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DLN: 93493072008003

Department of the Treasury

# **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)

OMB No 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 D Employer identification number C Name of organization ALBUQUERQUE CONVENTION & VISITORS BUREAU B Check if applicable 85-0285280 Address change Doing Business As E Telephone number Name change (505)848-1163 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 6,217,569 20 FIRST PLAZA SUITE 601 Terminated City or town, state or country, and ZIP + 4 ALBUQUERQUE, NM 87102 Amended return Application pending Name and address of principal officer  $\mathbf{H}(\mathbf{a})$  Is this a group return for DALE LOCKETT affiliates? 20 FIRST PLAZA SUITE 601 ALBUQUERQUE, NM 87102 H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) 501(c)(3) **✓** 501(c) (6) **◄** (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status Group exemption number 🕨 H(c) Website: ► WWW ITSATRIP ORG K Form of organization 
✓ Corporation 
☐ Trust 
☐ Association 
☐ L Year of formation 1980 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities TO STIMULATE ECONOMIC DEVELOPMENT BY MARKETING ALBUQUERQUE AS A DESTINATION FOR MEETINGS, CONVENTIONS AND LEISURE TRAVEL Activities & Governance Check this box ▶ 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) . . . 21 4 Number of independent voting members of the governing body (Part VI, line 1b). 4 21 5 51 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 6 100 6 Total number of volunteers (estimate if necessary) . 5,725 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a  ${f b}$  Net unrelated business taxable income from Form 990-T, line 34 7b -12,072 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 5,580,319 5,923,027 Revenue Program service revenue (Part VIII, line 2g) . 232,693 281,059 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 13,309 10 1,177 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 145 174 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 6,217,569 5,814,334 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 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 2,461,554 2.637.912 5 - 10)16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 0 b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright 0$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 3,285,208 3,425,074 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 5,746,762 6,062,986 19 Revenue less expenses Subtract line 18 from line 12 . 67,572 154,583 Assets or d Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . 1,962,876 2,188,898 21 Total liabilities (Part X, line 26) . . . 490,751 562,190 Net assets or fund balances Subtract line 21 from line 20 1,472,125 1,626,708

#### Signature Block Part II

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

	*****			20	013-02-08
Sign	Signature of officer		Da	ate	
Here	DALE LOCKETT PRESIDENT Type or print name and tit				
Paid	Preparer's STEPHEN E LIV	Preparer's taxpayer identification number (see instructions) P00317845			
Preparer's		FTONLARSONALLEN LLP			EIN • 41-0746749
Use Only	If self-employed), address, and ZIP + 4	) MARQUETTE NW SUITE 800			LIV F 41-0/40/49
	,	BUQUERQUE, NM 87102	Phone no  (505) 842-8290		
May the IRS	S discuss this return with	the preparer shown above? (s	see instructions)		▼Yes 「No

4c ) (Expenses \$ including grants of \$

COMMUNICATIONS - ARRANGES MEDIA FAMILIARIZATION TOURS, SITE VISITS AND INFORMATION KITS TO, AGAIN, SELL AND MARKET ALBUQUERQUE AS A

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

Total program service expenses►\$ 4,787,460

DESTINATION

Part IV	Checklist	of R	eauired	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 $A$	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$ ? If "Yes," complete Schedule C, Part $III$	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part $I^{2}$	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V^{\bullet}$	10		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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.	11b		No
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.	11c		No
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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II and IV.	15		No
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 U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
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	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
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 $1^{\circ}$ If "Yes," complete Schedule I, Parts I and II	21		No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions $24b-24d$ and complete Schedule K. If "No," go to line $25$	24a		No
b	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		No
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? <i>If</i> "Yes," complete Schedule L, Part III	27		No
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		1	
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		Νο
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
	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		Νo
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$ ?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	_	Yes	

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
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			-
	· · · · · · · · · · · · · · · · · · ·			
	<b>1a</b> 49			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		v	
la	gaming (gambling) winnings to prize winners?	1c	Yes	
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	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 or securities account)?	4a		No
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			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
а	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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
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?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_		
	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	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 )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate 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 aggregate amount of reserves on hand			
1-		14-		NI -
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
-	IT YOU BOOK IT THOSE DECEMBER A 111 TO POPORT TRACE DOLLMONTO J. It "Blo." provide an evaluation in Cahadula A			

