE-ADMISSION SHALL BE BY APPLICATION ONLY AND SHALL BE GOVERNED BY

SECTION 1.2.

FORM 990, PART VI, SECTION A, LINE 7A: VOTING. EACH MEMBER IN GOOD STANDING IS ENTITLED TO ONE VOTE. THE MEMBERS

MUST VOTE BY BALLOT. A MAJORITY OF THE VOTES CAST AT ANY MEETING AT WHICH A QUORUM IS PRESENT SHALL SUFFICE TO CONSTITUTE THE APPROVAL OR OTHER ACTION OF THE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: UPON COMPLETION OF THE TAX RETURN
BY THE AUDITING FIRM, A DRAFT IS SUBMITTED TO THE BUREAU FOR REVIEW. AFTER
A THOROUGH REVIEW IS COMPLETED INTERNALLY AND CLEARING OF ALL QUESITONS AND
ANSWERS, THE AUDIT COMMITTEE IS CONVENED. A DRAFT OF THE TAX RETURN IS
THEN REVIEWED IN DEPTH WITH THE AUDIT COMMITTEE PRIOR TO BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C: FORMS SIGNED ANNUALLY; MEMBERS
WITH POTENTIAL CONFLICTS ARE NOT ALLOWED TO VOTE ON ISSUES PERTAINING TO
THEIR POTENTIALLY CONFLICTED AREA OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: PERIODIC SURVEYS AND COMPARABLE DATA OBTAINED FROM A THIRD PARTY USED TO ESTABLISH COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: THE BUREAU MAKES ITS GOVERNING

Schedule O (Form 990 or 990-EZ) (2010)	Page:
Name of the organization NEW ORLEANS CONVENTION & VISITORS BUREAU	Employer identification number 72-0540607
DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO TH	E PUBLIC UPON
REQUEST, AND THEIR FINANCIAL STATEMENTS ARE PUBLIC RECORD	AND CAN BE
OBTAINED THROUGH THE LOUISIANA LEGISLATIVE AUDITOR.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	1,579,328.
ROUNDING	
TOTAL TO FORM 990, PART XI, LINE 5	1,579,327.
•	
THIS ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBLE	LITY FOR THE
OVERSITE OF THE AUDIT, COMPILATION, OR REVIEW OF THE FINAN	CIAL
STATEMENTS FROM AN INDEPENDENT ACCOUNTANT.	
SCHEDULE B, PART I, CONTRIBUTOR 3	
THE \$5,000,000 DIASTER RELIEF FUNDING FROM THE CITY OF NEW	ORLEANS IN
2010 WAS FOR EFFECTS OF DEEPWATER HORIZON OIL RIG EXPLOSIC	N ON THE
TOURISM INDUSTRY.	
	-

Department of the Treasury Internal Revenue Sarvice SCHEDULER (Form 990)

Name of the organization

part

# Related Organizations and Unrelated Partnerships

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

2010 Opente Pultue Inspection OMB No. 1545-0047

Employer identification number 72-0540607

NEW ORLEANS CONVENTION &

Identification of Disregarded Entities (Complete If the organization answered "Yes" to Form 990, Part IV, Ilne 33.)

VISITORS BUREAU

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets 10,183,777. Đ Total income Legal domicile (state or foreign country) LOUISIANA BUREAU'S OPERATING CENTER TO MANAGE THE PROPERTY AT Primary activity THE LOCALION OF THE Ð WELCOME CENTER BUILDING, LLC - 52-2182916 Name, address, and EIN of disregarded entity 70130 2020 ST. CHARLES AVE NEW ORLEANS, LA Perm

(G) Section 612(b)(13) controlled Schedule R (Form 990) 2010 Š entlty? Kes Direct controlling status (if section 501 (c)(3)) Public charity Exempt Code section Legal domicile (state or foreign country) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN of related organization

032161 12-21-10 LHA

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NEW ORLEANS CONVENTION & VISITORS BUREAU

Schedule R (Form 990) 2010

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) 72-0540607

Page 2

(e)	(4)	3	1,5	121	-	9)	(-)	1.2	Ē		
Name, address, and EIN of related organization	ctivity	Legal domicilio (state or foreign country)	trolling y	Predominant income (related, unrelated, excluded from fax under sections 512-514)	ncome lated, ix under 514)	Share of total	Lg) Share of end-of-year assets	(n) Disproportion- ate allocations?	(t) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Seneral or Percentage managing ownership bartner7
	-				-						
											-
identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ganizations Taxable as rporation or trust during	s a Corpo the tax y	ration or Trust (Col 'ear.)	mplete if the or	ganizatio	n answered "Yes"	to Form 990, Pa	rt IV, line 34	because It had	one or mor	e related
(a) Name, address, and EIN of related organization	NI V		(b) Primary activity		(C) Logal demiolio (state or fereign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership
			•			Avident demands				,	
	4		•	***************************************		,					
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032152 12-21-10				39					Schedu	e R (Form	Schedule R (Form 990) 2010

## NEW ORLEANS CONVENTION & VISITORS BUREAU

Schedule R (Form 990) 2010

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, Ilne 34, 35, 35a, or 36.)

Page 3

72-0540607

e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. During the tax year, did the organization engage in any of the following transaction Receipt of (i) Interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	s With one or more rel	ated organizations listed	s with one or more related organizations listed in Parts II-IV?	Yes No
				J.
Gift, grant, or capital contribution from other organization(s)	********************************	***************************************		10
	***************************************			T.
e Loans or loan guarantees by other organization(s)		***************************************		1.
f Sale of assets to other organization(s)	*			77
Purchase of assets from other organization(s)		7		2 0
h Exchange of assets		***************************************		ــــــــــــــــــــــــــــــــــــــ
i Lease of facilities, equipment, or other assets to other organization(s)		***************************************		1 83
Lease of faoilities, equipment, or other assets from other organization(s)		**************************************		11
Performance of services or membership or fundraising solicitations for or	izatlon(s)	***********		
i Performance of services of membership or fundraising solicitations by other organization(s) in Sharing of facilities, equipment, mailing lists, or other assets	zatlon(s)	***************************************		11
n Sharing of paid employees		***************************************		E :
			***************************************	1999
Reimbursement paid by other organization for expenses	***************************************	***************************************		
The good body of the manufactor of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state				1p
q Other transfer of cash or property to other organization(s)		***************************************		10
	***************************************		***************************************	띡
I VIE ALISWEL (O AITY OF UTE ACOVE IS - Yes, " see the instructions	no must complete th	s line, including covered	tor information on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount Involved	(d) Method of determining amount involved	
(1)				
(2)				وروارد سرسر دريس يوسون والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساول والمساو
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(9)			No. de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	
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## Schedule R (Form 990) 2010

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, Ilne 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(8)	(4)	5	(3)	(4)	11	ft.1
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name, adoress, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of- year assets	Dispropor- tionate	Code V-UBI amount in box 20	Genoral or menaging
		country)	Yes		Yes No	Form 1065)	1.
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Schedule H (Form 990) 2010

