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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2009

benefit trust or private foundation)

Open to Public

		ne Service	▶	The organization	n may have to	o use a cop	y of this returi	n to satist	fy state rep	orting requ	rements.		insp	ection
A Fo	r the	2009 calend		or tax year begin					2009, and			06-3	0 , 20 1	LO
		pplicable	Please	C Name of organiza		Conven	tion & V	isitor	в Аввос	iation		D	Employer ide	entification no.
7		hange	use IRS label or	Doing Business A	s							93	3-10162	272
Nar	ne cha	inge	print or	Number and stree	t (or P O box if r	nail is not deliv	ered to street add	dress)		Room/s	suite	E	Telephone ni	umber
-	al retu	-	type. See	PO Box 965	5							(5	541) 928	3-0911
Ter	minate	d	Specific Instruc-	City or town, state	or country, and	ZIP + 4						G	Gross receipt	ts
Am	ended	return	tions.	Albany, Ol	R 97321							;	\$	372,710
App	licatio	n pending	F Name	and address of princip	al officer Jo	Rae Per	kins							
			PO B	ox 965, Alb	any, OR	97321				H(a)	ls this a group affiliates?	retum f	or [Yes 🛚 No
Tax	-exem	pt status	X 501(c) (6) ◀ (insert no) 4947	(a)(1) or	527			Н(b)	Are all affiliate	s includ	led?	Yes 🗌 No
We	bsite:	► N/A				•				H(c)	lf "No," attach Group exemp	a list (s tion num	see instruction ber	ns)
For	m of o	rganization X	Corporation	☐ Trust ☐ Asso	ociation Ot	her 🕨		L Year	of formation	2001	M State of	legal do	micite O	R
Part	1	Summar	у											
	1	Briefly descr	be the org	ganızatıon's missi	on or most si	gnificant ac	tivities:	Assis	t visit	ors and	d promo	te t	he Cit	y of
		Albany O	regon.	<u></u>										
` G														
0 V								-		•				
e	2	Check this b	ox ▶ 🔲 r	f the organization	discontinued	its operation	ns or dispose	ed of more	e than 25%	of its net a	ssets.			
L L	3	Number of ve	oting mem	bers of the gover	ning body (Pa	art VI, line 1	a)					3		9
a n	4	Number of in	dependen	it voting members	of the gover	ning body (Part VI, line 1	b)´			🗌	4		9
c	5	Total numbe	r of emplo	yees (Part V, line	2a)						[5		9
e	6	Total numbe	r of volunt	eers (estimate if r	necessary) .						[6		
	7a	Total gross u	unrelated b	ousiness revenue	from Part VII	II, column (0	C), line 12 .				🗀	7a		
	Ь	Net unrelated	d business	taxable income	from Form 99	0-T, line 34					🗀	7b		(
						•				Pri	or Year		Curren	t Year
Re	8	Contributions	s and gran	ts (Part VIII, line	1h)						356,0	00		337,300
V	9	Program ser	vice rever	ue (Part VIII, line	2g)						8,0	65		35,404
; n	10	Investment ii	ncome (Pa	art VIII, column (A), lines 3, 4, a	and 7d) .						7		6
R e v e n u e	11	Other revenu	ue (Part Vi	III, cotumn (A), lin	es 5, 6d, 8c,	9c, 10c, an	d 11e)				14,8	18		C
0	12	Total revenu	e - add lin	es 8 through 11 (ı	must equal P	art VIII, colu	ımn (A), line 1	12)			378,8	90		372,710
	13	Grants and s	sımılar am	ounts paid (Part I)	X, column (A)	, lines 1-3)								C
E	14	Benefits paid	to or for i	members (Part IX	, column (A),	line 4) .	<i></i>							
x	15			nsation, employee							181,7	03		186,065
P e	16a	Professional	fundraisir	ig fees (Part IX, c	olumn (A), lin	e 11e) 🕞	ECEIVE	$\mathbb{D} \cdots$	4					C
n s	Ь	Total fundrai	sing expe	nses (Part IX, col	umn (D), line	م (25			544					
e	17	Other expen	ses (Part	IX, column (A), lin	nes 11a-11d,	1df 241) D	ማ እንፈላሰ	1n · 8			195,7	04		196,045
s	18	Total expens	ses. Add l	IX, column (A), lin ines 13-17 (must	equal Part IX	Eplumn (A), Lin (128) (U	ıņ 5	$b \cdots b $		377,4	07		382,110
	19	Revenue les	s expense	es. Subtract line	18 from line 1	<u> </u>	<u> </u>] إ	<u> </u>		1,4	83		(9,40
let							3DEN, I	_ ۲ٌلِ		Beginning o	Current Yea	r	End of	i Year
Assets Y	20	Total assets	(Part X, III	ne 16)					⊸		52,2	10		32,701
und Lail-	21	Total liabilitie	es (Part X,	line 26)							38,9	17		28,811
ances	22			ances. Subtract I	ine 21 from li	ne 20					13,2	93		3,890
Part	11	Signatu												
		Under penalty	s of penury,	I declare that I have e t, and complete Decla	xamined this retu	ing, including a	ccompanying sch	edules and	statements, a	nd to the best	of my knowle	dge	_	
	_		+							roparor nao an	, momougo			
Sign		1	2	ul/	Tus	M_						12	/// 10)
lere		Signatur	re of officer			•						Date		
				t, Executiv	e Direct	or								
	_	Type or	print name a	nd title										
		Preparer's					Date		self-	ck if	Preparer's		ing number	
aid		signature	/ _	111	!//	562		5	emp	oloyed 🕨 🗌	(SEE IIISIII	ucuu 15)		
repa	rer's			- CLL	X		11	30-201	LO					
lse O		Firm's name ((or yours	Boehme &	Running	CPAs L	re			EIN	•			
	•	if self-employe	ed),	РО Вож 6									_	
		address, and	ZIF + 4	Albany,	OR 97321					Phone no	▶541-	928-	5678	
vlay th	e IRS	discuss this	return wit	h the preparer sh	own above?	(see instruc	tions)	<u></u>	<u></u>		<u> </u>		🛚 Ye	s 🗌 No
or Pr	ivacy	Act and Pa	perwork !	Reduction Act N	otice, see th	e separate	instructions	s			V EE	A _	Form	n 990 (2009