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

Se	ection A. Governing Body and Management					
			Yes	No		
	Enterphy wombon of outron wombon of the accommon back of the term.					
1a	Enter the number of voting members of the governing body at the end of the tax year					
b	Enter the number of voting members included in line 1a, above, who are independent					
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	Yes			
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		No		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No		
6	Did the organization have members or stockholders?	6	Yes			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
b	Each committee with authority to act on behalf of the governing body?	8b	Yes			
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		No		
Se	ection B. Policies (This Section B requests information about policies not required by the Internal	<u> </u>				
Re	evenue Code.)					
		$\longrightarrow$	Yes	No		
	Did the organization have local chapters, branches, or affiliates?	10a		No		
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a	 L1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
ь	Were officers, directors or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?	12b		No		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes			
13	Did the organization have a written whistleblower policy?	13	Yes			
14	Did the organization have a written document retention and destruction policy?	14	Yes			
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?					
а	The organization's CEO, Executive Director, or top management official	15a	Yes			
b	Other officers or key employees of the organization	15b		No		
	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		No		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b				
Se	ection C. Disclosure					
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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)					

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > VALARIE LIND CPA

20 FIRST PLAZA ALBUQUERQUE,NM 87102 (505)848-1163

# 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

- 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 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, or 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 or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
<b>(A)</b> Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				$\vdash$			_			

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

	(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ai	e bo is b nd a	x, oth		Repo compo froi organiz	(D) (E) Reportable Reportable compensation from the nization (W- 199-MISC) (E) Reportable compensation from related organizations (W- 2/1099- MISC)			(F) Estimated amount of other compensation from the organization and related		
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)	(	relat organiza		
See Ado	ditional Data Table														
												$\bot$			
												+			
												+			
												+			
												+			
												+			
1b	Sub-Total			<u>.                                    </u>	<u> </u>			<u> </u>							
	Total from continuation sheets t	o Part VII, Sec	tion A					<b>&gt;</b>		540.240				F2 F22	
2	Total (add lines 1b and 1c)					• ted	<u>.</u> above	) who	receive	519,340 d more tha		0		53,532	
	D. I.I.	66					1						Yes	No	
	Did the organization list any <b>forn</b> on line 1a? <i>If</i> " <i>Yes," complete Sch</i>								rnignes • • •	t compens	ated employee	3		No	
	For any individual listed on line 1 organization and related organiza <i>individual</i>											4	Yes		
	Did any person listed on line 1a i services rendered to the organiza										or individual for	5		No	
Sec	ction B. Independent Cont	tractors													
	Complete this table for your five \$100,000 of compensation from or within the organization's tax yo	the organizatio													
		(A) ne and business add	tress							Desc	(B) ription of services		(C Comper		
1030 1	WALLWORK CLEVELAND BTH ST NW JERQUE, NM 87104									ADVERTISIN	G			889,285	
401 W	TLE INC CAPITOL STE 700 ROCK, AR 72201									WEB DEVELO HOSTING	PMENT, MARKETING	&		196,340	
ESPN IN 13057										SPONSORSH	IP FOR NM BOWL			189,000	
												+			
	otal number of independent contr 100,000 of compensation from t			ot lin	nıted	to	those	liste	d above)	who receiv	ved more than				