## NEW JRLEANS CONVENTION &

hedule R (Form 990) 2010 VISITORS BUREAU  art VII Supplemental Information	/2-054060/ Pag
art VIII Supplemental Information	da D (ana instructiona)
Complete this part to provide additional information for responses to questions on Schedu	ne A (see instructions).
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C Book value of all assets at end of year 32 3 5 6 7 3 8 .  H Describe the organization's primary unrelated business activity. ► ADVERTISING SALES  I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► Yes X No If "Yes," enter the name and identifying number of the parent corporation. ►  J The books are in care of ► TAMMIE BOTELER Telephone number ► 504-566-5094  Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net  1a Gross receipts or sales b Lass returns and allowances c Balance 1 to 2 cost of goods sold (Schedule A, line 7) 2  3 Gross profit. Subtract line 2 from line to 3  4a Capital gain net Income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Cepital loss deduction for trusts  5 income (loss) from partnerships and S corporations (attach statement) 5 G Rent Incorne (Schedule C) 6 Rent Incorne (Schedule C) 7
at end of year 32356738.  H Describe the organization's primary unrelated business activity. ADVERTISING SALES  1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No If Yes, enter the name and identifying number of the parent corporation.  J The books are in care of TAMMIE BOTELER Telephone number 504-566-5094  PARK Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net  1 a Gross receipts or sales  b Lass returns and allowances c Balance 1 c  2 Cost of goods sold (Schedule A, line 7) 2  3 Gross profit. Subtract line 2 from line 1c 3  4 a Capital gain net income (attach Schedule D) 4a  b Net gain (loss) (Form 4797, Part It, line 17) (attach Form 4797) 4b  c Capital loss deduction for trusts 4c  income (loss) from partnerships and S corporations (attach statement) 5  Rent income (Schedule C) 6  Rent income (Schedule C) 7
H Describe the organization's primary unrelated business activity. ► ADVERTISTING SALES    During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► Yes X No If "Yes," enter the name and identifying number of the parent corporation. ►    The books are in care of ► TAMMIE BOTELER
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  If Yes, "enter the name and Identifying number of the parent corporation.  I The books are in care of ➤ TAMMIE BOTELER  Telephone number ➤ 504-566-5094  Partit Unrelated Trade or Business Income  1a Gross receipts or sales  b Less returns and allowances  c Balance  Cost of goods sold (Schedule A, line 7)  Gross profit. Subtract line 2 from line 1c  4a Capital gain net income (attach Schedule D)  b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)  c Capital loss deduction for trusts  income (loss) from partnerships and S corporations (attach statement)  Rent Income (Schedule C)  Unrelated debt-financed Income (Schedule E)  7
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  If Yes, "enter the name and Identifying number of the parent corporation.  I The books are in care of ➤ TAMMIE BOTELER  Telephone number ➤ 504-566-5094  Partit Unrelated Trade or Business Income  1a Gross receipts or sales  b Less returns and allowances  c Balance  Cost of goods sold (Schedule A, line 7)  Gross profit. Subtract line 2 from line 1c  4a Capital gain net income (attach Schedule D)  b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)  c Capital loss deduction for trusts  income (loss) from partnerships and S corporations (attach statement)  Rent Income (Schedule C)  Unrelated debt-financed Income (Schedule E)  7
The books are in care of ► TAMMTE BOTELER    Telephone number ► 504–566–5094
Part Unrelated Trade or Business Income  1a Gross receipts or sales  b Less returns and allowances  c Balance  2 Cost of goods sold (Schedule A, line 7)  3 Gross profit. Subtract line 2 from line 10  4a Capital gain net Income (attach Schedule D)  b Net gain (loss) (Form 4797, Part it, line 17) (attach Form 4797)  c Cepital loss deduction for trusts  income (loss) from partnerships and S corporations (attach statement)  Rent income (Schedule C)  Unrelated debt-financed Income (Schedule E)  (A) Income  (B) Expenses  (C) Net  (A) Income
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b Less returns and allowances c Balance 2 Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c income (loss) from partnerships and S corporations (attach statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed Income (Schedule E) 7
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7 Unrelated debt-financed Income (Schedule E) 7
1 Dillotton dan tradita formation 1 Trittimini-Tritimini
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)   8
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9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule 6)
10 Exploited exempt activity income (Schedule I) 10 11 Advertising Income (Schedule J) 11 15,794. 11,939. 3,855.
12 Other income (See instructions; affach schedule.) 12
13 Total, Compline lines 3 through 12 13 15,794. 11,939. 3,855.
Part 18 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)
14 Compensation of officers, directors, and trustees (Schedule K)
15 Salaries and wages
16 Repairs and maintenance
17 Bad debis
18 Interest (attach schedule) 18
1403 610 100100
20 Charitable contributions (See instructions for limitation rules.) 21 Depreciation (attach Form 4562)
22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b
23 Depletion
24 Contributions to deferred compensation plans
26 Employee benefit programs
26 Excess exempt expenses (Schedule I) 25
27 Excess readership costs (Schedule J) 27 3,855.
28 Other deductions (attach schedule)
29 Total deductions. Add lines 14 through 28
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13
Net operating loss deduction (limited to the amount on line 30)  Net operating loss deduction (limited to the amount on line 30)  Net operating loss deduction (limited to the amount on line 30)  Net operating loss deduction (limited to the amount on line 30)  Net operating loss deduction (limited to the amount on line 30)
92 different desities taxable income desirie specific desiries of montaine of
34 Unrelated business taxable income. Subtract line 33 from line 32, if line 33 is greater than line 32, enter the smaller of zero or line 32
023701 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2010)

Form 990-T	(2010) VISITORS BUREAU		/Z-UD	40007	Page a
Part II	Tax Computation				
	Organizations Taxable as Corporations. See instructions for tax computation.				
	Controlled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions and:	:			
_	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	•			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1			
i					
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)				
	(2) Additional 3% tax (not more than \$100,000)				
c	Income tax on the amount on line 34			35c	. 0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount or	n line 34 from:			
1	Tax rate schedule or Schedule D (Form 1041)		Þ	36	
37	Proxy tax. See Instructions			37	
	Alternative minimum tax			1 [	
	Total, Add lines 37 and 38 to line 35c or 36, whichever applies			39	0.
		****************		1 00	
	Tax and Payments			100000003	
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ь	Other credits (see instructions)	40b		_	
c i	General business credit. Attach Form 3800	40s			
ते :	Credit for prior year minimum tax (attach Form 8801 or 8827)	404			
	Total credits. Add lines 40a through 40d			40e	
					0.
41	Subtract line 40e from line 39	Office		42	
				1 1	0.
	Total tax. Add lines 41 and 42			43	
44 a l	- 13/110/1201 11 2000 010 page 11 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	44a			
b 2	2010 estimated tax payments	44b	·		
6 7	Tax deposited with Form 8868	44c			
		440 (			
		448			
		441			
		777			
g (	Other credits and payments: Form 2439				
Į	Form 4136 Other Total ▶			_	
	Total payments, Add linas 44a through 44g				
	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🛄				<del></del>
47	Fax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		<b>&gt;</b>	47	0.
48 (	Overpayment, If line 45 is larger than the total of lines 43 and 46, enter amount overpaid			48	0.
	Inter the amount of line 48 you want: Gredited to 2011 estimated tax	Return		49	
Part V		n (see Instructio	ກາຣ)		
(SESSEE 6162300)	y time during the 2010 calendar year, did the organization have an interest in or a signature or other			count	Yes No
1 At an	y time ourning the 2010 catendar year, will the organization have an interest in or a signature of our	60 d December 1	relan Dank	and .	103   115
	ς securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-	.22.1, Hahnit oi Li	neign dank	धाद	X
Finan 2 Duma	cial Accounts. If YES, enter the name of the foreign country here	7			
#YES	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust see instructions for other forms the organization may have to file.				X
3 Enter	the amount of tax-exempt interest received or accrued during the tax year ▶\$		<del> </del>		
Schedu	ule A - Cost of Goods Sold. Enter method of Inventory valuation ▶ N/A				
1 Inven	ntory at beginning of year 1 6 inventory at end of year			6 _	
	nases 2 7 Cost of goods sold. Sub				The The Therman
				7	
			to	L-71	Yes No-
	100000000000000000000000000000000000000	•			169 KG-
p Other	costs (attach schedule) 4b property produced or ac	quired for resale)	арргу то		77
5 Total					X
	Under penalties of perjury, I dectare that I have examined this return, including accompanying schedules and state correct, and complete, Dectaration of preparer (other than taxpayer) is based on all information of which preparer	iements, and to the b	est of my kno	wiedge and b	elief, it is true,
Sign	e.}		T	(av the IBS d)	scuss this return with
Here	PRESIDEN	T & CEO		•	own below (see
	Signature of officer Title		In	structions)?	X Yes No
	Print/Type preparer's pamer's 19 10 Preparer's signature Date	Che	<del></del>	if PTIN	
	Print/Type preparer's papers 100 Preparer's signature Date	1			
Paid	TAMANIN'	sen	- employed		NE 42260
Prepar	SHARON CASSIERE				0543368
Use Of	AV (Firm's name POSTLETHWALTE & NETTERVILLE	Fir	m's EIN 🕨	12-	-1202445
Ope OI	ONE GALLERIA DIVD, SOITE ZIVV				
	Firm's address ► METAIRIE, LA 70001	Ph	опе по.	(504)	837-5990
					/n±00\T_000

Form 8868 (Rev. January 2011)

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

OMB No. 1545-1709

Department of the Treasury File a separate application for each return. e If you are fixing for an Automatic 3-Month Extension, complete only Part land check this box If you are fiting for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part il unless you have already been granted an automatic 3-month extension on a previously filed Form 8869. Electronic filing (e-file). You can electronically file Form 8858 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-1), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to fix 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/efite and click on e-file for Charitles & Nonprofits: 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 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. Employer identification number Name of exempt organization NEW ORLEANS METROPOLITAN CONVENTION & print 72-0540607 VISITORS BUREAU, INC. File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions. filing your return, 5cc 2020 ST. CHARLES AVE City, town or post office, state, and ZIP code. For a foreign address, see instructions. 7.0130 NEW ORLEANS, LA Enter the Return code for the return that this application is for (file a separate application for each return) ..... Return Application Reitum Application Code is For Code 07 Form 990 -Đ1 Form 990-T (corporation) 08 Form 990-BL 82 Form 1041-A 69 03 Form 4720 Form 890-EZ Form 990-PF 04 Form 5227 10 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 12 Form 990-T (trust other than above) 93 Form 8870 TAMMIR BOTELER The books are in the care of ≥ 2020 ST. CHARLES AVE - NEW ORLEANS, LA 70130 Telephone No. ► 504-566-5094 FAX No. > . If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box. 🕨 ____, If it is for part of the group, check this box. 🕨 ____ and attach a list with the names and ElNs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until NOVEMBER 15, 2011 to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 2010 or tax year beginning gribne brus, ___ Final return L. Initial return If the tax year entered in line 1 is for less than 12 months, check reason: 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

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.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

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nonrefundable credits. See Instructions.

