

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

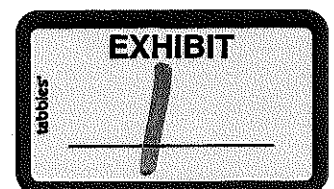
New Orleans, LA 70130

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[°]

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 Orleans 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.

§33. Availability of records

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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
(504) 586-5252
FAX (504) 586-5250

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

May 18, 2012

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:

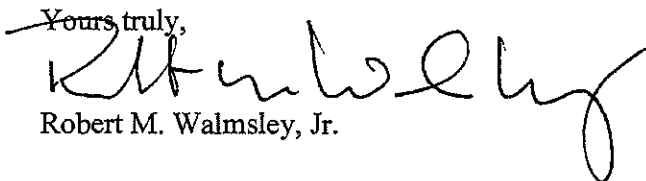
We have been asked by the New Orleans Convention and Visitors Bureau (the CVB) to reply to your letter of May 15, 2012 asserting a public records request for, among other things, a complete copy of the Boston Consulting Group (BCG) report on Reinvigorating Tourism in New Orleans (the Report).

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: 'smoeller@neworleanscvb.com'
Subject: 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

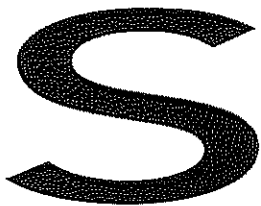
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Of Counsel:
Barry J. Cooper, Jr.[‡]

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May 21, 2012

VIA FACSIMILE, EMAIL AND U.S. MAIL

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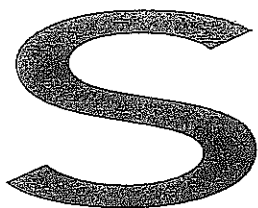
Pursuant to Louisiana law, as stated above, please produce a complete copy of the Convention Visitors Bureau's financial records and/or ledgers from 2000 to present. Please also produce any and all documents reflecting the expenditure of income received from public tax dollars. Produce documents reflecting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

A handwritten signature in black ink, appearing to be "Justin L. Winch", written over the typed name and firm name.

cc: Stuart H. Smith



SMITH STAG, LLC

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John L. Fontenot
Merritt E. Cunningham

Of Counsel:
Barry J. Cooper, Jr.‡

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

DATE: 5/21/12 504-566-5087
TO: Savannah Engen FAX NO.: 504-566-5021
Tara Letort 504-566-5021
Steve Moeller 504-566-5087

CC: _____

FROM: Justin Wind
RE: Public Records Request FILE NO: _____

TOTAL PAGES (INCLUDING THIS PAGE): 4
SENDER: Justin
ORIGINAL TO FOLLOW: YES OR NO

Attention: Public Records Inspection
Request — Please respond immediately.

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

FAX HEADER: SMITH STAG LLC

TRANSMITTED/STORED : MAY. 21. 2012 12:58PM
FILE MODE OPTION

001 MEMORY TX

ADDRESS

5665021
5665087
5665087

RESULT

OK
OK
OK

PAGE

4/4
4/4
4/4REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-3) NO ANSWERE-2) BUSY
E-4) NO FACSIMILE CONNECTION

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.comStuart H. Smith†
Michael G. Stag†Catherine B. Cummins
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Sean S. Cassidy*
John L. Fontenot
Merritt E. CunninghamOf Counsel:
Barry J. Cooper, Jr.*† Limited Liability Company
* Also Admitted in Texas
* Also Admitted in New Jersey

TO:

Savannah Eagen
Tara Letort
Stere Moeller

FAX NO.:

504-566-5087
504-566-5021
504-566-5007

CC:

FROM:

Justin Wind

RE:

Public Records Request

FILE NO:

TOTAL PAGES (INCLUDING THIS PAGE):

4

SENDER:

Justin

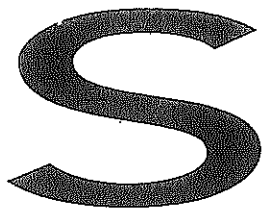
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YES OR NO

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May 21, 2012

VIA FACSIMILE, EMAIL AND U.S. MAIL

**New Orleans 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

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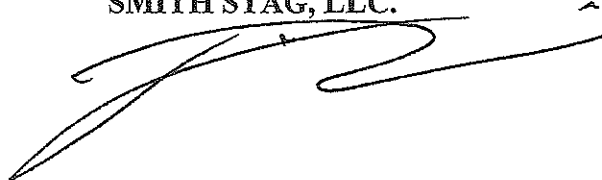
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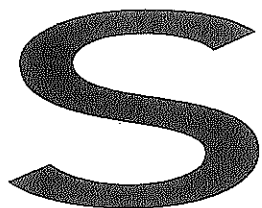
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Thank you,
Justin L. Winch, Law Clerk to Stuart H. Smith
SMITH STAG, LLC.

A handwritten signature in black ink, appearing to read 'Justin L. Winch', with a stylized flourish at the end.

cc: Stuart H. Smith



SMITH STAG, LLC

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Phone 504 593 9600 | Fax 504 593 9601 | www.smithstag.com | mail@smithstag.com

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May 21, 2012

✓ ✓
VIA FACSIMILE, EMAIL AND U.S. MAIL

*also, emailed to Maggie Oubre,
executive
assistant

New Orleans 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

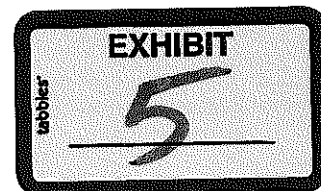
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Coordinator, Industry Relations &
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Legal Counsel for CVB
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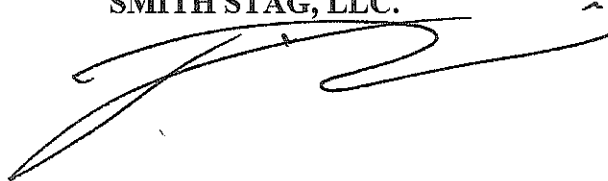
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Thank you,
Justin L. Winch, Law Clerk to Stuart H. Smith
SMITH STAG, LLC.



cc: Stuart H. Smith

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>x Michael A. Engel</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Michael A. Engel</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: Savanna Engen NOCVB 2020 St Charles Ave New Orleans, La. 70130		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) 7009 2820 0001 1097 3836		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>x Michael A. Engel</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Michael A. Engel</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: Tara Letort NOCVB 2020 St Charles Ave New Orleans, La 70130		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Article Number (Transfer from service label) 7009 2820 0001 1097 3843		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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1. Article Addressed to: Steve Moeller NOCVB 2020 St Charles Ave New Orleans, La. 70130		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) 7009 2820 0001 1097 3850		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

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



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



You're different here.

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**NEW ORLEANS METROPOLITAN CONVENTION &
VISITORS BUREAU, INC.**

Form 990 (2008)

72-0540607 Page 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

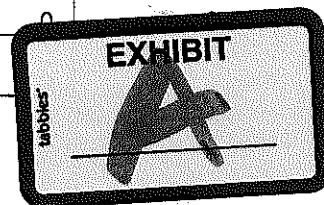
1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- 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.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
J. STEPHEN PERRY PRESIDENT	60.00			X		X		371,165.	0.	4,526.
AMY REIMER PAST CHAIRPERSON	0.00	X		X				0.	0.	0.
RON FORMAN CHAIRPERSON	0.00	X		X				0.	0.	0.
STEVE PETTUS CHAIRPERSON ELECT	0.00	X		X				0.	0.	0.
TERRY EPTON SECRETARY	0.00	X		X				0.	0.	0.
ALFRED GROOS TREASURER	0.00	X		X				0.	0.	0.
CLANCY DUBOS BOARD MEMBER	0.00	X						0.	0.	0.
FRED SAWYERS BOARD MEMBER	0.00	X						0.	0.	0.
BILL MCCREARY BOARD MEMBER	0.00	X						0.	0.	0.
MARTI DALTON BOARD MEMBER	0.00	X						0.	0.	0.
GREGORY RUSOVICH BOARD MEMBER	0.00	X						0.	0.	0.
EDDIE JACOBS BOARD MEMBER	0.00	X						0.	0.	0.
JOHN PAYNE BOARD MEMBER	0.00	X						0.	0.	0.
JAY WEIGEL BOARD MEMBER	0.00	X						0.	0.	0.
CHRISTOPHER BARDELL BOARD MEMBER	0.00	X						0.	0.	0.
DARRIUS GRAY BOARD MEMBER	0.00	X						0.	0.	0.
J. DOUGLAS THORNTON BOARD MEMBER	0.00	X						0.	0.	0.



