



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Open 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 ☐ Termination ☐ Amended return ☐ Application pending	<table border="1"> <tr> <td rowspan="4">Please use IRS label or print or type. See Specific Instructions.</td> <td>C Name of organization Beloit Convention & Visitors Bureau, Inc.</td> <td>D Employer identification number 39-1590764</td> </tr> <tr> <td>Number and street (or P O box, if mail is not delivered to street address) Room/suite 500 Public Ave.</td> <td>E Telephone number 608-365-4838</td> </tr> <tr> <td>City or town, state or country, and ZIP + 4 Beloit WI 53511</td> <td>F Group Exemption Number ▶</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Beloit Convention & Visitors Bureau, Inc.	D Employer identification number 39-1590764	Number and street (or P O box, if mail is not delivered to street address) Room/suite 500 Public Ave.	E Telephone number 608-365-4838	City or town, state or country, and ZIP + 4 Beloit WI 53511	F Group Exemption Number ▶		
Please use IRS label or print or type. See Specific Instructions.	C Name of organization Beloit Convention & Visitors Bureau, Inc.		D Employer identification number 39-1590764							
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 500 Public Ave.		E Telephone number 608-365-4838							
	City or town, state or country, and ZIP + 4 Beloit WI 53511		F Group Exemption Number ▶							

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ www.visitbeloit.com	H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	
K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return	
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 448,169	

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	9,740
	2	Program service revenue including government fees and contracts	2	428,148
	3	Membership dues and assessments	3	
	4	Investment income	4	998
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	4,697
	b	Less direct expenses other than fundraising expenses	6b	7,613
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-2,916
	7a	Gross sales of inventory, less returns and allowances	7a	1,440
	b	Less cost of goods sold	7b	1,832
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-392
	8	Other revenue (describe ▶ See Statement 1)	8	3,146
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	438,724
	Expenses	10	Grants and similar amounts paid (attach schedule) Stmt 2	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	201,548
13		Professional fees and other payments to independent contractors	13	6,477
14		Occupancy, rent, utilities, and maintenance	14	22,490
15		Printing, publications, postage, and shipping	15	
16		Other expenses (describe ▶ See Statement 3)	16	132,328
17		Total expenses. Add lines 10 through 16 ▶	17	467,179
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-28,455
19		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	352,310
20		Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	323,855	

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

(See the instructions for Part II.)

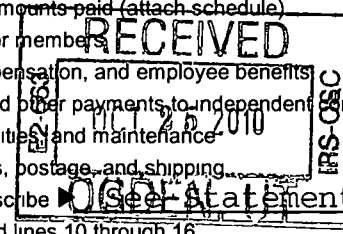
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	242,258	233,019
23 Land and buildings		
24 Other assets (describe ▶ See Statement 4)	130,481	109,994
25 Total assets	372,739	343,013
26 Total liabilities (describe ▶ See Statement 5)	20,429	19,158
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	352,310	323,855

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

Form **990-EZ** (2009)

DAA

SCANNED NOV 1 2 2010



P 3

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Grants \$) If this amount includes foreign grants, check here

28a	413,012
-----	---------

(Grants \$) If this amount includes foreign grants, check here

29a

(Grants \$) If this amount includes foreign grants, check here

30a

(Grants \$) If this amount includes foreign grants, check here

31a

32	413,012
----	---------

(a) Name and address

[illegible](c) Compensation
(If not paid,
enter -0-.)

(d) Contributions to employee benefit plans & deferred compensation	
---	--

(e) Expense account and other allowances

See Statement 6

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	WI	
42a The organization's books are in care of Deb Frederiksen 500 Public Ave. Located at Beloit, WI	Telephone no. 608-365-4838 ZIP + 4 53511	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

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

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

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

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

f Total number of other employees paid over \$100,000 ▶

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

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

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here

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

Signature of officer: *Rick West* Date: 10/21/10

Type or print name and title: RICK WEST President

Paid Preparer's Use Only

Preparer's signature: *Dan J. Neuen, Partner* Date: 10/19/10 Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: Siepert & Co. LLP
1920 West Hart Road
Beloit, WI 53511

Preparer's Identifying Number (See instr.): P00046964

EIN: 39-1224176

Phone no.: 608-365-2266

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

DAA

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	418,583	448,655	478,630	507,878	436,956	2,290,702
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	418,583	448,655	478,630	507,878	436,956	2,290,702
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						2,290,702

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	418,583	448,655	478,630	507,878	436,956	2,290,702
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,523	4,588	5,918	1,752	998	14,779
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,437	5,200	2,375	2,659	4,078	16,749
11 Total support. Add lines 7 through 10						2,322,230
12 Gross receipts from related activities, etc. (see instructions)					12	91,819
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.64 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.65 %
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☒		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II, Line 10 - Other Income Detail