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.

by using EFTPS (Electronic Federal Tax Payment System), See instructions.

Balance due. Subtract line 3b from line 3a. include your payment with this form, if required,

3a

3b

Зc

NEW OR Form 990-T (2010) VISITO Schedule C - Rent Inco	RS_BU	JREAU			i Personal	Prope	erty Le	eased	72-0! d With Real F		
Description of property			<u> </u>								
(4)		<del></del>		-					· · · · · · · · · · · · · · · · · · ·	-	
(1)									<del></del>		
(3)	· · ·										
(4)		•		<del></del>					70		
(4)	2	Rent receiv	ed or accou	edi	· · · · · · · · · · · · · · · · · · ·						
(a) From personal property (i rent for personal property 10% but not more th	/ Is more that	age of 1	(b)	of neat for pa	i ls based on profi	xceeds 501	% or if		3(a) Deductions did columns 2	ectly co. (a) and 2	nnected with the Income in (b) (attach schedule)
(1)											
(2)											
(3)											
(4)											
Total		0.	Total					).			
(c) Total income. Add totals of co here and on page 1, Part I, line 6, s	(A) nmuloc		<b>&gt;</b>						b) Total deductions nier here and on page art I, line 6, column (8)		0.
Schedule E - Unrelated	l Debt-l	inanced	Incon	1 <b>e</b> (see i	nstructions)						
					2. Gross In	coma fram		3	l. Deductions directly to debt-iii	connect	ied with or allocable property
Description of debt-financed property			2		n			raight line depreciation (attach schedule)		(h) Other deductions (attach schedule)	
(4)											
(1)		••									<del></del>
(2)											<del></del>
(3)					<b></b>		-				
A. Amount of average acquisition debt on or allocable to debt-finance property (attach schedule)		debt-finar	edjusted b locable to ced prope schedule)		by column 5			7. Gross Income reportable (column 2.x column 5)		8, Aliocable deductions (column 6 x total of columns 3(a) and 3(b))	
							%			<del></del>	<del></del>
(1)						•	<del>- i -</del>				
(2)							%				······································
(3)		<del></del> ,					%			-	
(4)					L		%				
									rhere and on page 1, 1, line 7, column (A).		Enter here and on page 1, Part I, fine 7, column (B).
Totals							. ▶		<del> </del>	0.	0.
Total dividends-received deducti	ions includ	ed in column	8	1 179						<u>.▶  </u>	0.
Schedule F - Interest, A	innuitie	s, Royali	ies, ar					ganı	zations (see i	nstruc	tions)
				Exempl	Controlled O	rganizat T	ions		T		1
1. Name of controlled organization	no	2. Employer idea numb	attication T	Net um (loss) (s	3. 4. Total of specified payments made			ied de	5. Pari of column a included in the con organization's gross	f that is troiling income	6. Deductions directly connected with income in column 5
(1)			,								
(2)											
(3)						T					
(4)									T		
lonexempt Controlled Organiz	ations		• • •								
7. Taxable Income	8. Net u	nrelated Income se instructions)	(loss)	9, Tota	al of specified pay ਜ਼ੜਰੀਰ	m≘gis	10. Par in the	control:	mn 9 that is included ing organization's a income	11.	Deductions directly connected with income in column 10
(1)											

Enter here and on page 1, Part I, line 8, column (A).

Add columns 5 and 10,

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

0 . Form 990-T (2010)

(2) (3) (4)

Sched	dule G - Investme (see instr		Section 50	)1(c)(7	), (9), or (17) Oı	ganiza	tion ———			
	1. Descr	iption of income			2. Amount of Income	directly	ductions connected schedule)		e(-asides h schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)		····								
(2)									-	
		-		Ť						
(3)										
(4)					inter here and on page 1,					Enter here and on page 1,
				.	Part I, line 9, column (A).					Part I, line 9, column (B).
Totals _	-4-00			<u> </u>	. 0.					0.
Sche	dule I - Exploited I	Exempt Activity ctions)	/ Income, (	Other	Than Advertisi	ing Inc	ome			
		· · · · · · · · · · · · · · · · · · ·	3 -		4. Net income (loss)					7. Excess exempt
	Description of exploited activity	2. Gross unrelated business income from trade or business	8. Expension of introlets business inco	scied don d	from unrelated brade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from ac	ss Income stivity that unrelated ss Income	attrit	expenses suiable to fumn 5	expenses (column 6 minus column 5, but not more than column 4).
(H)							••			
(1)			***************************************				**	1		
(2)					***					····
(3)		<u></u>								
(4)		Enter here and on page 1, Part I, Ilne 10, col. (A).	Enter here an page 1, Par line 10, col.	ti, 👸						Enter here and on page 1, Part II, line 26.
Totals	▶	0.	}	0.						0.
Sche	dule J - Advertisii	na Income (see	instructions)							
- OO110	Income From I	Periodicals Ren	orted on a	Cons	solidated Basis					***
								1		
	1. Name of periodical	2. Gross advertising income	3. D advertish		4. Advertising gain or (loss) (co), 2 minus coi. 3). If a gain, comput cois. 5 through 7.	- [ 5.c	inculation nconve		adership osts	Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)	·									
(2)			1	_					-	
		<del></del>								
(3)	CIDIA CITTA E COLO	1			<b>∃</b>			<u> </u>		
_(4)	STATEMENT	<del>-</del>						·		
Totals (c	carry to Part II, line (5))  II Income From I columns 2 through	Periodicals Rep	4. 11,	939 a <b>Sep</b> a	3,855 trate Basis (For	. 13 each perl	3,123. odical liste	123 d in Part	, 174 . II, fill in	3,855.
	001011110 2 410 0 4 911		<u>ŕ</u>		1 4	1	<del></del>	1	7	7. Excess readership
	1. Name of periodical	2. Gross advertising income	3. p advertisi		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7.	5.0	iculation ncome		edership osis	costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										·
(3)										
(4)	<del></del>				1				,	
	tals from Part I	15,79	4. 11.	939						3,855.
(0) 10	rate nominated	Enter here and								Enter here and
	•	page 1, Part I line 11, col. (A	, page 1, ), line 11,	, Parti, ⇔i. (8).						on page 1. Part II, line 27. 3 , 855 .
Totals, I	Part II (lines 1-5)	▶ 15,79		939						3,033.
Sche	dule K - Compens	sation of Office	rs, Directo	rs, an	d Trustees (see	instructi	ons)			
	1. N	lame			2. Title		3. Perce time devol busine	led to		eisztion attributable eiated business
(4)	<del></del>							%		•
<u> </u>			<del></del>				<del> </del>	%	*****	
(2)		······································					<del>                                     </del>	%		
<u>(3)</u> ·										
(4)							<u> </u>	%		0.
Total, E	nter here and on page 1, P	art II, line 14					*********	▶		Form 990-T (2010)

FORM 990-T SCHEDULE J -	INCOME FROM FON A CONSOLID	ERIODICALS RI ATED BASIS	EPORTED ST	PATEMENT 1
NAME OF PERIODICAL	GROSS ADV INCOME	DIRECT ADV	CIRCULATION INCOME	READERSHIP COSTS
VISITOR GUIDE #1 VISITOR GUIDE #2 TRAVEL PLANNER GUIDE MEETING PLANNER GUIDE	5,015. 2,141. 3,114. 5,524.	3,791. 1,618. 2,354. 4,176.	4,167. 1,779. 2,587. 4,590.	39,112. 16,696. 24,284. 43,082.
TO FM 990-T, SCH J, PART I	15,794.	11,939.	13,123.	123,174.