Form	990 (2009) Albany Convention & Visitors Association	93-1016272	Page 2
Pai	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
	Assist visitors and promote the City of Albany Oregon.		
			
			
	Did the annualism and state and are transferred and are transferred and are transferred and are transferred and		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	□ Vas	₩o.
	·	🖂 1es	MO
3	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?	□ Vac	₩o.
	If "Yes," describe these changes on Schedule O.	1es	<u>F</u>] 110
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 a	ınd	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
	anocations to others, the total expenses, and revenue, if any, for each program service reperiod.		
4a	(Code:) (Expenses \$ 54,779 including grants of \$) (Revenue	\$	
	Promotion of local historic resources.	·	
4b	(Code:) (Expenses \$16,596 including grants of \$) (Revenue	\$)
	Promotion of local industry trade.		
			
			_
			
40	(Code.) (Expenses \$ 209,197 including grants of \$) (Revenue	\$	<u> </u>
40	Marketing and promotion of the local area, in general.	Ψ	′
	marketing and promotion of the local area, in general.		
			_
			
		· -	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 85,490 including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 366,062		

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 Х 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," Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 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," X 9 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or 10 Х 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 11 Х 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. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12 12 Х 12A Was the organization included in consolidated, independent audited financial statements for the tax year? 13 Х 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? 14a 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 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services Х 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

 $\frac{x}{x}$

19

			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	21		<u>X</u>
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	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	25b		
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	26		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	27	1	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28Ь		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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
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	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note . All Form 990 filers are required to complete Schedule O	38	Х	

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of n 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable Х 1c 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 2Ь Х 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) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X 3a 3ь 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 4a 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 Х Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 5c 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? Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6Ь Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h 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 8 organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9Ь ь Section 501(c)(7) organizations. Enter 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter-Gross income from other sources (Do not net amounts due or paid to other sources against Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

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

101 a 140 16	esponse to line ba, ob, or nob below, describe the circumstances, proc	,63363, 01
Schedule O	See instructions.	