**NEW ORLEANS METROPOLITAN CONVENTION &
VISITORS BUREAU, INC.**

Form 990 (2008)

72-0540607 Page 8

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEAN HUNTER BOARD MEMBER	0.00	X						0.	0.	0.
LINDA NICHOLSON VP - CONVENTION SALES	50.00				X			174,324.	0.	4,553.
DONNA KARL VP - CLIENT RELATIONS	50.00				X			158,810.	0.	4,338.
KIM PRIEZ VP - TOURISM	50.00					X		138,968.	0.	3,335.
SALLEE PAVLOVICH DIRECTOR OF SALES	50.00					X		132,083.	0.	3,427.
STEPHEN MOELLER VP - FINANCE & ADMINISTR	50.00					X		131,748.	0.	3,324.
KELLY SCHULZ VP - COMMUNICATIONS & PR	50.00					X		114,814.	0.	0.
1b Total								1,221,912.	0.	23,503.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

7

- 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) 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 more than \$100,000 in compensation from the organization

2

Form 990 (2008)

Form **990**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

2009Open to Public
Inspection**A** For the 2009 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type.

See Specific Instructions.**C** Name of organization**NEW ORLEANS METROPOLITAN CONVENTION & VISITORS BUREAU, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

2020 ST. CHARLES AVE

City or town, state or country, and ZIP + 4

NEW ORLEANS, LA 70130**F** Name and address of principal officer: **J. STEPHEN PERRY**
SAME AS C ABOVE**D** Employer identification number**72-0540607****E** Telephone number**504-566-5011****G** Gross receipts \$**12,744,705.****H(a)** Is this a group return

for affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates included?☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(6) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.NEWORLEANS CVB.COM****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1960****M** State of legal domicile: **LA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: DEVELOPING AND MARKETING THE NEW ORLEANS REGION AS THE PREMIER CONVENTION AND VISITOR DESTINATION.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5	Total number of employees (Part V, line 2a)	5	342
	6	Total number of volunteers (estimate if necessary)	6	1
	Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Expenses	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	15,754,095.	10,421,293.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	854,688.	2,056,167.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	379,596.	267,245.
	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), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,260,176.	6,353,192.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	8,908,489.	6,527,479.
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	15,168,665.	12,880,671.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,819,714.	-135,966.
	19	Revenue less expenses. Subtract line 18 from line 12		
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 28)	31,139,511.	32,047,767.	
22	Net assets or fund balances. Subtract line 21 from line 20	2,946,850.	2,231,844.	
		28,192,661.	29,815,923.	

Part II Signature Block

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

Sign Here

Signature of officer

Date

J. STEPHEN PERRY, PRESIDENT & CEO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

POSTLETHWAITE & NETTERVILLE
ONE GALLERIA BLVD, SUITE 2100
METairie, LA 70001

EIN ▶

Phone no. ▶ **(504) 837-5990**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

NEW ORLEANS METROPOLITAN CONVENTION & VISITORS BUREAU, INC.

Form 990 (2009)

72-0540607 Page 2

Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
THE MISSION OF THE NEW ORLEANS METROPOLITAN CONVENTION & VISITORS
BUREAU, INC. 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
- 2 Did the organization undertake any significant program services during the year which were not listed on
the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
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.

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; 721 CONVENTIONS WERE BOOKED BY THE BUREAU
AND HELD IN NEW ORLEANS IN 2009. THE BUREAU ALSO PROVIDES ASSISTANCE
IN PLANNING; 67,073 PEOPLE WERE HELPED IN NEW ORLEANS AND 154,139
PEOPLE WERE HELPED IN SLIDELL.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
PROMOTIONAL MEDIA:
THE BUREAU PRINTS AND DISTRIBUTES MAPS AND BROCHURES WHICH PROVIDE
INFORMATION ABOUT THE VARIOUS POINTS OF INTEREST AND CURRENT EVENTS
HAPPENING IN NEW ORLEANS. IN 2009, APPROXIMATELY 725,096 BROCHURES
WERE CIRCULATED.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
MEMBERSHIP PROMOTION:
THE BUREAU CONDUCTS PROMOTIONAL ACTIVITIES THROUGHOUT THE YEAR TO
ATTRACT ADDITIONAL MEMBERS. MEMBERSHIP FOR 2009 WAS 987.

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

4e Total program service expenses \$

Form 990 (2009)

932002
02-04-10

NEW ORLEANS METROPOLITAN CONVENTION
VISITOR'S BUREAU, INC.

Form 990 (2009)

72-0540607 Page 3

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
5 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	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
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		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
<ul style="list-style-type: none"> 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 16? 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 Schedule D, Parts XI, XII, and XIII		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes X	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		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		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
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		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Form 990 (2009)

NEW ORLEANS METROPOLITAN CONVENTION &
VISITORS BUREAU, INC.

Form 990 (2009)

72-0540607 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 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 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
26 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 II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		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		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Form 990 (2009)

NEW ORLEANS METROPOLITAN CONVENTION &
VISITORS BUREAU, INC.

Form 990 (2009)

72-0540607 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	66	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	342	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see Instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the Instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8868-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	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	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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NEW ORLEANS METROPOLITAN CONVENTION
VISITORS BUREAU, INC.

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Part VII 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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	17	
b Enter the number of voting members that are independent	17	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A 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 line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **TAMMIE BOTELER - 504-566-5094**
2020 ST. CHARLES AVE, NEW ORLEANS, LA 70130

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VISITORS BUREAU, INC.

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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. 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.

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHRIS BARDELL DIRECTOR	1.30	X						0.	0.	0.
FRANK BRIGTSSEN DIRECTOR	1.30	X						0.	0.	0.
DARRIUS GRAY DIRECTOR	1.30	X						0.	0.	0.
GARY LAGRANGE DIRECTOR	1.30	X						0.	0.	0.
AMY REIMER DIRECTOR	1.30	X						0.	0.	0.
CLANCY DUBOS DIRECTOR	1.30	X						0.	0.	0.
GIL ZANCHI DIRECTOR	1.30	X						0.	0.	0.
JAY WEIGEL DIRECTOR	1.30	X						0.	0.	0.
DOUG THORNTON DIRECTOR	1.30	X						0.	0.	0.
GREG RUSOVICH DIRECTOR	1.30	X						0.	0.	0.
JOHN PAYNE DIRECTOR	1.30	X						0.	0.	0.
BILL MCCREARY DIRECTOR	1.30	X						0.	0.	0.
STEVE PETTUS CHAIRPERSON	1.30	X		X				0.	0.	0.
FRED SAWYERS CHAIRPERSON ELECT	1.30	X		X				0.	0.	0.
RON FORMAN PAST CHAIRPERSON	1.30	X		X				0.	0.	0.
TERRY EPTON SECRETARY	1.30	X		X				0.	0.	0.
ALFRED GROOS TREASURER	1.30	X		X				0.	0.	0.