### CONSOLIDATED FINANCIAL STATEMENTS

**DECEMBER 31, 2010 AND 2009** 

Under provisions of state iaw this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date 9/3/11



A Professional Area unting Corporation wath projection



CONSOLIDATED FINANCIAL STATEMENTS

**DECEMBER 31, 2010 AND 2009** 

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### INDEPENDENT AUDITORS' REPORT

The Board of Directors
New Orleans Metropolitan Convention & Visitors Bureau, Inc.:

We have audited the accompanying consolidated statements of financial position of the New Orleans Metropolitan Convention & Visitors Bureau, Inc. ("the Bureau") as of December 31, 2010 and 2009, and the related consolidated statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the Bureau's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Bureau's internal control over financial reporting. Accordingly, we express no such opinion. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the New Orleans Metropolitan Convention & Visitors Bureau, Inc. as of December 31, 2010 and 2009, and the changes in its net assets and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with Government Auditing Standards, we have also issued our report dated June 20, 2011 on our consideration of the Bureau's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards and should be read in conjunction with this report in considering the results of our audits.

New Orleans, Louisiana

June 20, 2011

Postlethwaite + Nettervillo

## NEW ORLEANS METROPOLITAN CONVENTION & VISITORS BUREAU, INC. NEW ORLEANS, LOUISIANA CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

### **DECEMBER 31, 2010 AND 2009**

	2010	2009
ASSETS		
Current assets:		
Cash and cash equivalents	5 4,886,112	\$ 8,639,571
Accounts receivable	2,228,947	865,970
Receivables, State of Louisiana	3.129.373	1,567,974
Inventory	62,249	76,212
Prepaid expenses	330.920	1,110,389
Total current assets	10.637.601	12,260,116
E CARD MAY CONC.		
Investments:		
Marketable securities at fair value	10,784,139	8,631,084
Property, equipment and leasehold improvements:		
Land	3,373,130	3,373,130
Building	9,156,119	9,156,119
Furniture and fixtures	1,008,449	989,714
Equipment	916,313	1,008,355
Leasehold improvements	68,928	68,928
Software	179,480	179,480
Transportation vehicles	13,477	13,477_
•	14,715,896	14,789,203
Less accumulated depreciation and amortization	(3,732,008)	(3,495,526)
Net property, equipment and leasehold improvements	10,983,888	11,293.677
Total assets	\$ 32,405,628	\$ 32,184,877
LIABULITIES AND NE	T ASSETS	
Current liabilities:		
Accounts payable	\$ 638,305	\$ 1,444,156
Deferred revenue	125,680	62,902
Promises to give	250,000	285,591
Cash overdraft	48,890	137,110
Other accrued liabilities	54,768	439.195
Total current liabilities	1,117,643	2,368,954
Total liabilities	1,117,643	2,368,954
Net assets, unrestricted:		
Designated	6,628,040	6,871,476
Undesignated	24,659,945	22,944,447
Total net assets	31,287,985	29.815.923
Total liabilities and net assets	\$ 32,405.628	\$ 32.184,877

See accompanying notes to consolidated financial statements.

## NEW ORLEANS METROPOLITAN CONVENTION & VISITORS BUREAU, INC. NEW ORLEANS, LOUISIANA CONSOLIDATED STATEMENTS OF ACTIVITIES

### YEARS ENDED DECEMBER 31, 2010 AND 2009

•	2010			2009
REVENUES AND SUPPORT				
Appropriations from government agencies	S	6,869,064	\$	5,666,762
Industry show cost-share reimbursement		171,832		992,674
Investment return (Note 3)		1,798,233		2,026,473
Membership dues		1,303,766		1,308,968
Hotel occupancy privilege tax and downtime funding		1,029,554		1,200,263
Other revenue		440,803		442,777
Staffing services reimbursement		543,615		620,716
Disaster relief funding		5,000,000		_
State of Louisiana Co-op supplemental appropriation		-		1,750,000
Louisiana Office of Tourism Support		495,300		495,300
Total revenues and support		17,652,167		14,503,933
EXPENSES Program services:				
Convention sales and services		5,654,207		6,904,246
Tourism promotion		5,301,584		1,328,445
Tourism promotion funded through privilege tax and		3,232,201		Agarden Com
downtime funding		838,099		1.026,717
Communication and public relations		1,756,333		941,634
Member services		189,725		220,161
Information services		351,505		213,731
Supporting services:				
Welcome Center Building, L.L.C.		241,295		242,831
General and administration		1,847.357		2,002,906
Total expenses		16,180,105	,	12,880,671
Changes in net assets		1,472,062		1,623,262
NET ASSETS - BEGINNING OF YEAR		29,815,923		28,192,661
NET ASSETS - END OF YEAR	\$	31,287,985	\$	29,815,923

See accompanying notes to consolidated financial statements.

## NEW ORLEANS METROPOLITAN CONVENTION & VISITORS BUREAU, INC. NEW ORLEANS, LOUISIANA CONSOLIDATED STATEMENTS OF CASH FLOWS

### YEARS ENDED DECEMBER 31, 2010 AND 2009

		2010	_	2009
CASH FLOWS FROM OPERATING ACTIVITIES				
Changes in net assets	\$	1,472,062	\$	1,623,262
Adjustments to reconcile changes in not assets to				
net cash used in operating activities:				
Depreciation and amortization		334,743		354,238
Loss on disposal of equipment		2,416		-
Unrealized gain on investment securities		(1,579,328)		(2,194,166)
Decrease (increase) in accounts receivable		(2,924,376)		525,978
Decrease in inventory		13,963		5,720
Decrease (increase) in prepaid expenses		779,469		(257,999)
Increase (decrease) in accounts payable		(805,850)		681,333
Increase (decrease) in deferred revenue		62,778		(1,767,645)
Increase(decrease) in promises to give		(35,591)		35,591
Increase (decrease) in other accrued liabilities		(384,427)		335,715
Net cash used in operating activities		(3,064,14])		(657,973)
CASH FLOWS FROM INVESTING ACTIVITIES				
Proceeds from sales of investment securities		3,940,851		2,623,108
Purchases of investment securities		(4,514,578)		(2,494,507)
Capitalization and acquisition of property		(27,371)		(23,055)
Not cash provided by (used in) investing activities	<u>.                                    </u>	(801,098)		105,546
CASH FLOWS FROM FINANCING ACTIVITIES				
Net change in cash overdraft		(88,220)		(177,247)
Net cash used in financing activities		(88,220)		(177,247)
NET DECREASE IN CASH				
AND CASH EQUIVALENTS		(3,753,459)		(729,674)
CASH AND CASH EQUIVALENTS:				
BEGINNING OF YEAR		8,639,571		9,369,245
END OF YEAR	<u>_s</u>	4,886,112	s	8,639,571

See accompanying notes to consolidated financial statements.

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### (1) Summary of Significant Accounting Policies

### History and Organization

The New Orleans Metropolitan Convention & Visitors Bureau, Inc. (the Bureau) is a private, non-profit 501(c)(6) organization dedicated to promoting the Greater New Orleans area as a destination for trade shows, conventions, tour groups and individual travelers. During 1999, the Bureau organized the Welcome Center Building, L.L.C., to purchase and manage the property at the location of its operating center. The center opened and began operating in June 2003. Since the Bureau is the sole member of the Welcome Center Building, L.L.C., the entity is disregarded from its owner for income tax purposes.

The accompanying consolidated financial statements include the accounts of the Bureau and its wholly-owned subsidiary, the Welcome Center Building, L.L.C. In consolidation, significant intercompany accounts and transactions have been eliminated.

### Basis of Accounting and Presentation

The consolidated financial statements of the Bureau are presented on the accrual basis of accounting. Net assets, support and revenues, and expenses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of the Bureau and changes therein are classified and reported as follows:

- Unrestricted net assets Net assets that are not subject to donor-imposed stipulations.
- Temporarily restricted net assets Net assets subject to donor-imposed stipulations that may or
  will be met either by actions of the Bureau and/or the passage of time. Currently, the Bureau
  has no time or purpose-restricted assets.
- Permanently restricted net assets Net assets subject to donor-imposed stipulations that neither
  expire by the passage of time nor can be fulfilled and removed by actions of the Bureau
  pursuant to those stipulations. Currently, the Bureau has no permanently restricted assets.

#### Cash and Cash Equivalents

For the purposes of the statements of cash flows, cash and cash equivalents include bank deposits, money market accounts and certificates of deposit of three months or less.