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	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 organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material 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 [.]	1		
a	The governing body?	8a	X	
þ	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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
Ь	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		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	ļ
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<u></u>		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X_	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	.	7.	
	describe in Schedule O how this is done	12c	<u> </u>	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	.		٠,
a	The organization's CEO, Executive Director, or top management official	15a		X
Ь	Other officers or key employees of the organization	15b		
16-	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	16a		х
_	with a taxable entity during the year?	104		<u> </u>
D				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	16b		
500	the organization's exempt status with respect to such arrangements?	100		<u> </u>
<u>360</u> 17	List the states with which a copy of this Form 990 is required to be filed			
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. ▶ Jimmy Lucht (541)928-0911			
	PO Box 965 Albany, OR 97321			
	<u></u>			

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.

(A)	(B)			(0	5)			(D)	(E)	(F)	
Name and Title	Average hours per week	Position (I t d I n r i n d u r s i s e t v t c i i e t t d e o u		Office	K e y e m	e i om o y gmp r hpl m e eeo e m sny r p t se		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization	
		u r a o l r	t on a		o y e e	o a e				and related organizations	
Jimmy Lucht				Ì							
Executive Director	40.00	ļ			Х			56,452	0	0	
JoRae Perkins											
President	2.00	X		X				0	0	0	
John Morrison											
Secretary	2.00	X		X				0	0	0	
Gordon Kirby				İ							
President-elect	2.00	X	<u> </u>	X	_			0	0	0	
Donetta Sheffold	2.00	x						0	0	0	
Debbie Lusk	2.00	х						0	0	0	
Anni Manley	2.00	x							-		
Gwenn Marchese	2.00	x						0		0	
Tim McQueary	2.00	x						0		0	
Pam Silbernagel		†									
Treasurer	3.00	Х		Х				0	0	0	
				_							
				-		_					
					_		_				
						<u> </u>					

	Section A. Officers, Directors, Trustees,	Key Emplo	yees,	ano	під	nes	Com	pen	sated Employees	(continued)			
	(A)					(E)		(F)					
	Name and Title	Average hours per week	itd nri dur ise vtc iet deo	I t n r s u t s	O f f - c e	K	H c e m g m p i e e o y t s e e d	Form	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	tion amou ed oth ons comper		f ion on ed
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						ļ					-		
											-		
1b 2	Total								56,452 an \$100,000 in	0	1		0
	reportable compensation from the organization									0		Yes	No
3	Did the organization list any former officer, director or t	_				-		-					
4	employee on line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the sum of reporta										3	1	X
•	the organization and related organizations greater than	-											
	individual										4		x
5	Did any person listed on line 1a receive or accrue comp		_				-						
~	services rendered to the organization? If "Yes," comple	te Schedule	J for s	uch	per	son	• •			<u> </u>	5		X
<u>Se</u>	ction B. Independent Contractors Complete this table for your five highest compensated i	ndonandant	contra	ctor	c the	nt ro			a than \$100,000 at				
•	compensation from the organization	ndependent	Contra	Clui	Suid	al red	Jeiveu	ШОІ	e triari \$100,000 oi	•			
	(A)								(B)			(C)	
	Name and business address								Description of se	ervices	Comp	ensation	
-													
		<u>-</u>											
2	Total number of independent contractors (including but more than \$100,000 in compensation from the organiza		those	list	ed a	bove	e) who	rece	eived				