NEW ORLEANS METROPOLITAN CONVENTION
VISITORS BUREAU, INC.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
J. STEPHEN PERRY PRESIDENT/CEO	60.00			X	X			379,447.	0.	11,241. *
LINDA NICHOLSON VICE-PRESIDENT OF CONVEN	50.00				X			180,002.	0.	8,078.
DONNA KARL VICE-PRESIDENT OF CLIENT	50.00				X			165,300.	0.	12,076.
KIM PRIEZ VICE-PRESIDENT OF TOURIS	50.00					X		144,645.	0.	6,926.
SALLEE PAVLOVICH DIRECTOR OF CORPORATE ME	50.00					X		140,256.	0.	9,825.
STEPHEN MOELLER VICE-PRESIDENT OF FINANC	50.00					X		137,183.	0.	9,719.
DONNA GLOVER DIRECTOR OF ASSOCIATION	50.00					X		123,761.	0.	6,398.
JEFFREY ANDING DIRECTOR OF CONVENTION M	50.00					X		119,674.	0.	6,085.
1b Total								1,390,268.	0.	70,348.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **13**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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932008 02-04-10

14201004 757189 NNEW726

2009.04020 NEW ORLEANS METROPOLITAN CO NNEW7261

8 * This salary & all benefits paid with private funds.

NEW ORLEANS METROPOLITAN CONVENTION
VISITORS BUREAU, INC.

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b	1308968.			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	7912062.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1200263.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		10,421,293.			
	Program Service Revenue	2 a	INDUSTRY SHOW COST-SHA	Business Code	992,674.	992,674.	
b		REGISTRATION	900099	620,716.	620,716.		
c		OTHER REVENUE	900099	430,275.	430,275.		
d		ADVERTISING	541800	12,453.		12,453.	
e		BROCHURE SALES	900099	49.	49.		
f		All other program service revenue					
g		Total. Add lines 2a-2f		2056167.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		267,245.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12	Total revenue. See instructions.		12,744,705.	2043714.	12,453.	267,245.	

932009
02-04-10

Form 990 (2009)

NEW ORLEANS METROPOLITAN CONVENTION
VISITORS BUREAU, INC.

Form 990 (2009)

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Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the 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	756,144.			
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	4,774,436.			
8 Pension plan contributions (Include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	460,521.			
10 Payroll taxes	362,091.			
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying	96,800.			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	173,597.			
12 Advertising and promotion	2,044,010.			
13 Office expenses	490,542.			
14 Information technology	142,395.			
15 Royalties				
16 Occupancy	272,663.			
17 Travel	752,827.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,162,962.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	354,238.			
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.)				
a <u>FESTIVAL SPONSORSHIPS</u>	409,203.			
b <u>CLIENT SERVICE INITIATIVE</u>	237,122.			
c <u>RESEARCH</u>	229,710.			
d <u>MISCELLANEOUS</u>	1,595.			
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	12,880,671.			
26 Joint costs. Check here <input type="checkbox"/> 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 ...				

NEW ORLEANS METROPOLITAN CONVENTION
VISITORS BUREAU, INC.

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	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, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	81,932.	8	76,212.
	9 Prepaid expenses and deferred charges	852,390.	9	1,110,389.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,789,203.		
	b Less: accumulated depreciation	10b 3,495,526.		
		11,624,861.	10c	11,293,677.
	11 Investments - publicly traded securities		11	8,631,084.
	12 Investments - other securities. See Part IV, line 11	6,565,518.	12	
	13 Investments - program-related. See Part IV, line 11		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.	
Liabilities	17 Accounts payable and accrued expenses	762,823.	17	1,444,156.
	18 Grants payable	250,000.	18	285,591.
	19 Deferred revenue	1,830,547.	19	62,902.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	103,480.	25	439,195.
	26 Total liabilities. Add lines 17 through 25	2,946,850.	26	2,231,844.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	23,382,504.	27	22,944,447.
	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 <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	28,192,661.	33	29,815,923.
	34 Total liabilities and net assets/fund balances	31,139,511.	34	32,047,767.

Form 990 (2009)

NEW ORLEANS METROPOLITAN CONVENTION
VISITORS BUREAU, INC.

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Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

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

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

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

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____

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

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 ☒ 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 Circular A-133? _____

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

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

2009

Name of the organization

NEW ORLEANS METROPOLITAN CONVENTION &
VISITORS BUREAU, INC.

Employer identification number

72-0540607

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Special Rules

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

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, 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 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), 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization
NEW ORLEANS METROPOLITAN CONVENTION &
VISITORS BUREAU, INC.

Employer identification number

72-0540607

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 365 CANAL PLACE NEW ORLEANS, LA 70130	\$ 1,200,263.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	STATE OF LOUISIANA P.O. BOX 44154 BATON ROUGE, LA 70804	\$ 7,912,062.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

2009

Open to Public
Inspection

Department 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

- 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.

Name of organization **NEW ORLEANS METROPOLITAN CONVENTION & VISITORS BUREAU, INC.** Employer identification number **72-0540607**

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▼ \$

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▼ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▼ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▼ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▼ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▼ \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009
LHA

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

- A Check ☐ If the filing organization belongs to an affiliated group.
 B Check ☐ If the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <tr> <td>If the amount on line 1e, column (a) or (b) is:</td> <td>The lobbying nontaxable amount is:</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

NEW ORLEANS METROPOLITAN CONVENTION &

Schedule C (Form 990 or 990-EZ) 2009 VISITORS BUREAU, INC.

72-0540607 Page 3

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1j)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	1,308,968.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	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 nondeductible section 162(e) dues	3	104,717.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-7,917.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1. Also, complete this part for any additional information.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **NEW ORLEANS METROPOLITAN CONVENTION &
VISITORS BUREAU, INC.**

Employer identification number
72-0540607

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

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

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

NEW ORLEANS METROPOLITAN CONVENT &
VISITORS BUREAU, INC.

Schedule D (Form 990) 2009

72-0540607 Page 2

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange programs
b ☐ Scholarly research e ☐ Other _____
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the 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 by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

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

Schedule D (Form 990) 2009

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col. (b) must equal Form 990, Part X, col. (B), line 13.) ▶		

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

[illegible]

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

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
	OTHER ACCRUED LIABILITIES	439,195.
	Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	439,195.

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.

NEW ORLEANS METROPOLITAN CONVENT? 1 &
VISITORS BUREAU, INC.

72-0540607 Page 4

Schedule D (Form 990) 2009

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,744,705.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,880,671.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-135,966.
4	Net unrealized gains (losses) on investments	4	1,759,228.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,759,228.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,623,262.

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

1	Total revenue, gains, and other support per audited financial statements	1	14,503,933.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,759,228.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,759,228.
3	Subtract line 2e from line 1	3	12,744,705.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,744,705.

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

1	Total expenses and losses per audited financial statements	1	12,880,671.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	12,880,671.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,880,671.

Part XIV Supplemental Information

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

PART X: 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

Schedule D (Form 990) 2009

Part XIV Supplemental Information (continued)

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.

Department of the Treasury
Internal Revenue Service

▶ 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

Employer identification number

72-0540607

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 IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	3	PROGRAM SERVICES	MARKET NEW ORLEANS AS A TOURIST DESTINATION; EXPENDITURES INCLUDE FEES AND OPERATIONAL	564,573.
NORTH AMERICA	0	1	PROGRAM SERVICES	MARKET NEW ORLEANS AS A TOURIST DESTINATION; EXPENDITURES INCLUDE FEES AND OPERATIONAL	137,389.
Totals	0	4			701,962.