Miscellaneous \$ 8,307

Rotary Center Fees \$ 8,442

2009

, and ending

Employer Identification Number

39-1590764

	(A)	(B)	(C)	Others	Total
Gross receipts	4,697	0	0	0	4,697
Less contributions	0	0	0	0	0
Gross revenue	4,697	0	0	0	4,697
Less direct expenses	7,613	0	0	0	7,613
Net income (loss)	-2,916	0	0	0	-2,916

Description: (A) Winterfest

(B)

(C)

Others

[illegible]

Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
Miscellaneous	\$ 3,146
Total	\$ 3,146

Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to
Organizations

Name and Address	Date of Gift	Description of Property	Class of Activity	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
The Angel Museum				7,245				
656 Pleasant Street								
Beloit, WI 53511								
Beloit Riverfest Festivals Inc				40,000				
520 E. Grand Ave								
Beloit, WI 53511								
Beloit Snappers Baseball				12,000				
2301 Skyline Dr								
Beloit, WI 53511								
Stateline Festivals				25,000				
520 E. Grand Ave								
Beloit, WI 53511								
Other Grants < \$5,000				20,091				
Total				104,336				

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Internet access and web page	1,472
Community marketing grant	19,837
Advertising and promotion	56,043
Office supplies	5,846
Telephone	3,968
Postage	5,860
Printing	9,550
Office equipment lease	4,579
Travel	7,275
Conferences and meetings	5,017
Membership Dues and Subs.	6,021
Merchandising	896
Miscellaneous	4,914
General Insurance	1,050
Total	\$ 132,328

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Accounts Receivable	\$ 122,369	\$ 105,379
Prepaid Expenses and Deferred Charges	8,112	4,615
	130,481	109,994

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 20,429	\$ 19,158
	20,429	19,158

Federal Statements

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Tim McKearn 500 Public Avenue Beloit, WI 53511	President		0	0	0
Rick West 500 Public Avenue Beloit, WI 53511	Vice Preside		0	0	0
Jim Van de Bogart 500 Public Avenue Beloit, WI 53511	Director		0	0	0
Melissa Badger 500 Public Avenue Beloit, WI 53511	Director		0	0	0
Judy Kaplan 500 Public Avenue Beloit, WI 53511	Director		0	0	0
Nancy Heidt 500 Public Avenue Beloit, WI 53511	Director		0	0	0
Jennifer Livingston 500 Public Avenue Beloit, WI 53511	Director		0	0	0
Larry Arft 500 Public Avenue Beloit, WI 53511	Director		0	0	0
Andrew Janke 500 Public Avenue Beloit, WI 53511	Director		0	0	0
Ron Nief 500 Public Avenue	Director		0	0	0

Federal Statements

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Beloit, WI 53511					
Ann Shea 500 Public Avenue Beloit, WI 53511	Director		0	0	0
Jeff Vohs 500 Public Avenue Beloit, WI 53511	Director		0	0	0
Pam Clifton 500 Public Avenue Beloit, WI 53511	Director		0	0	0
Peggy Corning 500 Public Avenue Beloit, WI 53511	Treasurer		0	0	0
Amy Loudenberg 500 Public Avenue Beloit, WI 53511	Director		0	0	0
Sara Kruse 500 Public Avenue Beloit, WI 53511	Director		0	0	0
Lanier Gordon 500 Public Avenue Beloit, WI 53511	Director		0	0	0
Brenda Gould 500 Public Avenue Beloit, WI 53511	Director		0	0	0
Pam Stanley 500 Public Avenue Beloit, WI 53511	Director		0	0	0

Federal Statements

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key
Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Martha Mitchell	Exec. Direct	40.00	71,380	0	0
Deb Frederiksen (Beg 12/09)	Exec. Direct	40.00	2,000	0	0

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

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service▶ **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**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 Beloit Convention & Visitors Bureau, Inc.	Employer identification number 39-1590764
	Number, street, and room or suite no. If a P O box, see instructions 500 Public Ave.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Beloit WI 53511	

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

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

- The books are in the care of ▶ **Deb Frederiksen**

Telephone No ▶ **608-365-4838**

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 will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/10**, 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	\$

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 Beloit Convention & Visitors Bureau, Inc.	Employer identification number 39-1590764
	Number, street, and room or suite no. If a P.O. box, see instructions. 500 Public Ave.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Beloit WI 53511	

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

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

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

- The books are in the care of **Deb Frederiksen**
Telephone No. **608-365-4838** 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 **11/15/10**.
- 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 requested to gather information to prepare 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	\$

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 **Dan J. new** Title **C.P.A.** Date **8/13/10**
Form **8868** (Rev. 4-2009)