Page 9

Part '	AIII I	Statement of Revent	ıe						
		*				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns		1a					
	ь	. •		1b					
Contn-	ء ا	Fundraising events		1c			}		
butions, grits,	ď			1d					
grants	e			1e	337,300				
and other	.		·		337,300				
sımilar	1	All other contributions, gifts, gi and similar amounts not include		1f			-		
amounts	_	Noncash contributions include							
	g					337 300			
	<u>"</u>	Total. Add lines 1a-1f		• • •		337,300		· · · · · · · · · · · · · · · · · · ·	
	2a Kiosk revenue				Business Code 541800	11 254	11 254		
	l .	Miscellaneous income				11,354	11,354		
Program	l				541800	1,007	1,007		
Service Revenue	l	Willamette River Fes			541800	12,648	12,648		· · · · · · · · · · · · · · · · · · ·
neveriue	l .	Home Tours			541800	8,456	8,456		
	١	WVVA services			541800	550	550		
	ı	All other program service reven			541800	1,389	1,389	······································	
		Total. Add lines 2a-2f				35,404			
	3	Investment income (including d				_[_		
		other similar amounts)				6	6		
	l _	Income from investment of tax-exempt bond procee							
	5	Royalties							
			(i) Rea	<u> </u>	(II) Personal				
	l	Gross Rents					1		
	l	Less: rental expenses					1		
		Rental income or (loss)							
	a	Net rental income or (loss) .				,			
	7a	Gross amount from sales of	(i) Secunti	es	(ii) Other				
		assets other than inventory							
	ь	Less. cost or other basis							
0		and sales expenses							
t		Gain or (loss)							
n e		Net gain or (loss)		• • •					
r	8a	Gross income from fundraising							
R		events (not including \$	 						
e		of contributions reported on line	•						
٧		See Part IV, line 18							
n		Less: direct expenses					1		
u		Net income or (loss) from fundr	-	s .					······································
e	9a	Gross income from gaming acti							
		See Part IV, line 19				[-		
		Less. direct expenses							
	С	Net income or (loss) from gamır	ng activities	• •	· · · · · · >				
	10a	Gross sales of inventory, less					1		
		returns and allowances					1		
		Less: cost of goods sold					-		
	С	Net income or (loss) from sales	of inventory	<u>/ · · · </u>					
	4:	Miscellaneous Revenue			Business Code		‡		
İ	11a								
	Ь								
	С								
		All other revenue							
		Total. Add lines 11a-11d			1				
	12	Total revenue. See instruction	s			372,710	35,410	0	0

93-1016272

Form 990 (2009)
Part IX S

9) Albany Convention & Visitors Association

Statement of Functional Expenses

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

	All other organizations must complete colu	mn (A) but are not red (A)	quired to complete co	oumns (B), (C), and (D)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising expenses
1	8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and	-	expenses	general expenses	expenses
•	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			-,····································	 ' . '''.4 ' ' '
5	Compensation of current officers, directors,				••••
•	trustees, and key employees	56,452	53,241	2,833	378
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	112,287	105,901	5,635	751
8	Pension plan contributions (include section 401(k)	-			
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	17,326	16,124	1,061	141
11	Fees for services (non-employees):				
a	Management				
ь	Legal				
c	Accounting	5,528	5,086	332	110
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				
g	Other				
12	Advertising and promotion	64,822	64,822		
13	Office expenses	6,454	5,938	387	129
14	Information technology	6,963	6,492	362	109
15	Royalties				.=
16	Occupancy	15,000	13,800	900	300
17	Travel	4,467	4,289	157	21
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,848	4,824	18	6
20	Interest	2,625	2,415	158	52
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,194	4,778	312	104
23	Insurance	1,801	1,657	108	36
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.)		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
a	Special projects	39,068	39,068		
b	Repairs & maintenance	2,074	1,909	124	41_
C	Telephone	2,869	2,640	172	57
d	Dues & subscriptions	3,485	3,485		
e	Grants to other organization	3,075	3,075		
f	All other expenses	27,772	26,518	945	309
25	Total functional expenses. Add lines 1 through 24f	382,110	366,062	13,504	2,544
26	Joint Costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 17,671 1 12,780 2 2 3 3 Pledges and grants receivable, net 4 20,566 4 10,151 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete A 6 7 s 7 е Я 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D | 10a | 10c Less, accumulated depreciation 10b 19,482 13,861 9,770 b 11 11 12 12 Investments - other securities. See Part IV, line 11 13 13 14 14 15 112 15 52,210 16 32,701 16 33,136 17 25,491 17 18 18 19 19 20 20 а Ь 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties 23 5,781 3,320 е 24 24 s 25 25 26 38,917 26 28,811 Organizations that follow SFAS 117, check here ▶ 🔯 and complete lines 27 through 29, and lines 33 and 34. NF u 27 3,890 27 13,293 t n 28 28 d A 29 В s Organizations that do not follow SFAS 117, check here ▶ 📗 a I s and complete lines 30 through 34. а 30 30 n 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 3,890 13,293 34 52,210 32,701