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

Schedule F (Form 990) 2009

SEE PART IV FOR COLUMN (E) DESCRIPTIONS

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.

[illegible]

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

PART I, LINE 3, COLUMN (E):

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: MARKET NEW ORLEANS AS A
TOURIST DESTINATION; EXPENDITURES INCLUDE FEES AND OPERATIONAL EXPENSES

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: MARKET NEW ORLEANS AS A
TOURIST DESTINATION; EXPENDITURES INCLUDE FEES AND OPERATIONAL EXPENSES

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **NEW ORLEANS METROPOLITAN CONVENTION & VISITORS BUREAU, INC.**

Employer identification number
72-0540607

Part I Questions Regarding Compensation

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

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

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

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

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.

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

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

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

Only section 501(c)(3) 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:

- a The organization? **5a**
- 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 contingent on the net earnings of:

- a The organization? **6a**
- b 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

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

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

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

Schedule J (Form 990) 2009

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.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

NEW ORLEANS METROPOLITAN CONVENTION &
VISITORS BUREAU, INC.

Employer identification number
72-0540607

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND THE COMMUNITY.

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
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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

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.

OMB No. 1545-0047

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.

FORM 990, PART XI, LINE 2C
COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT -
NO CHANGE FROM PRIOR YEAR.

SCHEDULE R

(Form 990)
Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

Name of the organization

NEW ORLEANS METROPOLITAN CONVENTION &
VISITORS BUREAU, INC.

Employer identification number
72-0540607

OMB No. 1545-0047

2009

Open to Public Inspection

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

(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.	

Part II 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

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

Schedule R (Form 990) 2009

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.)

[illegible]

Part IV 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.)

[illegible]

NEW ORLEANS METROPOLITAN CONVENTION &
VISITORS BUREAU, INC.

72-0540607 Page 3

Schedule R (Form 990) 2009

Part V 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 I-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

Form 990-T

Department of the Treasury
Internal Revenue Service (77)Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2009 or other tax year beginning , and ending

OMB No. 1545-0047

2009

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

A <input type="checkbox"/> Check box if address changed		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) NEW ORLEANS METROPOLITAN CONVENTION & VISITORS BUREAU, INC.	D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 72-0540607
B Exempt under section <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Print or Type Number, street, and room or suite no. if a P.O. box, see page 8 of instructions. 2020 ST. CHARLES AVE City or town, state, and ZIP code NEW ORLEANS, LA 70130	E Unrelated business activity codes (See instructions for Block E on page 9.) 541800
C Book value of all assets at end of year 32047767.		F Group exemption number (See instructions for Block F.) <input type="checkbox"/> G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

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 ☒ 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 I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
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 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				
6 Income (loss) from partnerships and S corporations (attach statement)				
8 Rent income (Schedule G)				
7 Unrelated debt-financed income (Schedule E)				
9 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)				
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				
10 Exploited exempt activity income (Schedule I)				
11 Advertising income (Schedule J)		12,453.	4,753.	7,700.
12 Other income (See instructions; attach schedule.)				
13 Total. Combine lines 3 through 12		12,453.	4,753.	7,700.

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

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	7,700.
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	7,700.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31 Net operating loss deduction (limited to the amount on line 30)	31	0.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

NEW ORLEANS METROPOLITAN CONVENTION & VISITORS BUREAU, INC.

72-0540607

Page 2

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 **35c** 0.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36****37 Proxy tax.** See instructions **37****38 Alternative minimum tax** **38****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.**Part IV Tax and Payments****40a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116) **40a****b Other credits** (see instructions) **40b****c General business credit.** Attach Form 3800 **40c****d Credit for prior year minimum tax** (attach Form 8801 or 8827) **40d****e Total credits.** Add lines 40a through 40d **40e****41 Subtract line 40e from line 39** **41** 0.**42 Other taxes.** Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **42****43 Total tax.** Add lines 41 and 42 **43** 0.**44a Payments:** A 2008 overpayment credited to 2009 **44a****b 2009 estimated tax payments** **44b****c Tax deposited with Form 8868** **44c****d Foreign organizations: Tax paid or withheld at source** (see instructions) **44d****e Backup withholding** (see instructions) **44e****f Other credits and payments:** ☐ Form 2439 **44f**☐ Form 4136 ☐ Other **Total** **44f****45 Total payments.** Add lines 44a through 44f **45****46 Estimated tax penalty** (see instructions). Check if Form 2220 is attached ☐ **46****47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 0.**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0.**49 Enter the amount of line 48 you want: Credited to 2010 estimated tax** **49**

Refunded

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 17)

1	At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the 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		

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

N/A

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

Sign Here

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

Signature of officer

Date

PRESIDENT & CEO

Title

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

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

P00543368

Firm's name (or yours if self-employed), address, and ZIP code

POSTLETHWAITE & NETTERVILLE
ONE GALLERIA BLVD, SUITE 2100
METAIRIE, LA 70001

EIN 72-1202445

Phone no.

(504) 837-5990

Form 990-T (2009)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

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

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

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

Nonexempt Controlled Organizations

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

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions on page 20)

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

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions on page 21)

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

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4) STATEMENT 1						
Totals (carry to Part II, line (5))	12,453.	4,753.	7,700.	13,138.	115,854.	7,700.

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	12,453.	4,753.				7,700.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	12,453.	4,753.				7,700.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

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

FORM 990-T SCHEDULE J - INCOME FROM PERIODICALS REPORTED STATEMENT 1
ON A CONSOLIDATED BASIS

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

Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

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

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **X**
 - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

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 Form 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*.

Type or print File by the due date for filing your return. See Instructions.	Name of Exempt Organization	Employer identification number
	New Orleans Metropolitan Convention & Visitors Bureau	72-0540607
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	2020 St. Charles Avenue	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	New Orleans, LA 70130	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ Tammie Boteler

Telephone No. ▶ 504-566-5094FAX No. ▶ 504-556-5898

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

- 1 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 organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☒ calendar year 2009 or
▶ ☐ tax year beginning , and ending

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
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 instructions.	3c	\$ <u> </u>

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)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**
 Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
 • If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II. Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization NEW ORLEANS METROPOLITAN CONVENTION & VISITORS BUREAU, INC.	Employer identification number 72-0540607
	Number, street, and room or suite no. If a P.O. box, see instructions. 2020 ST. CHARLES AVE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW ORLEANS, LA 70130	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**TAMMIE BOTELE**

- The books are in the care of **2020 ST. CHARLES AVE - NEW ORLEANS, LA 70130**
 Telephone No. **504-566-5094** FAX No. **504-556-5898**
 • If the organization does not have an office or place of business in the United States, check this box ☐
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010**.
 5 For calendar year **2009**, or other tax year beginning _____, and ending _____.
 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
 7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

8a 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.	8a	\$
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 and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. 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 instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Mason B. Casser** Title **CPA**

Date **8/4/10**

Form 8868 (Rev. 4-2009)

Form **990**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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☒ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

NEW ORLEANS CONVENTION & VISITORS BUREAU

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

2020 ST. CHARLES AVE

Room/suite

City or town, state or country, and ZIP + 4

NEW ORLEANS, LA 70130F Name and address of principal officer: **J. STEPHEN PERRY****SAME AS C ABOVE**

D Employer identification number

72-0540607

E Telephone number

504-566-5011

G Gross receipts \$

16,072,839.