### Investments

Investments, consisting of common stocks, real estate investment trusts, Exchange Traded Note, fund of funds and mutual funds, are recorded at market value. Unrealized gains and losses on investments in common stocks, real estate investment trusts, and mutual funds with readily determinable fair values are recorded in the statement of activities as increases or decreases in unrestricted net assets unless their use is temporarily or permanently restricted by explicit donor stipulations or law. Dividend, interest and other investment income is recorded as increases in unrestricted net assets unless the use is restricted by the donor. Donated investments are recorded at fair value at the date of receipt.

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### (1) Summary of Significant Accounting Policies (continued)

### Accounts Receivable

Accounts receivable are stated at the amount the Bureau expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. Changes in the valuation allowance have not been material to the financial statements.

### Inventory

Inventory consisting of maps and brochures is valued at the lower of cost or market. Cost is determined on the first-in, first-out method.

### Property, Equipment and Leasehold Improvements

Property and equipment are stated at cost, less an allowance for accumulated depreciation. Additions, improvements and betterments to property and equipment in excess of \$1,000 which extends its useful life or increase its carrying value are capitalized.

Expenditures for maintenance, repairs and improvements which do not materially extend the useful lives of the assets are charged to expense as incurred. When property and equipment are removed from service, the cost of the asset and the related accumulated depreciation are removed from the books and any resulting gain or loss is credited to or charged against the current period's change in net assets.

Depreciation is provided in amounts sufficient to relate the cost of depreciable assets to operations over their estimated useful lives using the straight-line method. Depreciation expense is \$334,743 and \$354,238 for the years ended December 31, 2010 and 2009, respectively. The estimated useful lives used in computing depreciation are as follows:

Buildings and improvements 5 to 40 years
Furniture, fixtures and equipment 5 to 10 years
Vehicle 5 years

### Vacation and Sick Pay

All full time regular employees are eligible for up to ten days of paid vacation after one year of service, and up to fifteen days after five years of service. Paid vacation hours are determined by employment anniversary date, adjusted by any leave of absence. Vacation and sick time unused at the end of the anniversary date is lost. Upon termination, unused vacation time only is paid.

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### (1) Summary of Significant Accounting Policies (continued)

#### Non-Direct Response Advertising

The Bureau expenses advertising costs as incurred. Advertising expenses charged to operations totaled \$4,373,735 and \$1,268,459 in 2010 and 2009, respectively.

### Deferred Revenue

Membership dues revenue is recognized when carned over the membership period. Advertising revenue billed in advance is deferred and recorded as income in the period in which the related services are provided.

#### Income Taxes

The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under that guidance, the Bureau may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities based on the technical merits of the position. Examples of tax positions include the tax-exempt status of the Bureau and various positions related to the potential sources of unrelated business taxable income (UBIT). The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. There were no unrecognized tax benefits identified or recorded as liabilities for fiscal year 2010 and 2009.

The Bureau's tax returns for the years ended December 31, 2009, 2008 and 2007 remain open and subject to examination by taxing authorities. The tax return for the year ended December 31, 2010 has not been filed.

### Revenue

The Bureau reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and are reported in the statements of activities as net assets released from restrictions.

Gifts of long-lived operating assets such as land, buildings or equipment are reported as unrestricted support, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### (1) Summary of Significant Accounting Policies, (continued)

### Revenue (continued)

explicit donor stipulations about how long these long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

### Use of Estimates

Management of the Bureau has made estimates and assumptions relating to the reporting of assets and liabilities to prepare these financial statements in conformity with accounting principles generally accepted in the United States of America. Actual results could differ from those estimates.

### (2) Concentration of Credit Risk

The Bureau maintains its cash in bank deposit accounts at various financial institutions in the Greater New Orleans area, which, at times, may exceed federally insured limits. At December 31, 2010 and 2009, the Bureau's bank balances exceeded the insured limits by \$977,472 and \$8,089,722, respectively.

### (3) Investments

The fair market value of investments is as follows at December 31:

	 2010		2009
Common Stocks	\$ 6,699,205	S	4,746,274
Real Estate Investment Trust	623,857		1,063,949
Exchange Traded Note	662,468		_
Fund of Funds	1,428,759		1,329,527
Mutual Funds	 1,369,850		1,491,334
	\$ 10,784,139	\$	8,631,084

The Exchange Traded Note of \$662,468 held at December 31, 2010 is linked to the performance of a market benchmark or strategy, in this case the Rogers International Commodity Index. When held to maturity, the Bureau will receive a cash payment that is linked to the performance of the corresponding index during the period beginning on the trade date and ending at maturity. The Bureau may liquidate the investment prior to the maturity date by trading them on the exchange or by redeeming a large block of securities directly with the issuing bank. Since Exchange Traded Notes are unsecured, unsubordinated debts, they are not rated, but are backed by the credit of the underwriting bank.

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### (3) Investments (continued)

The following schedule summarizes the investment return and its classification in the statement of activities for the years ended December 31:

		2010		2009
Dividends and interest Net unrealized and realized gains	\$	218,905 1,579,328	\$	267,245 1,759,228
Total return on investments	_\$	1,798,233	_\$	2,026,473

### (4) Fair Value Measurements

The Burcau uses fair value measurements to record fair value adjustments to certain assets and liabilities and to determine fair value disclosures. Generally Accepted Accounting Principles (GAAP) defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction (that is, not a forced liquidation or distressed sale) between market participants at the measurement date. GAAP also establishes a fair value hierarchy for valuation inputs. The hierarchy prioritizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. These levels are as follows:

- Level 1 Valuation is based on quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.
- Level 2 Valuation is based on inputs other than quoted prices included within level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 -Valuation is based on unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

Following is a description of the valuation methodologies used for assets measured at fair value:

- Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.
- Real Estate Investment Trust (REIT): REITs (if publicly held) are valued at the closing price reported on the active market on which they are actively traded or using the NAV (Net Asset Value).
- Exchange Traded Notes: Valued at the closing price reported on the active market on which
  the note is traded.
- Fund of funds: Valued at the proportionate share of the investment in the partnership which is based on the GAAP investments maintained by the partnership and the valuation of the underlying assets.

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### (4) Fair Value Measurements (continued)

Mutual Funds: Mutual funds are priced at NAV (Net Asset Value) which is the fund's share
price. Funds compute this value by dividing the total net assets by the total number of shares.
The NAV is calculated on a daily basis by the fund's administrator

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Bureau believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Bureau's assets at fair value as of December 31, 2010:

		Level 1	Level 2		Level 3		Total	
Common stocks								
Basic materials	\$	52,092	\$	-	\$	-	\$	52,092
Consumer goods		635,541		-		•		635,541
Energy		247,641		-		-		247,641
Financials		549,687		-		-		549,687
Healthcare		500,832		•		-		500,832
Industrials		391,764		-		-		391.764
Information technology		311,619		-		**		311,619
Materials		74,245		-		-		74,245
Business services		294,563		-		-		294,563
Utilities		102,743		-		_		102,743
Technology		451,535		-		-		451,535
Foreign ordinary equity		3,086,944		-		-		3,086,944
Total common stocks		6,699,206		-		<del>-</del>		6,699,206
Real estate investment trusts		623,857		-		-		623,857
Exchange Traded Note		662,468		-		•		662,468
Fund of funds		-		1,428,758		-		1,428,758
Mutual funds								
Intermediate term bond		1,043,324		•		-		1,043,324
Inflation protected bond		326,526				-		326,526
Total mumal funds		1,369,850						1,369,850
Total investments at fair value	<u>\$</u>	8,692,913		2,091,226	_\$	<del>-</del>	\$	10,784,139

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### (4) Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Bureau's assets at fair value as of December 31, 2009:

	Level I	Level 2	L	evel 3		Total
Common stocks	\$ 4,746,274	\$ <b>.</b>	\$	-	\$	4,746,274
Real estate investment trusts	1,063,949	-		-		1,063,949
Fund of funds	_	1,329,527		-		1,329,527
Mutual funds	 1,491,334	 				J,491,334
	\$ 7,301,557	\$ 1,329,527	S	_	S	8,631,084

### (5) Net Assets

Board-designated, unrestricted net assets are designated to support the following, as of December 31:

		2010	2009		
Hotel occupancy privilege tax and downtime funding	\$	2,075,820	\$	1,922,845	
Future conventions		4,517,345		4,902,131	
Other		34,875		46,500	
	_\$_	6,628,040	\$_	6,871,476	

Funds provided by the New Orleans Tourism Marketing Corporation are designated for tourism promotion.