	•	
-orm	990	(2009)

Albany Convention & Visitors Association

93-1016272

Page 12

Pa	rt XII Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other			
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in		1	
	Schedule O		1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	1
Ь	Were the organization's financial statements audited by an independent accountant?	2b		Х
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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
ď				
	issued on a consolidated basis, separate basis, or both.	1		
		İ		1
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?	3a	L	X
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь	L	
	EEA	Form	990 (2009)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of the organization	Employer identification number
All	bany Convention & Visitors Association	93-1016272
Pa	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?	Yes 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?	
Pa	Int II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part	***************************************
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•	Preservation of land for public use (e.g., recreation or pleasure) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historical	ally important land area
	Protection of natural habitat Preservation of a certified h	• •
	Preservation of open space	nistorie structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	ncentation
-	easement on the last day of the tax year	inservation
	easement on the last day of the tax year	Held at the End of the Tax Year
_	Total number of conservation easements	kuunu d
a b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included in (a)	
ď	Number of conservation easements included in (c) acquired after 8/17/06	- - - - - - - - -
3	Number of conservation easements included in (c) acquired after 6/17/00	
9	the tax year	inzation during
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?	Tyes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	- -
·	Standard volunteer hours devoted to morntoning, inspecting, and emorcing conservation easements during to	ie year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the ye	nar.
•	► \$	ca:
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
ŭ	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	∏ Yes ☐ No
q	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	
	the organization's accounting for conservation easements.	at describes
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or O	ther Similar Assets
E.T	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	mer ommar Associati
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	
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items	or public scryles,
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance she	eet works of art
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	•
	provide the following amounts relating to these items.	public service,
	(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	
2	· · · · · · · · · · · · · · · · · · ·	, provide tile
_	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	· · · · · · • • •