H(a) Is this a group return

for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(6) (insert no.) ☐ 4947(a)(1) or ☐ 527J Website: **WWW.NEWORLEANSVCVB.COM**K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶L Year of formation: **1960** M State of legal domicile: **LA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: DEVELOPING AND MARKETING THE NEW ORLEANS REGION AS THE PREMIER CONVENTION AND VISITOR DESTINATION.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	315
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	15,794.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 10,421,293.	Current Year 14,697,684.
	9	Program service revenue (Part VIII, line 2g)	2,056,167.	1,156,250.
	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 VIII, column (A), line 12)	12,744,705.	16,070,423.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,353,192.	6,076,029.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6,527,479.	10,101,659.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,880,671.	16,177,688.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-135,966.	-107,265.
	20	Total assets (Part X, line 16)	Beginning of Current Year 32,047,767.	End of Year 32,356,738.
	21	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.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	J. STEPHEN PERRY, PRESIDENT & CEO Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	SHARON CASSIERE	
	Firm's name ▶ POSTLETHWAITE & NETTERVILLE	Firm's EIN ▶
	Firm's address ▶ ONE GALLERIA BLVD, SUITE 2100 METAIRIE, LA 70001	Phone no. (504) 837-5990

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

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization NEW ORLEANS CONVENTION & VISITORS BUREAU	Employer identification number 72-0540607
	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, LA 70130	

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**TAMMIE 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 EINs of all members the extension is for.4 I request an additional 3-month extension of time until **NOVEMBER 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, check reason: ☐ Initial return ☐ Final return☐ Change in accounting period7 State in detail why you need the extension **SEE STATEMENT 2**

8a 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.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Sharon B. Carter** Title **CPA**Date **8/10/11**

Form 8868 (Rev. 1-2011)

FORM 8688	EXPLANATION FOR EXTENSION	STATEMENT	2
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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

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

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

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

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

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

Part I only ☐

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

Type or print	Name of exempt organization NEW ORLEANS METROPOLITAN CONVENTION & VISITORS BUREAU, INC.	Employer identification number 72-0540607
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2020 ST. CHARLES AVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW ORLEANS, LA 70130	

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

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

TAMMIE 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 EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

▶ ☒ calendar year **2010** or

▶ tax year beginning , and ending

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

NEW ORLEANS CONVENTION &
VISITORS BUREAU

Form 990 (2010)

72-0540607 Page 2

Part III Statement of Program Service Accomplishments

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
the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

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

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.

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
IN PLANNING; 81,225 PEOPLE WERE HELPED IN NEW ORLEANS.

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

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.

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

MEMBERSHIP PROMOTION:

THE BUREAU CONDUCTS PROMOTIONAL ACTIVITIES THROUGHOUT THE YEAR TO
ATTRACT ADDITIONAL MEMBERS. MEMBERSHIP FOR 2010 WAS 1,022.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Form 990 (2010)

**NEW ORLEANS CONVENTION &
VISITORS BUREAU**

Form 990 (2010)

72-0540607 Page 3

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
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		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		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		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
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		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Form 990 (2010)

**NEW ORLEANS CONVENTION &
VISITORS BUREAU**

Form 990 (2010)

72-0540607 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 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 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
26 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 II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2010)

**NEW ORLEANS CONVENTION &
VISITORS BUREAU**

Form 990 (2010)

72-0540607 Page 5

Part V **Statements Regarding Other IRS Filings and Tax Compliance**
Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	72	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	315	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	17	
b Enter the number of voting members included in line 1a, above, who are independent	17	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
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?	10b	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b 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 line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X
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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **TAMMIE BOTELER - 504-566-5094**
2020 ST. CHARLES AVE, NEW ORLEANS, LA 70130

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHRIS BARDELL DIRECTOR	1.30	X						0.	0.	0.
FRANK BRIGTSSEN DIRECTOR	1.30	X						0.	0.	0.
DARRIUS GRAY DIRECTOR	1.30	X						0.	0.	0.
GARY LAGRANGE DIRECTOR	1.30	X						0.	0.	0.
AMY REIMER DIRECTOR	1.30	X						0.	0.	0.
CLANCY DUBOS DIRECTOR	1.30	X						0.	0.	0.
GIL ZANCHI DIRECTOR	1.30	X						0.	0.	0.
JAY WEIGEL DIRECTOR	1.30	X						0.	0.	0.
DOUG THORNTON DIRECTOR	1.30	X						0.	0.	0.
GREG RUSOVICH DIRECTOR	1.30	X						0.	0.	0.
JOHN PAYNE DIRECTOR	1.30	X						0.	0.	0.
BILL MCCREARY DIRECTOR	1.30	X						0.	0.	0.
STEVE PETTUS CHAIRPERSON	1.30	X		X				0.	0.	0.
FRED SAWYERS CHAIRPERSON ELECT	1.30	X		X				0.	0.	0.
RON FORMAN PAST CHAIRPERSON	1.30	X		X				0.	0.	0.
TERRY EPTON SECRETARY	1.30	X		X				0.	0.	0.
ALFRED GROOS TREASURER	1.30	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
J. STEPHEN PERRY PRESIDENT/CEO	60.00			X	X			370,878.	0.	14,747.
LINDA NICHOLSON VICE-PRESIDENT OF CONVENTI	50.00				X			167,129.	0.	8,170.
DONNA KARL VICE-PRESIDENT 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					X		133,487.	0.	8,573.
STEPHEN MOELLER VICE-PRESIDENT OF FINANCE	50.00					X		128,427.	0.	12,938.
KELLY SCHULZ 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.
1b Sub-total								1,421,089.	0.	87,380.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,421,089.	0.	87,380.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **10**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b	1303766.			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	12,364,364.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1029554.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		14,697,684.			
	Program Service Revenue	2 a	REGISTRATION	Business Code 900099	543,615.	543,615.	
b		OTHER REVENUE	900099	424,923.	424,923.		
c		INDUSTRY SHOW COST-SHA	900099	171,832.	171,832.		
d		ADVERTISING	541800	15,794.		15,794.	
e		BROCHURE SALES	900099	86.	86.		
f		All other program service revenue					
g		Total. Add lines 2a-2f		1156250.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		218,905.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses		2,416.			
	c	Gain or (loss)		-2,416.			
	d	Net gain or (loss)		-2,416.			-2,416.
	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		16,070,423.	1140456.	15,794.	216,489.	

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Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the 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):				
a Management				
b Legal				
c Accounting				
d Lobbying	96,800.			
e 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.			
b CLIENT SERVICE INITIATI	149,550.			
c RESEARCH	138,943.			
d MISCELLANEOUS	2,115.			
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	16,177,688.			
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,677,001.	1	1,722,442.	
	2 Savings and temporary cash investments	6,825,460.	2	3,114,780.	
	3 Pledges and grants receivable, net	1,567,974.	3	3,129,373.	
	4 Accounts receivable, net	865,970.	4	2,228,947.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	76,212.	8	62,249.	
	9 Prepaid expenses and deferred charges	1,110,389.	9	330,920.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,715,896.			
	b Less: accumulated depreciation	10b 3,732,008.			
	11 Investments - publicly traded securities	11,293,677.	10c	10,983,888.	
	12 Investments - other securities. See Part IV, line 11	8,631,084.	11	10,784,139.	
	13 Investments - program-related. See Part IV, line 11		12		
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11		14		
16 Total assets. Add lines 1 through 15 (must equal line 34)	32,047,767.	15	32,356,738.		
Liabilities	17 Accounts payable and accrued expenses	1,444,156.	16	638,305.	
	18 Grants payable	285,591.	17	250,000.	
	19 Deferred revenue	62,902.	18	125,680.	
	20 Tax-exempt bond liabilities		19		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21		
	23 Secured mortgages and notes payable to unrelated third parties		22		
	24 Unsecured notes and loans payable to unrelated third parties		23		
	25 Other liabilities. Complete Part X of Schedule D	439,195.	24	54,768.	
	26 Total liabilities. Add lines 17 through 25	2,231,844.	25	1,068,753.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	22,944,447.	26	24,659,945.	
	28 Temporarily restricted net assets	6,871,476.	27	6,628,040.	
	29 Permanently restricted net assets		28		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		29		
	31 Paid-in or capital surplus, or land, building, or equipment fund		30		
	32 Retained earnings, endowment, accumulated income, or other funds		31		
	33 Total net assets or fund balances	29,815,923.	32	31,287,985.	
	34 Total liabilities and net assets/fund balances	32,047,767.	33	32,356,738.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,070,423.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,177,688.
3	Revenue less expenses. Subtract line 2 from line 1	3	-107,265.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,815,923.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,579,327.
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	31,287,985.