The Bureau has arrangements with the State of Louisiana to promote tourism and economic development in the Greater New Orleans area in exchange for government appropriations. Act 10 of the 2009 and Act 11 of the 2010 Regular Legislative Session provides for an annual appropriation of up to \$7,000,000. The actual appropriation provided in 2010 and 2009 was \$6,869,064 and \$5,666,762 respectively.

### (6) 401(k) Plan

The Bureau offers full-time employees who have completed sixty days of continuous service participation in its 401k plan. Employees may contribute up to the maximum level of deferral allowed by the Internal Revenue Service. The plan provides for employer contributions up to 50% of the elective deferral of each employee, to a maximum of 3% of the participant's compensation. Matching contributions for the years ended December 31, 2010 and 2009 were \$87,553 and \$96,223, respectively.

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### (7) Donated Services (Unaudited)

The Bureau has received a significant amount of non-professional donated services from various businesses in and around Greater New Orleans. These services were used in programs designed to promote the local tourism market. Management estimates that approximately \$495,225 and \$1,998,820 of donated services were received in 2010 and 2009, respectively. However, these services do not meet all of the applicable requirements of ASC 105-985, therefore, no amounts have been reflected in the consolidated financial statements for these donated services.

### (8) Commitments and Contingencies

### Operating Leases

In addition, the Bureau leases office equipment and vehicles under various leases with expiration dates. Minimum future rentals are as follows:

2011	\$ 36,532
2012	31,569
2013	23,034
2014	3,132
2015	600
Thereafter	31,800
	\$ 126,667

Rent expense in 2010 and 2009 totaled \$55,373 and \$87,078, respectively.

### Other Commitments and Contingencies

The Bureau is involved in claims and legal proceedings. When it appears probable in management's judgment that the Bureau will incur monetary damages or other costs in connection with claims and proceedings, and the costs can be reasonably estimated, appropriate liabilities are recorded. While the results are uncertain, management believes that the ultimate disposition of such proceedings will not have a materially adverse effect on the Bureau's financial statements.

The oil spill in the Gulf of Mexico as a result of the Deepwater Horizon oil rig explosion on April 20, 2010 may have an impact on the tourism industry in New Orleans in future years, which may therefore impact the Bureau's revenues.

### (9) Promises to Give

The Bureau entered into an agreement with The Essence Festival, LLC in 2002 to fund \$125,000 annually ending in 2007. This amount was increased to \$250,000 in 2007 for future year events. The remaining liability as of December 31, 2010 and 2009 was \$250,000 and \$285,591, respectively, and is recorded as a current liability in the consolidated statements of financial position.

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### (10) Cooperative Endeavor Agreement

The Bureau entered into Cooperative Endeavor Agreements with the Department of the Treasury for the State of Louisiana for the period June 2007 through June 30, 2009. The purpose of the agreements was to fund certain eligible activities and supplement the Bureau's budget as they continued marketing the New Orleans region as a premier visitor and convention destination. The hotel/motel tax collections which are the primary source of funding for the Bureau remain approximately \$750,000 less than collections in 2004. Included in the consolidated statements of activities in State of Louisiana Co-op Appropriations is \$0 and \$1,750,000 for the years ended December 31, 2010 and December 31, 2009, respectively.

The Bureau renewed its Cooperative Endeavor Agreement with the Louisiana Office of Tourism for oversees representation. The Bureau operates four international tourism offices in the United Kingdom. Germany, France, and Mexico on behalf of the state of Louisiana to promote tourism to the state. The Louisiana Office of Tourism reimburses the Bureau for 65% of the cost of marketing and operations at these foreign offices with a maximum reimbursement of \$495,300 for the year ended December 31, 2010. Included in special tourism support on the consolidated statements of activities is \$495,300 and \$495,300 for the years ended December 31, 2010 and December 31, 2009, respectively, relating to this funding.

### (11) Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were available to be issued, June 20, 2011, and determined the following events require disclosure.

On January 24, 2011, the Bureau's members voted to change the official name of the Bureau to New Orleans Metropolitan Convention & Visitors Bureau.



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## REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

To the Members of the Board New Orleans Metropolitan Convention & Visitors Bureau, Inc.:

We have audited the financial statements of the New Orleans Metropolitan Convention & Visitors Bureau, Inc. (the Bureau) as of and for the year ended December 31, 2010, and have issued our report thereon dated June 20, 2011. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States.

### Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Bureau's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Bureau's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Bureau's internal control over financial reporting.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

### Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Bureau's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that are required to be reported under Government Auditing Standards.

This report is intended solely for the information and use of the audit committee, management of the Bureau and federal awarding agencies and pass-through entities, such as the State of Louisiana and Legislative Auditor's Office and is not intended to be and should not be used by anyone other than these specified parties. However, under Louisiana Revised Statute 24:513, this report is distributed by the Legislative Auditor as a public document.

New Orleans, Louisiana

Postlethwrite + Netterville

June 20, 2011

### CONSOLIDATED FINANCIAL STATEMENTS

**DECEMBER 31, 2009 AND 2008** 

Under provisions of state law, this report is a public document. Acopy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date 7/14/10



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# NEW ORLEANS METROPOLITAN CONVENTION & VISITORS BUREAU, INC. CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2009 AND 2008

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### **INDEPENDENT AUDITORS' REPORT**

The Board of Directors

New Orleans Metropolitan Convention & Visitors Bureau, Inc.:

We have audited the accompanying consolidated statements of financial position of the New Orleans Metropolitan Convention & Visitors Bureau, Inc. ("the Bureau") as of December 31, 2009, and the related consolidated statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the Bureau's management. Our responsibility is to express an opinion on these financial statements based on our audit. The financial statements of the New Orleans Metropolitan Convention & Visitors Bureau, Inc. as of December 31, 2008, were audited by other auditors whose report dated June 22, 2009, expressed an unqualified opinion on those statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Bureau's internal control over financial reporting. Accordingly, we express no such opinion. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the New Orleans Metropolitan Convention & Visitors Bureau, Inc. as of December 31, 2009, and the changes in its net assets and cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with Government Auditing Standards, we have also issued our report dated June 25, 2010 on our consideration of the Bureau's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards and should be read in conjunction with this report in considering the results of our audits.

New Orleans, Louisiana

Postlethwaite + Nettewillo

June 25, 2010

## NEW ORLEANS METROPOLITAN CONVENTION & VISITORS BUREAU, INC. NEW ORLEANS, LOUISIANA CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

### **DECEMBER 31, 2009 AND 2008**

	2009	2008		
ASSETS				
Current assets:				
Cash and cash equivalents	\$ 8,639,571	\$ 9,369,245		
Accounts receivable	865,970	547,056		
Receivables, State of Louisiana	1,567,974	2,412,866		
Inventory	76,212	81,932		
Prepaid expenses	1,110,389	852,390		
Total current assets	12,260,116	13,263,489		
** <b>***</b>		103200,102		
Investments:				
Marketable securities at fair value	8,631,084	6,565,518		
Proporty, equipment and leasehold improvements:				
Land	3,373,130	3,373,130		
Building	9,156.119	9,127,436		
Furniture and fixtures	989,714	988,838		
Equipment	1,008,355	1,050,201		
Leasehold improvements	68,928	97,611		
Software	179,480	179,480		
Transportation vehicles	13,477	13,477		
	14,789,203	14,830,173		
Less accumulated depreciation and amortization	(3,495,526)	(3,205,312)		
Net property, equipment and leasehold improvements	11,293,677	11,624,861		
Total assets	\$ 32,184,877	\$ 31,453,868		
<u>LIABILITIES AND NET</u>	ASSETS			
Current liabilities:				
Accounts payable	\$ 1,444,156	\$ 762,823		
Deferred revenue	62,902	- ,,		
Promises to give	•	1,830,547		
Cash overdraft	285,591 137,110	250,000 314,357		
Other accrued liabilities	439,195	103,480		
Total current liabilities	2,368,954	3,261,207		
i pro content habitudes	2,300,934	3,281,201		
Total liabilities	2,368,954	3,261,207		
Net assets, unrestricted:	•			
Designated	6,871,476	7,060,157		
Undesignated	22,944,447	21,132,504		
Fotal net assets	29,815,923	28,192,661		
Total liabilities and net assets	\$ 32,184,877	\$ 31,453,868		

See accompanying notes to financial statements.