		Associ				93-1016		Page 2
Part III Organizations Maintaining Coll							ssets (cor	tinued)
3 Using the organization's acquisition, accession, and o	ther records, ch	neck any of	the follow	ing that are a	signific	ant use of its		
collection items (check all that apply):								
a Public exhibition	d 🗌 Loar	or exchan	ge progra	ms				
b Scholarly research	e 🗌 Othe	er						
c Preservation for future generations								
4 Provide a description of the organization's collections	and explain hov	w they furth	er the org	anızatıon's ex	empt p	urpose in		
Part XIV.								
5 During the year, did the organization solicit or receive	donations of ar	t, historical	reasures	, or other sımıl	ar			
assets to be sold to raise funds rather than to be main							🗌 Ye	s 🗌 No
Part IV Escrow and Custodial Arrange			ınızatıon a	answered "Ye:	s" to Fe	orm 990,		
Part IV, line 9, or reported an amount on F								
1a Is the organization an agent, trustee, custodian or other								
included on Form 990, Part X?							🗌 Ye	s 🗌 No
b If "Yes," explain the arrangement in Part XIV and com	plete the follow	ing table.						
					<u> </u>	Am	ount	
c Beginning balance								
d Additions during the year						1		
e Distributions during the year					· <u>1</u> e			
f Ending balance					. <u>1f</u>			
2a Did the organization include an amount on Form 990,	Part X, line 21?						🗌 Ye	s 📙 No
b If "Yes," explain the arrangement in Part XIV.								
Part V Endowment Funds. Complete if the	organization an	swered "Ye	s" to Forr	n 990, Part IV	line 1	<u> </u>		
	Current year	(b) Pnor	year	(c) Two years t	ack	(d) Three years back	(e) Four y	ears back
1a Beginning of year balance								
b Contributions				····				·····
c Net investment earnings, gains, and losses .								
d Grants or scholarships		1						 , ,
Other expenditures for facilities							1	
and programs				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				··· ······
f Administrative expenses								
g End of year balance							_ .	
2 Provide the estimated percentage of the year end bala								
Board designated or quasi-endowment	%							
b Permanent endowment ▶ %								
c Term endowment ▶ %								
3a Are there endowment funds not in the possession of t	he organization	that are he	d and adi	ministered for	the		Г.	<u> </u>
organization by:								res No
(i) unrelated organizations							. 3a(i)	
(ii) related organizations							. 3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as			• • • •		• • •		Зь	
4 Describe in Part XIV the intended uses of the organizary Part VI Investments - Land, Buildings			o Eom 0	00 Bort V line	. 10			
<u> </u>	1		·					- · · · · · · · · · · · · · · · · · · ·
Description of investment	(a) Cost or othe			or other (other)		Accumulated	(d) Book	value
1a Land	(investme	,,	Vasis	(otilet)		epreciation		
b Buildings		+						
c Leasehold improvements								
d Equipment		29,252		_		19,482	-	9,770
e Other		,						
Total. Add lines 1a through 1e. (Column (d) must equal For	m 990, Part X.	column (B).	line 10(c))				9,770

organization's liability for uncertain tax positions under FIN 48

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 deriv	vatives		
	equity interests		
Other	• •		
Total. (Column (>	
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
	.,,,	<u> </u>	
Part IX	Other Assets. See Form 990, Part X, It	ne 15.	
	(a) Description	(b) Book value
	· · · · · · · · · · · · · · · · · · ·		
_	· · · · · · · · · · · · · · · · · · ·		
Tetal (Colum	on (h) must equal Form 000. Book V. and (B) line	15)	
Part X	on (b) must equal Form 990, Part X, col. (B) line Other Liabilities. See Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
1.			
Federal incom	(a) Description of liability	(b) Amount	
r ederal incom	ie takes		
 		-	
		-	
		_	
	b) must equal Form 990, Part X, col. (B) line 25.)	to to the exponentian's financial state	

ched	ule D (Form 990) 2009 Albany Convention & Visitors Association	93-1016272	Page 4
Pai	Reconciliation of Change in Net Assets from Form 990 to Financial Statement	5	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
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	
0	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pai	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return	•
1	Total revenue, gains, and other support per audited financial statements	1	•
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities	7	
С	Recoveries of prior year grants	7 1	
d	Other (Describe in Part XIV.)	7	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
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		
ь	Other (Describe in Part XIV.)	7	
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
_	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
Ь	Prior year adjustments	7	
С	Other losses	7	
d	Other (Describe in Part XIV.)	7	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV.)	7	
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	T XIV Supplemental Information	•	
	plete 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		
	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		
	part to provide any additional information.		
			
-			

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, tine 6a.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

albany Convention & V	isitors	Associa	ation		93-	1016272
Fundraising Activities Form 990-EZ filers are not re	S. Complete if the	e organization ete this part.	answered	"Yes" to Form 990, Pa	art IV, line 17.	
 Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written or or key employees listed in Form 990, If "Yes," list the ten highest paid indivito be compensated at least \$5,000 by 	r oral agreement Part VII) or entit iduals or entities	e	Solicitation Solicitation Special fun idual (includ n with profe	of non-government gr of government grants draising events ding officers, directors, assignal fundraising se	ants , trustees ervices?	Yes 🗌 No
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundr custody or c contribu	ontrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				or has been notified it is	s exempt from	
<u> </u>						
	 					