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

☐ Separate basis ☒ 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 Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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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

NEW ORLEANS CONVENTION &
VISITORS BUREAU

Employer identification number

72-0540607

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, 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 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), 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).

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)

Name of organization
NEW ORLEANS CONVENTION &
VISITORS BUREAU

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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 365 CANAL PLACE NEW ORLEANS, LA 70130	\$ 1,029,554.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	STATE OF LOUISIANA P. O. BOX 44154 BATON ROUGE, LA 70804	\$ 6,869,064.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CITY OF NEW ORLEANS-DIASTER RELIEF FUNDING 1300 PERDIDO ST NEW ORLEANS, LA 70112	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	LOUISIANA OFFICE OF TOURISM P. O. BOX 94291 BATON ROUGE, LA 70804	\$ 495,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

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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
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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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 (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), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of organization **NEW ORLEANS CONVENTION &
VISITORS BUREAU**

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2010

LHA

NEW ORLEANS CONVENTION &

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Schedule C (Form 990 or 990-EZ) 2010

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

- A Check ☐ If the filing organization belongs to an affiliated group.
 B Check ☐ If the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column (e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Schedule C (Form 990 or 990-EZ) 2010

NEW ORLEANS CONVENTION &

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	1,303,766.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	96,000.
b Carryover from last year	2b	
c Total	2c	96,000.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	104,301.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-8,301.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization **NEW ORLEANS CONVENTION &
VISITORS BUREAU**

Employer identification number
72-0540607

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

▶ \$

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Schedule D (Form 990) 2010

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included

on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the 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 by:

(i) unrelated organizations ☐ Yes ☐ No

(ii) related organizations ☐ Yes ☐ No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,373,130.		3,373,130.
b Buildings		9,156,119.	1,784,625.	7,371,494.
c Leasehold improvements		68,928.	32,080.	36,848.
d Equipment		916,313.	846,010.	70,303.
e Other		1,201,406.	1,069,293.	132,113.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,983,888.

Schedule D (Form 990) 2010

**NEW ORLEANS CONVENTION &
VISITORS BUREAU**

Schedule D (Form 990) 2010

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

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

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

(a) Description of liability	(b) Amount
1. (1) Federal income taxes	
(2) OTHER ACCRUED LIABILITIES	54,768.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

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

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Schedule D (Form 990) 2010

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,070,423.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,177,688.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-107,265.
4	Net unrealized gains (losses) on investments	4	1,579,327.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,579,327.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,472,062.

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

1	Total revenue, gains, and other support per audited financial statements	1	17,652,167.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,581,744.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,581,744.
3	Subtract line 2e from line 1	3	16,070,423.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	16,070,423.

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

1	Total expenses and losses per audited financial statements	1	16,180,105.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	2,416.
e	Add lines 2a through 2d	2e	2,416.
3	Subtract line 2e from line 1	3	16,177,689.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-1.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	-1.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	16,177,688.

Part XIV Supplemental Information

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

PART X, LINE 2: THE 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

Part XIV 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 F
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization
**NEW ORLEANS CONVENTION &
VISITORS BUREAU**

Employer identification number

72-0540607

Part I 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.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE (INCLUDING ICELAND & GREENLAND)	1	3	PROGRAM SERVICES	MARKET NEW ORLEANS AS A TOURIST DESTINATION; EXPENDITURES INCLUDE FEES AND OPERATIONAL	552,488.
NORTH AMERICA	1	1	PROGRAM SERVICES	MARKET NEW ORLEANS AS A TOURIST DESTINATION; EXPENDITURES INCLUDE FEES AND OPERATIONAL	121,531.
3 a Sub-total	2	4			674,019.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	2	4			674,019.

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

Schedule F (Form 990) 2010

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2010

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



Part II can be duplicated if additional space is needed.

[illegible]

2 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

NEW ORLEANS CONVENTION &
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Schedule F (Form 990) 2010

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

Part III can be duplicated if additional space is needed.

[illegible]

Schedule F (Form 990) 2010

NEW ORLEANS CONVENTION &

Schedule F (Form 990) 2010 VISITORS BUREAU

72-0540607 Page 4

Part IV 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 ☒ 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 Gifts, 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 ☒ 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 ☒ 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 ☒ 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 ☒ 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 ☒ No

Schedule F (Form 990) 2010

NEW ORLEANS CONVENTION &

Schedule F (Form 990) 2010

VISITORS BUREAU

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Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable.

Also complete this part to provide any additional information.

PART I, LINE 3, COLUMN (E):**REGION: EUROPE (INCLUDING ICELAND & GREENLAND)**

**(E) SPECIFIC TYPES OF SERVICES IN REGION: MARKET NEW ORLEANS AS A
TOURIST DESTINATION; EXPENDITURES INCLUDE FEES AND OPERATIONAL EXPENSES**

REGION: NORTH AMERICA

**(E) SPECIFIC TYPES OF SERVICES IN REGION: MARKET NEW ORLEANS AS A
TOURIST DESTINATION; EXPENDITURES INCLUDE FEES AND OPERATIONAL EXPENSES**

Name of the organization NEW ORLEANS CONVENTION & VISITORS BUREAU

Employer identification number
'72-0540607

Part I	General Information on Grants and Assistance
--------	--

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part 2 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

[illegible]

2	Enter total number of section 501(c)(3) and government organizations	1.
3	Enter total number of other organizations	1.

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

Schedule I (Form 990) (2010)

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.

[illegible]

Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE GRANT WAS UNRESTRICTED.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990. ▶ See separate instructions.

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Name of the organization

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Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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

☒ Travel for companions

☒ Tax indemnification and gross-up payments

☒ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☒ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

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

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

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.

☒ Compensation committee

☐ Independent compensation consultant

☒ Form 990 of other organizations

☒ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

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:

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) 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:

a The organization?

b Any related organization?

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?

b Any related organization?

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

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

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

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2010

NEW ORLEANS CONVENTION &
VISITORS BUREAU

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Page 2

Schedule J (Form 990) 2010

Part VII 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, 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.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 J. STEPHEN PERRY	(i) 292,371. (ii) 0.	69,454. 0.	9,053. 0.	4,526. 0.	10,221. 0.	385,625. 0.	0.
2 LINDA NICHOLSON	(i) 138,417. (ii) 0.	19,592. 0.	9,120. 0.	4,560. 0.	3,610. 0.	175,299. 0.	0.
3 DONNA KARL	(i) 121,960. (ii) 0.	15,513. 0.	15,500. 0.	4,380. 0.	11,269. 0.	168,622. 0.	0.
4	(i) (ii)	 	 	 	 	 	
5	(i) (ii)	 	 	 	 	 	
6	(i) (ii)	 	 	 	 	 	
7	(i) (ii)	 	 	 	 	 	
8	(i) (ii)	 	 	 	 	 	
9	(i) (ii)	 	 	 	 	 	
10	(i) (ii)	 	 	 	 	 	
11	(i) (ii)	 	 	 	 	 	
12	(i) (ii)	 	 	 	 	 	
13	(i) (ii)	 	 	 	 	 	
14	(i) (ii)	 	 	 	 	 	
15	(i) (ii)	 	 	 	 	 	
16	(i) (ii)	 	 	 	 	 	

* THIS salary and all benefits
paid with private funds

Schedule J (Form 990) 2010

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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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

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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

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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 QUESTIONS 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

Name of the organization NEW ORLEANS CONVENTION &
VISITORS BUREAUEmployer identification number
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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.