## NEW ORLEANS METROPOLITAN CONVENTION & VISITORS BUREAU, INC. NEW ORLEANS, LOUISIANA CONSOLIDATED STATEMENTS OF ACTIVITIES

### YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009		2008		
REVENUES AND SUPPORT			_		
Appropriations from government agencies	\$	5,666,762	\$	5,986,052	
Industry show cost-share reimbursement		992,674		195,310	
Investment return (Note 3)		2,026,473		(3,469,556)	
Membership dues		1,308,968		1,363,715	
New Orleans Tourism Marketing Corporation		1,200,263		1,221,142	
Other revenue		442,777		228,573	
Registration		620,716		430,805	
Grant revenue		•		2,907,886	
State of Louisiana Co-op appropriations		1,750,000		3,750,000	
Special tourism support		495,300		525,300	
Total revenues and support	*************	14,503,933	<del></del>	13,139,227	
EXPENSES					
Program services:					
Convention sales and services		6,904,246		6,859,527	
Tourism promotion		1,328,445		2,142,097	
New Orleans Tourism Marketing Corporation		1,026,717		1,058,853	
Communication and Public Relations		941,634		2,216,070	
Member services		220,161		251,699	
Information services		213,731		213,760	
Supporting Services:					
Welcome Center Building, L.L.C.		242,831		281,479	
General and administration		2,002,906		2,145,179	
Total expenses		12,880,671		15,168,664	
Changes in net assets		1,623,262		(2,029,437)	
NET ASSETS - BEGINNING OF YEAR		28,192,661	<del></del>	30,222,098	
NET ASSETS - END OF YEAR	<u> </u>	29,815,923	\$	28,192,661	

See accompanying notes to financial statements.

## NEW ORLEANS METROPOLITAN CONVENTION & VISITORS BUREAU, INC. NEW ORLEANS, LOUISIANA CONSOLIDATED STATEMENTS OF CASH FLOWS

### YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009			2008	
CASH FLOWS FROM OPERATING ACTIVITIES					
Changes in net assets	\$	1,623,262	\$	(2,029,437)	
Adjustments to reconcile changes in net assets to					
net cash provided by (used in) operating activities:					
Depreciation and amortization		354,238		425,793	
Gain on disposal of equipment		-		(363)	
Unrealized loss (gain) on investment securities		(2,194,166)		3,757,140	
Decrease in accounts receivable		525,978		1,286,499	
(Increase) decrease in inventory		5,720		(54,591)	
Increase in prepaid expenses		(257,999)		(618,443)	
Increase (decrease) in accounts payable		681,333		(195,875)	
Decrease in deferred revenue		(1,767,645)		(252,751)	
Increase in promises to give		35,591		-	
Increase in accrued expenses		335,715		4,444	
Net cash provided by (used in) operating activities		(657,973)		2,322,416	
CASH FLOWS FROM INVESTING ACTIVITIES					
Proceeds from sales of investment securities		2,623,108		3,715,930	
Purchases of investment securities		(2,494,507)		(4,160,667)	
Capitalization and acquisition of property		(23,055)		(242,605)	
Proceeds from sale of fixed assets	<u></u>	-		850	
Net cash provided by (used in) investing activities		105,546		(686,492)	
CASH FLOWS FROM FINANCING ACTIVITIES					
Net change in cash overdraft		(177 _, 247)		314,357	
Net cash provided by (used in) financing activities	·····	(177,247)		314,357	
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS		(729,674)		1,950,281	
CASH AND CASH EQUIVALENTS: BEGINNING OF YEAR		9,369,245		7,418,964	
END OF YEAR	\$	8,639,571		9,369,245	

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### (1) Summary of Significant Accounting Policies

### History and Organization

The New Orleans Metropolitan Convention & Visitors Bureau, Inc. (the Bureau) is a private, non-profit 501(c)(6) organization dedicated to promoting the Greater New Orleans area as a destination for trade shows, conventions, tour groups and individual travelers. During 1999, the Bureau organized the Welcome Center Building, L.L.C., to purchase and manage the property at the location of its operating center. The center opened and began operating in June 2003. Since the Bureau is the sole member of the Welcome Center Building, L.L.C., the entity is disregarded from its owner for income tax purposes.

The accompanying consolidated financial statements include the accounts of the Bureau and its wholly-owned subsidiary, the Welcome Center Building, L.L.C. In consolidation, significant intercompany accounts and transactions have been eliminated.

### Basis of Accounting and Presentation

The financial consolidated statements of the Bureau are presented on the accrual basis of accounting. Net assets, support and revenues, and expenses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of the Bureau and changes therein are classified and reported as follows:

- Unrestricted net assets Net assets that are not subject to donor-imposed stipulations.
- Temporarily restricted net assets Net assets subject to donor-imposed stipulations that may or
  will be met either by actions of the Bureau and/or the passage of time. Currently, the Bureau
  has no time or purpose-restricted assets.
- Permanently restricted net assets Net assets subject to donor-imposed stipulations that neither
  expire by the passage of time nor can be fulfilled and removed by actions of the Bureau
  pursuant to those stipulations. Currently, the Bureau has no permanently restricted assets.

#### Cash and Cash Equivalents

For the purposes of the statements of cash flows, cash and cash equivalents include bank deposits, money market accounts and certificates of deposit of three months or less.

### Investments

Investments, consisting of common stocks, real estate investment trusts, fund of funds and mutual funds, are recorded at market value. Unrealized gains and losses on investments in common stocks, real estate investment trusts, and mutual funds with readily determinable fair values are recorded in the statement of activities as increases or decreases in unrestricted net assets unless their use is temporarily or permanently restricted by explicit donor stipulations or law. Dividend, interest and other investment income is recorded as increases in unrestricted net assets unless the use is restricted by the donor. Donated investments are recorded at fair value at the date of receipt.

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### (1) Summary of Significant Accounting Policies (continued)

### Accounts Receivable

Accounts receivable are stated at the amount the Bureau expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. Changes in the valuation allowance have not been material to the financial statements.

### Inventory

Inventory consisting of maps and brochures is valued at the lower of cost or market. Cost is determined on the first-in, first-out method.

### Property, Equipment and Leasehold Improvements

Property and equipment are stated at cost, less an allowance for accumulated depreciation. Additions, improvements and betterments to property and equipment in excess of \$1,000 which extends its useful life or increase its carrying value are capitalized.

Expenditures for maintenance, repairs and improvements which do not materially extend the useful lives of the assets are charged to expense as incurred. When property and equipment are removed from service, the cost of the asset and the related accumulated depreciation are removed from the books and any resulting gain or loss is credited to or charged against the current period's change in net assets.

Depreciation is provided in amounts sufficient to relate the cost of depreciable assets to operations over their estimated useful lives using the straight-line method. Depreciation expense is \$354,238 and \$425,793 for the years ended December 31, 2009 and 2008, respectively. The estimated useful lives used in computing depreciation are as follows:

Buildings and improvements 5 to 40 years
Furniture, fixtures and equipment 5 to 10 years
Vehicle 5 years

### Vacation and Sick Pay

All full time regular employees are eligible for up to ten days of paid vacation after one year of service, and up to fifteen days after five years of service. Paid vacation hours are determined by employment anniversary date, adjusted by any leave of absence. Vacation and sick time unused at the end of the anniversary date is lost. Upon termination, unused vacation time only is paid.

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### (1) Summary of Significant Accounting Policies (continued)

### Non-Direct Response Advertising

The Bureau expenses advertising costs as incurred. Advertising expenses charged to operations totaled \$1,268,459 and \$3,361,203 in 2009 and 2008, respectively.

#### Deferred Revenue

Membership dues revenue is recognized when earned over the membership period. Advertising revenue billed in advance is deferred and recorded as income in the period in which the related services are provided.

### Income Taxes

The Bureau is exempt from federal income taxes under Section 501(c)(6) of the Internal Revenue Code.

In July 2006, the FASB issued Accounting for Uncertainty in Income Taxes, which clarifies the accounting and disclosure for uncertain tax positions. This interpretation requires companies to use a prescribed model for assessing the financial statement recognition and measurement of all tax positions taken or expected to be taken in tax returns. The Bureau applies a "more-likely-than-not" recognition threshold for all tax uncertainties. This approach only allows the recognition of those tax benefits that have a greater than fifty percent likelihood of being sustained upon examination by the taxing authorities.

As a result of implementing this approach, the Bureau has reviewed its tax positions and determined there were no outstanding or retrospective tax positions with less than a 50% likelihood of being sustained upon examination by the taxing authorities; therefore implementation of this standard has not had a material effect on the Bureau.

The Bureau's tax returns for the years ended December 31, 2008 and 2007 remain open and subject to examination by taxing authorities.