		<u> </u>				

1.5	····	more than \$15,000 on Form 990	•	ith gross receipts greater t				
	,		(a) Event #1	(b) Event #2	(c) Other Events	1	otal Events	h
R	'		(event type)	(event type)	(total number)		col (c))	
e v								
e n	1	Gross receipts			<u> </u>	 		
u	2	Less. Charitable contributions						
е	3	Gross revenue (line 1						
_		minus line 2)				ļ		
	١.							
D	4	Cash prizes				1		
1	5	Non-cash prizes						
r e		,						
c t	6	Rent/facility costs	· · · · · · · · · · · · · · · · · · ·		<u> </u>			
E	,	Food and beverages						
Х	7	rood and beverages					-	
р е	8	Entertainment						
n s			•					
e s	9	Other direct expenses						
Ĭ	10	Direct expense summary. Add lines	4 through 9 in column (d))
	11	Net income summary. Combine line						
Pa	irt I		•	to Form 990, Part IV, line	19, or reported more			
	1	than \$15,000 on Form 990-EZ,	, line 6a.	T	1	Т		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming		gaming (Ad rough col	
ė							·	
e_	1	Gross revenue						
Direct		Oaah						
e	2	Cash prizes						
ť	3	Non-cash prizes						
Expe								
n	4	Rent/facility costs				<u> </u>		
s e s	5	Other direct expenses						
<u> </u>	•	Other direct expenses 11111	Yes %	☐ Yes %	Yes %	 		
	6	Volunteer labor	□ No	☐ No	□ No			
	_							
	7	Direct expense summary. Add lines	2 through 5 in column (d)				-	
	8	Net gaming income summary. Coml	bine line 1, column (d), and	Iline 7				
_		· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •			·	Yes	No
9		nter the state(s) in which the organizat						ŧ
6		the organization licensed to operate g	paming activities in each of	these states?		9	a	<u> </u>
•)	'No," Explain:						ŧ
					···- · · · · · · · · · · · · · · · · ·			
10a	a W	ere any of the organization's gaming l	censes revoked, suspend	ed or terminated during the	tax year?	10	a	<u></u>
ŀ	o if "	'Yes," Explain:						Ī
	_							‡
11	Do	pes the organization operate gaming a	activites with nonmembers?			1	1	Ť
12		the organization a grantor, beneficiary			other entity			
	for	med to administer charitable gaming?				1	2	1

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990.

Inspection Employer identification number Name of the organization 93-1016272 Albany Convention & Visitors Association 01. Form 990 governing body review (Part VI, line 11) The Board of Directors reviews the Form 990 before it is filed. 02. Conflict of interest policy compliance (Part VI, line 12c) The Board reviews the conflict of interest policy several times a year and assures the Executive Director of the absense of conflicts. 03. Form 990 unavailable to public (Part VI, line 18) The Form 990 and reviewed financial statements are available for public inspection at the agency's office during normal business hours. 04. Governing documents, etc, available to public (Part VI, line 19) The agency's governing documents are available to the public at the agency's officer during normal business hours.