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

NET UNREALIZED GAINS ON INVESTMENTS: 1,579,328.

ROUNDING -1.

TOTAL TO FORM 990, PART XI, LINE 5 1,579,327.

THIS ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE
OVERSITE OF THE AUDIT, COMPILATION, OR REVIEW OF THE FINANCIAL
STATEMENTS FROM AN INDEPENDENT ACCOUNTANT.

SCHEDULE B, PART I, CONTRIBUTOR 3

THE \$5,000,000 DIASER RELIEF FUNDING FROM THE CITY OF NEW ORLEANS IN
2010 WAS FOR EFFECTS OF DEEPWATER HORIZON OIL RIG EXPLOSION ON THE
TOURISM INDUSTRY.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

NEW ORLEANS CONVENTION & VISITORS BUREAU

Employer identification number
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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(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
WELCOMB 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.	10,183,777. N/A	

Part II 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						Yes No

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

Schedule R (Form 990) 2010

Part III 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.)

[illegible]

Part IV 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.)

[illegible]

**NEW ORLEANS CONVENTION &
VISITORS BUREAU**

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

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

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

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

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

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

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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.

[illegible]

Form 990-T

Department of the Treasury
Internal Revenue ServiceExempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2010 or other tax year beginning , and ending

OMB No. 1545-0047

2010

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

A <input type="checkbox"/> Check box if address changed		Name of organization (<input checked="" type="checkbox"/> Check box if name changed and see instructions.) NEW ORLEANS CONVENTION & VISITORS BUREAU		D Employer identification number (Employees' trust, see instructions.) 72-0540607	
B Exempt under section <input checked="" type="checkbox"/> 501(C)(6) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 2020 ST. CHARLES AVE		E Unrelated business activity codes (See instructions.) 541800
City or town, state, and ZIP code NEW ORLEANS, LA 70130					
C Book value of all assets at end of year 32356738.		F Group exemption number (See instructions.)			
		G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

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 ☒ No

If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **TAMMIE BOTELE** Telephone number **504-566-5094****Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11	15,794.	11,939.
12 Other income (See instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	13	15,794.	11,939.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	3,855.
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	3,855.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

NEW ORLEANS CONVENTION &
VISITORS BUREAU

Form 990-T (2010)

72-0540607

Page 2

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
☐ Tax rate schedule or ☐ Schedule D (Form 1041) 36

37 Proxy tax. See instructions 37

38 Alternative minimum tax 38

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a

b Other credits (see instructions) 40b

c General business credit. Attach Form 3800 40c

d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d

e Total credits. Add lines 40a through 40d 40e

41 Subtract line 40e from line 39 41 0.

42 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) 42

43 Total tax. Add lines 41 and 42 43 0.

44a Payments: A 2009 overpayment credited to 2010 44a

b 2010 estimated tax payments 44b

c Tax deposited with Form 8868 44c

d Foreign organizations: Tax paid or withheld at source (see instructions) 44d

e Backup withholding (see instructions) 44e

f Credit for small employer health insurance premiums (Attach Form 8941) 44f

g Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total 44g

45 Total payments. Add lines 44a through 44g 45

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ 46

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 0.

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 0.

49 Enter the amount of line 48 you want: Credited to 2011 estimated tax Refunded 49

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

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Yes No

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Yes No

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

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

1 Inventory at beginning of year 1

2 Purchases 2

3 Cost of labor 3

4a Additional section 263A costs 4a

b Other costs (attach schedule) 4b

5 Total. Add lines 1 through 4b 5

6 Inventory at end of year 6

7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

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

Sign Here

Signature of officer PRESIDENT & CEO

Title

Print/Type preparer's name SHARON CASSTERE

Preparer's signature

Date

Check ☐ if self-employed PTIN P00543368

Firm's name POSTLETHWAITE & NETTERVILLE

Firm's EIN 72-1202445

Firm's address ONE GALLERIA BLVD, SUITE 2100

Phone no. (504) 837-5990

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

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

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

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

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

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

Part I only ☒

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

Type or print	Name of exempt organization NEW ORLEANS METROPOLITAN CONVENTION & VISITORS BUREAU, INC.	Employer identification number 72-0540607
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2020 ST. CHARLES AVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW ORLEANS, LA 70130	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

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

- 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 EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until NOVEMBER 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 2010 or
☐ tax year beginning , and ending .

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2011)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)**1. Description of property**

(1)
(2)
(3)
(4)

2. Rent received or accrued

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

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**(b) **Total deductions.**Enter here and on page 1, Part I, line 6, column (B) **0.****Schedule E - Unrelated Debt-Financed Income** (see instructions)

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

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

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

Nonexempt Controlled Organizations

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

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

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

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

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

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4) STATEMENT 1						
Totals (carry to Part II, line (5))	15,794.	11,939.	3,855.	13,123.	123,174.	3,855.

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	15,794.	11,939.				3,855.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	15,794.	11,939.				3,855.

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

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

FORM 990-T SCHEDULE J - INCOME FROM PERIODICALS REPORTED STATEMENT 1
ON A CONSOLIDATED BASIS

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

**NEW ORLEANS METROPOLITAN CONVENTION &
VISITORS BUREAU, INC.**

CONSOLIDATED FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

Under provisions of state law 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

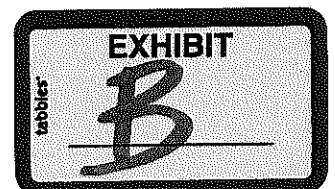
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**NEW ORLEANS METROPOLITAN CONVENTION &
VISITORS BUREAU, INC.**

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.

Postlethwaite + Netterville

New Orleans, Louisiana
June 20, 2011

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

DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
<u>ASSETS</u>		
Current assets:		
Cash and cash equivalents	\$ 4,886,112	\$ 8,639,571
Accounts receivable	2,228,917	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	<u>10,637,601</u>	<u>12,260,116</u>
Investments:		
Marketable securities at fair value	<u>10,784,139</u>	<u>8,631,084</u>
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
	<u>14,715,896</u>	<u>14,789,203</u>
Less accumulated depreciation and amortization	<u>(3,732,008)</u>	<u>(3,495,526)</u>
Net property, equipment and leasehold improvements	<u>10,983,888</u>	<u>11,293,677</u>
Total assets	<u>\$ 32,405,628</u>	<u>\$ 32,184,877</u>

LIABILITIES AND NET 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	<u>1,117,643</u>	<u>2,368,954</u>
Total liabilities	<u>1,117,643</u>	<u>2,368,954</u>
Net assets, unrestricted:		
Designated	6,628,040	6,871,476
Undesignated	24,659,945	22,944,447
Total net assets	<u>31,287,985</u>	<u>29,815,923</u>
Total liabilities and net assets	<u>\$ 32,405,628</u>	<u>\$ 32,184,877</u>

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

	<u>2010</u>	<u>2009</u>
<u>REVENUES AND SUPPORT</u>		
Appropriations from government agencies	\$ 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	<u>17,652,167</u>	<u>14,503,933</u>
 <u>EXPENSES</u>		
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 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	<u>16,180,105</u>	<u>12,880,671</u>
Changes in net assets	1,472,062	1,623,262
<u>NET ASSETS - BEGINNING OF YEAR</u>	<u>29,815,923</u>	<u>28,192,661</u>
<u>NET ASSETS - END OF YEAR</u>	<u>\$ 31,287,985</u>	<u>\$ 29,815,923</u>