#### Revenue

The Bureau reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and are reported in the statements of activities as net assets released from restrictions.

Gifts of long-lived operating assets such as land, buildings or equipment are reported as unrestricted support, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### (1) Summary of Significant Accounting Policies, (continued)

### Revenue (continued)

explicit donor stipulations about how long these long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

### Use of Estimates

Management of the Bureau has made estimates and assumptions relating to the reporting of assets and liabilities to prepare these financial statements in conformity with accounting principles generally accepted in the United States of America. Actual results could differ from those estimates.

### Reclassifications

Certain reclassifications were made to the 2008 financial statement presentation in order to conform to the 2009 financial statement presentation.

### (2) Concentration of Credit Risk

The Bureau maintains its cash in bank deposit accounts at various financial institutions in the Greater New Orleans area, which, at times, may exceed federally insured limits. At December 31, 2009 and 2008, the balances exceeded the insured limits by \$8,089,722 and \$9,030,047.

### (3) Investments

The market value of investments is as follows at December 31:

	2009	(Fair Value)	2008 (Fair Value)		
Common Stocks	\$	4,746,274	\$	3,274,251	
Mutual Funds		1,491,334		1,321,381	
Fund of Funds		1,329,527		1,124,273	
Real Estate Investment Trust		1,063,949	<del></del>	845,613	
	\$	8,631,084	\$	6,565,518	

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### (3) Investments (continued)

The following schedule summarizes the investment return and its classification in the statement of activities for the years ended December 31:

	 2009	2008		
Dividends and interest Net unrealized and realized gains (losses)	\$ 267,245 1,759,228	\$	379,596 (3,849,152)	
Total return (loss) on investments	 2,026,473	\$	(3,469,556)	

### (4) Fair Value Measurements

The Bureau uses fair value measurements to record fair value adjustments to certain assets and liabilities and to determine fair value disclosures. GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction (that is, not a forced liquidation or distressed sale) between market participants at the measurement date. GAAP also establishes a fair value hierarchy for valuation inputs. The hierarchy prioritizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. These levels are as follows:

- Level 1 Valuation is based on quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.
- Level 2 Valuation is based on inputs other than quoted prices included within level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 Valuation is based on unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

Following is a description of the valuation methodologies used for assets measured at fair value:

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Mutual funds are priced at NAV (Net Asset Value) which is the fund's share price. Funds compute this value by dividing the total net assets by the total number of shares. The NAV is calculated on a daily basis by the fund's administrator.

Fund of funds: Valued at the proportionate share of the investment in the partnership which is based on the GAAP investments maintained by the partnership and the valuation of the underlying assets.

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### (4) Fair Value Measurements (continued)

Real Estate Investment Trust (REIT): REITs (if publicly held) are valued at the closing price reported on the active market on which they are actively traded or using the NAV (Net Asset Value).

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Bureau believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Bureau's assets at fair value as of December 31, 2009:

	Level 1		Level 2	Lt	vel 3	 Total
Common stocks	\$ 4,746,274	\$	•	\$	-	\$ 4,746,274
Real estate investment trusts	1,063,949		-		-	1,063,949
Fund of funds	•		1,329,527			1,329,527
Mutual funds	 1,491,334	*****				 1,491,334
	\$ 7,301,557	\$	1,329,527	\$	-	\$ 8,631,084

### (5) <u>Net Assets</u>

Board-designated, unrestricted net assets are designated to support the following, as of December 31:

New Orleans Tourism Marketing Corportation		2009	2008		
		1,922,845	\$	1,617,004	
Future conventions		4,902,131		5,422,653	
Other		46,500		20,500	
	_\$_	6,871,476	\$	7,060,157	

Funds provided by the New Orleans Tourism Marketing Corporation are designated for tourism promotion.

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### (5) Net Assets (continued)

The Bureau has arrangements with the State of Louisiana to promote tourism and economic development in the Greater New Orleans area in exchange for government appropriations. Act 19 of the 2008 and Act 10 of the 2009 Regular Legislative Session provides for an annual appropriation of up to \$7,000,000. The actual appropriation provided in 2009 and 2008 was \$5,666,762 and \$5,986,052 respectively.

### (6) 401(k) Plan

The Bureau offers full-time employees who have completed sixty days of continuous service participation in its 401k plan. Employees may contribute up to the maximum level of deferral allowed by the Internal Revenue Service. The plan provides for employer contributions up to 50% of the elective deferral of each employee, to a maximum of 3% of the participant's compensation. Matching contributions for the years ended December 31, 2009 and 2008 were \$96,223 and \$90,902, respectively.

### (7) Donated Services (Unaudited)

The Bureau has received a significant amount of non-professional donated services from various businesses in and around Greater New Orleans. These services were used in programs designed to promote the local tourism market. Management estimates that approximately \$1,998,820 and \$648,409 of donated services were received in 2009 and 2008, respectively. However, these services do not meet all of the applicable requirements of ASC 105-985, therefore, no amounts have been reflected in the consolidated financial statements for these donated services.

### (8) Commitments and Contingencies

### Operating Leases

In addition, the Bureau leases office equipment and vehicles under various leases with expiration dates. Minimum future rentals are as follows:

2010	\$	55,821
2011		36,532
2012		31,569
2013		23,034
2014		3,132
Thereafter		31,800
	<del></del> ,	
	\$	181,888

Rent expense in 2009 and 2008 totaled \$87,078 and \$122,882, respectively.

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### (8) Commitments and Contingencies (continued)

### Other Commitments and Contingencies

The Bureau is involved in claims and legal proceedings. When it appears probable in management's judgment that the Bureau will incur monetary damages or other costs in connection with claims and proceedings, and the costs can be reasonably estimated, appropriate liabilities are recorded. While the results are uncertain, management believes that the ultimate disposition of such proceedings will not have a materially adverse effect on the Bureau's financial statements.

### (9) Promises to Give

The Bureau entered into an agreement with The Essence Festival, LLC in 2002 to fund \$125,000 annually ending in 2007. This amount was increased to \$250,000 in 2007 for future year events. The remaining liability as of December 31, 2009 and 2008 was \$285,591 and \$250,000, respectively, and is recorded as a current liability in the consolidated statements of financial position.

### (10) Cooperative Endeavor Agreement

The Bureau entered into Cooperative Endeavor Agreements with the Department of the Treasury for the State of Louisiana for the period June 2007 through June 30, 2009. The purpose of the agreements was to fund certain eligible activities and supplement the Bureau's budget as they continued marketing the New Orleans region as a premier visitor and convention destination. The hotel/motel tax collections which are the primary source of funding for the Bureau remain approximately two million dollars less than collections in 2004. Included in the consolidated statement of activities in State of Louisiana Co-op Appropriations is \$1,750,000 and \$3,750,000 for the years ended December 31, 2009 and December 31, 2008, respectively.

The Bureau renewed its Cooperative Endeavor Agreement with the Louisiana Office of Tourism for oversees representation. The Bureau operates four international tourism offices in the United Kingdom, Germany, France, and Mexico on behalf of the state of Louisiana to promote tourism to the state. The Louisiana Office of Tourism reimburses the Bureau for 65% of the cost of marketing and operations at these foreign offices with a maximum reimbursement of \$495,300 for the year ended December 31, 2009. Included in special tourism support on the consolidated statements of activities is \$495,300 and \$525,300 for the years ended December 31, 2009 and December 31, 2008, respectively, relating to this funding.

### (11) Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were available to be issued, June 25, 2010. The oil spill in the Gulf of Mexico as a result of the Deepwater Horizon oil rig explosion on April 20, 2010 may have an impact on the tourism industry in New Orleans in the upcoming year, which may therefore impact the Bureau's revenues.



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## REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

To the Members of the Board New Orleans Metropolitan Convention and Visitors Bureau Inc.:

We have audited the financial statements of the New Orleans Metropolitan Convention and Visitors Burcau, Inc. (the Bureau) as of and for the year ended December 31, 2009, and have issued our report thereon dated June 25, 2010. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States.

### Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Burcau's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Burcau's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Burcau's internal control over financial reporting.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

### Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Bureau's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that are required to be reported under Government Auditing Stundards.

This report is intended solely for the information and use of the audit committee, management of the Bureau and federal awarding agencies and pass-through entities, such as the State of Louisiana and Legislative Auditor's Office and is not intended to be and should not be used by anyone other than these specified parties. However, under Louisiana Revised Statute 24:513, this report is distributed by the Legislative Auditor as a public document.

New Orleans, Louisiana

Postlethwaite + Nettenille

June 25, 2010