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No. 1545-0172

2009

Department of the Treasury Internal Revenue Service

Attachment Sequence No. **67**

Name(s) shown on return			Business o	or activity to wh	ich this	form relates			Identifying number
	any Convention &				RM 990		1			93-1016272
Par	t l Election To Expense	e Certain Pro	operty Und	er Sec	tion 179					<u> </u>
	Note: If you have any liste	d property, comp	lete Part V bef	fore you c	omplete Pa	ırt I				
1	Maximum amount. See the instructi	ons for a higher I	ımıt for certain	business	es				1	
2	Total cost of section 179 property p	laced in service ((see instruction	ns)					2	
3	Threshold cost of section 179 proper	erty before reduct	tion in lımıtatıor	n (see ins	tructions)				3	
4	Reduction in limitation. Subtract line	3 from line 2. If	zero or less, er	nter -0-					4	
5	Dollar limitation for tax year. Subtra	ct line 4 from line	1. If zero or le	ss, enter	-0 If marri	ed filin	g			
	separately, see instructions	 	· · · <u>· · · · · · · · · · · · · · · · </u>	• • • • •	• • • • •	<u></u>		<u> </u>	5	
	(a) Description of pr	operty		(b) Cost (b	usiness use or	nly)	(c) Elec	cted cost		
_6										<u> </u>
										•
7	Listed property. Enter the amount fr				· · · L	7				
8	Total elected cost of section 179 pr	•							8	
9	Tentative deduction. Enter the sma								9	
10	Carryover of disallowed deduction f	•							10	
11	Business income limitation. Enter the		•		·=		(see instr	uctions)	11	
12	Section 179 expense deduction. Ad								12	
13	Carryover of disallowed deduction t		· · · · · · · · · · · · · · · · · · ·		. •	13	<u></u>			<u> </u>
	Do not use Part II or Part III below				sisting /		 			
Par								stea prop	perty. <i>)</i>	(See instructions.)
14	Special depreciation allowance for o								44	
46	during the tax year (see instructions	•							14	
15	Property subject to section 168(f)(1	•							16	5,144
16	Other depreciation (including ACRS **Till** MACRS Depreciation						• • • • •		10	5,144
	WACKS Depreciation	ori (Do not inc		ection A	ee instructio	ons.)				
17	MACRS deductions for assets plac	ed in service in t			2009				17	
18	If you are electing to group any ass			_					1	
		· · · · · · · · ·	_	-		-	_			
	Section B - Assets							preciatio	on Sv:	stem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for dep (business/investri only-see instruc	reciation nent use	(d) Recovery		Convention	(f) Meti		(g)Depreciation deduction
19a	3-year property		5.19 555 115115	J						
<u>b</u>	5-year property Statement # 50	b				1				50
С	7-year property									
d	10-year property					\top				
е	15-year property			•					•	
f	20-year property									
9	25-year property				25 yrs.	-		S/L		
h	Residential rental				27.5 yrs	. _	MM	S/L		
	property				27.5 yrs		MM	S/L		
i	Nonresidential real				39 yrs		MM	S/L		
	property						ММ	S/L		
	Section C - Assets	Placed in Servi	ice During 200	09 Tax Ye	ear Using t	he Alt	ernative [)eprecia	tion S	System
20a	Class life				<u> </u>			S/L	•	
b	12-year				12 yrs.			S/L		
С	40-year				40 yrs.		MM	S/L	-	
	1 IV Summary (see instruc									
21	Listed property. Enter amount from								21	
22	Total. Add amounts from line 12, lin	-			ımn (g), and	d line 2		ere		
	and on the appropriate lines of your				_	ictions		• • •	22	5,194
23	and on the appropriate lines of your For assets shown above and place portion of the basis attributable to s	d in service durin	g the current y	ear, ente	r the	ections 23	• •	· · · <u> </u>	22	5,194

Name(s) as shown on return		Federal Supporting Statements	2009 PG01
		FORM 4562 - LINE 19B	Statement # 50
BASIS	<u>RP</u>	CV METHOD DEDUCTION	

BASIS	<u>RP</u>	<u>CV</u>	<u>METHOD</u>	<u>DEDUCTION</u>
225	5	MQ	S/L	28
878	5	MQ	S/L	22
TOTAL				50

990.	Overflow Statement	2009 Page 1
Name(s) as shown on return		FEIN
Albany Conventi	on & Visitors Association	93-1016272

Government Grants

Description		Amount		
TRT-General		\$	240,000	
Group sales grant			97,300	
	Total:	\$	337,300	

Cash on hand

Description	,	Amount
Checking-Wells Fargo	\$	12,680
Cash on hand		100
Total:	\$	12,780

Accounts payable & accrued expenses

Description	 Amount
American Express	\$ 1,651
Capital One	313
Accounts payable	10,487
FICA/FWT	 3,739
Payroll liabilities	2,023
SWT	860
Accrued payroll	 6,418
Total:	\$ 25,491