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

	<u>2010</u>	<u>2009</u>
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>		
Changes in net assets	\$ 1,472,062	\$ 1,623,262
Adjustments to reconcile changes in net 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	<u>(3,064,141)</u>	<u>(657,973)</u>
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>		
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)
Net cash provided by (used in) investing activities	<u>(601,098)</u>	<u>105,546</u>
<u>CASH FLOWS FROM FINANCING ACTIVITIES</u>		
Net change in cash overdraft	(88,220)	(177,247)
Net cash used in financing activities	<u>(88,220)</u>	<u>(177,247)</u>
<u>NET DECREASE IN CASH AND CASH EQUIVALENTS</u>	<u>(3,753,459)</u>	<u>(729,674)</u>
<u>CASH AND CASH EQUIVALENTS:</u>		
<u>BEGINNING OF YEAR</u>	<u>8,639,571</u>	<u>9,369,245</u>
<u>END OF YEAR</u>	<u>\$ 4,886,112</u>	<u>\$ 8,639,571</u>

See accompanying notes to consolidated financial statements.

**NEW ORLEANS METROPOLITAN CONVENTION &
VISITORS BUREAU, INC.**

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 inter-company 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.

**NEW ORLEANS METROPOLITAN CONVENTION &
VISITORS BUREAU, INC.**

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.

**NEW ORLEANS METROPOLITAN CONVENTION &
VISITORS BUREAU, INC.**

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 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 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

**NEW ORLEANS METROPOLITAN CONVENTION &
VISITORS BUREAU, INC.**

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:

	<u>2010</u>	<u>2009</u>
Common Stocks	\$ 6,699,205	\$ 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	<u>1,369,850</u>	<u>1,491,334</u>
	<u>\$ 10,784,139</u>	<u>\$ 8,631,084</u>

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.

**NEW ORLEANS METROPOLITAN CONVENTION &
VISITORS BUREAU, INC.**

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:

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

(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. 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.

**NEW ORLEANS METROPOLITAN CONVENTION &
VISITORS BUREAU, INC.**

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	-	-	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 mutual funds	1,369,850	-	-	1,369,850
Total investments at fair value	\$ 8,692,913	\$ 2,091,226	\$ -	\$ 10,784,139

**NEW ORLEANS METROPOLITAN CONVENTION &
VISITORS BUREAU, INC.**

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 1	Level 2	Level 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
	<u>\$ 7,301,557</u>	<u>\$ 1,329,527</u>	<u>\$ -</u>	<u>\$ 8,631,084</u>

(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
	<u>\$ 6,628,040</u>	<u>\$ 6,871,476</u>

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.

**NEW ORLEANS METROPOLITAN CONVENTION &
VISITORS BUREAU, INC.**

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
	\$	<u>126,667</u>

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.

**NEW ORLEANS METROPOLITAN CONVENTION &
VISITORS BUREAU, INC.**

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 overseas 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.

Postlethwaite + Nettewill

New Orleans, Louisiana
June 20, 2011

**NEW ORLEANS METROPOLITAN
CONVENTION & VISITORS BUREAU, INC.**

CONSOLIDATED FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

Under provisions of state law, 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 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.

Postlethwaite + Netterville

New Orleans, Louisiana
June 25, 2010

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

DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
<u>ASSETS</u>		
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	<u>12,260,116</u>	<u>13,263,489</u>
Investments:		
Marketable securities at fair value	<u>8,631,084</u>	<u>6,565,518</u>
Property, 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
	<u>14,789,203</u>	<u>14,830,173</u>
Less accumulated depreciation and amortization	<u>(3,495,526)</u>	<u>(3,205,312)</u>
Net property, equipment and leasehold improvements	<u>11,293,677</u>	<u>11,624,861</u>
Total assets	<u>\$ 32,184,877</u>	<u>\$ 31,453,868</u>
<u>LIABILITIES AND NET ASSETS</u>		
Current liabilities:		
Accounts payable	\$ 1,444,156	\$ 762,823
Deferred revenue	62,902	1,830,547
Promises to give	285,591	250,000
Cash overdraft	137,110	314,357
Other accrued liabilities	439,195	103,480
Total current liabilities	<u>2,368,954</u>	<u>3,261,207</u>
Total liabilities	<u>2,368,954</u>	<u>3,261,207</u>
Net assets, unrestricted:		
Designated	6,871,476	7,060,157
Undesignated	22,944,447	21,132,504
Total net assets	<u>29,815,923</u>	<u>28,192,661</u>
Total liabilities and net assets	<u>\$ 32,184,877</u>	<u>\$ 31,453,868</u>

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

	<u>2009</u>	<u>2008</u>
<u>REVENUES AND SUPPORT</u>		
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	<u>14,503,933</u>	<u>13,139,227</u>
 <u>EXPENSES</u>		
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	<u>12,880,671</u>	<u>15,168,664</u>
Changes in net assets	1,623,262	(2,029,437)
 <u>NET ASSETS - BEGINNING OF YEAR</u>	 <u>28,192,661</u>	 <u>30,222,098</u>
 <u>NET ASSETS - END OF YEAR</u>	 <u>\$ 29,815,923</u>	 <u>\$ 28,192,661</u>

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

	<u>2009</u>	<u>2008</u>
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>		
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	<u>(657,973)</u>	<u>2,322,416</u>
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>		
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	-	850
Net cash provided by (used in) investing activities	<u>105,546</u>	<u>(686,492)</u>
<u>CASH FLOWS FROM FINANCING ACTIVITIES</u>		
Net change in cash overdraft	<u>(177,247)</u>	<u>314,357</u>
Net cash provided by (used in) financing activities	<u>(177,247)</u>	<u>314,357</u>
<u>NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS</u>	<u>(729,674)</u>	<u>1,950,281</u>
<u>CASH AND CASH EQUIVALENTS:</u>		
<u>BEGINNING OF YEAR</u>	<u>9,369,245</u>	<u>7,418,964</u>
<u>END OF YEAR</u>	<u>\$ 8,639,571</u>	<u>\$ 9,369,245</u>

See accompanying notes to financial statements.

**NEW ORLEANS METROPOLITAN
CONVENTION & VISITORS BUREAU, INC.**

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 inter-company 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.

**NEW ORLEANS METROPOLITAN
CONVENTION & VISITORS BUREAU, INC.**

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.

**NEW ORLEANS METROPOLITAN
CONVENTION & VISITORS BUREAU, INC.**

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

**NEW ORLEANS METROPOLITAN
CONVENTION & VISITORS BUREAU, INC.**

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:

	<u>2009 (Fair Value)</u>	<u>2008 (Fair Value)</u>
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	845,613
	<u>\$ 8,631,084</u>	<u>\$ 6,565,518</u>

**NEW ORLEANS METROPOLITAN
CONVENTION & VISITORS BUREAU, INC.**

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:

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

(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.

**NEW ORLEANS METROPOLITAN
CONVENTION & VISITORS BUREAU, INC.**

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	Level 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
	<u>\$ 7,301,557</u>	<u>\$ 1,329,527</u>	<u>\$ -</u>	<u>\$ 8,631,084</u>

(5) Net Assets

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

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

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

**NEW ORLEANS METROPOLITAN
CONVENTION & VISITORS BUREAU, INC.**

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
	\$	<u>181,888</u>

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

**NEW ORLEANS METROPOLITAN
CONVENTION & VISITORS BUREAU, INC.**

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 overseas 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 Bureau, 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 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.

Postlethwaite + Nettenville

New Orleans, Louisiana
June 25, 2010