rent v		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
<b>\$</b> \$	1a	Federated campaigns 1a					
速量	ь	Membership dues 1b	489,908				
5€	c	Fundraising events 1c					
છે. <del>દ</del>		<u> </u>					
<u>ਰੂਰ</u>	d	Related organizations 1d					
હ∄	e	Government grants (contributions) 1e	5,418,000				
호조	f	All other contributions, gifts, grants, and 1f	15,119	į			
ž5		similar amounts not included above					
<b>∄</b> ₹	g	Noncash contributions included in					
Contributions, gifts, grants and other similar amounts		Innes 1a-1f \$  Total. Add lines 1a-1f	<b>.</b>	5,923,027			
ပ္က	h	Total. Add illies 1a-11	• •	3,323,021			
<u>a</u>		Busi	ness Code				
Ę	2a	EVENT HOSTING/PART	900099	173,173	173,173		
.¥ 92	ь	OTHER INCOME	900099	57,570	57,570		
α. E	<sub>c</sub>	STATE OF NM GRANTS TO	900099	·	<u> </u>		
S F	١.			44,591	44,591		
Ř	ď	ADVERTISING	541800	5,725		5,725	
Program Service Revenue	e						
Ĉ Z	f	All other program service revenue		T	T		
နို		Total Add lines 25, 25	<b>b</b> -	204.050			
	g 3	Total. Add lines 2a-2f	+	281,059			
		Investment income (including dividends, inte		231			231
		and other similar amounts)		231			231
	4	Income from investment of tax-exempt bond proceeds	· · •				
	5	Royalties					
		(ı) Real (ıı)	Personal				
	6a	Gross rents					
	ь	Less rental expenses					
	c	Rental income					
		or (loss)  Net rental income or (loss)	<b>b</b> -				
	d		-				
	l_		1) O ther				
	7a	Gross amount from sales of	13,078				
		assets other than inventory					
	ь	Less cost or	0				
		other basis and sales expenses					
	l c	Gain or (loss)	13,078				
	d	Net gain or (loss)	▶-	13,078			13,078
	8a	Gross income from fundraising	F				
Φ		events (not including					
두		\$					
Ψ <u>&gt;</u>		of contributions reported on line 1c)					
Other Revenue		See Part IV, line 18					
<u>.</u>	<sub> </sub>						
¥	b	Net income or (loss) from fundraising events					
_	C	Net income or (loss) from fundraising events	• • •				
	9a	Gross income from gaming activities See Part IV, line 19					
		a					
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less	· · ·				
		returns and allowances .					
		a	174				
	ь	Less cost of goods sold b	0				
	c	Net income or (loss) from sales of inventory	🕨	174	174		
			ness Code				
	11a						
	ь						
	C .						
	d	All other revenue					
	e	Total. Add lines 11a-11d	· •				
			· .				
	12	<b>Total revenue.</b> See Instructions	•	6,217,569	275,508	5,725	13,309

# Part IX Statement of Functional Expenses

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

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

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

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	519,340			
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	1,642,058			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	91,230			
9	Other employee benefits	218,897			
10	Payroll taxes	166,387			
11	Fees for services (non-employees)				
а	Management				
b	Legal				_
c	Accounting				_
d	Lobbying				_
e	Professional fundraising See Part IV, line 17				_
f	Investment management fees				
g	Other	64,630			_
12	Advertising and promotion	1,258,691			
13	Office expenses	168,516			
14	Information technology				_
15	Royalties				
16	Occupancy	217,141			
17	Travel	130,348			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,840			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	94,238			
23	Insurance	16,447			
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	MARKETING	1,226,236			
b	TRAINING AND EDUCATION	90,163			
c	BAD DEBT PROVISION	72,151			
d	RENTAL AND MAINTENANCE	59,400			
e					
f	All other expenses	9,273			
25	Total functional expenses. Add lines 1 through 24f	6,062,986			
26	Joint costs. Check here ► ☐ 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				orm <b>990</b> (2011)

Pa	irt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,103,942	_	1,446,532
	2	Savings and temporary cash investments			388,563	2	288,592
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		151,923	4	125,255	
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	mployees, and				
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II o					
60		Schedule L		6			
Assets	7	Notes and loans receivable, net				7	
8	8	Inventories for sale or use			2,850	8	2,850
•	9	Prepaid expenses and deferred charges			163,629	9	155,202
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	1,375,605			
	ь	Less accumulated depreciation	10b	1,224,718	107,089	10c	150,887
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets	2,942	14	2,400		
	15	Other assets See Part IV, line 11		41,938	15	17,180	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,962,876	16	2,188,898
	17	Accounts payable and accrued expenses .			264,512	17	327,548
	18	Grants payable				18	
	19	Deferred revenue			226,239	19	234,642
	20	Tax-exempt bond liabilities				20	
Ø	21	Escrow or custodial account liability Complete Part IV of Schedule	eD.	•		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ge g		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part D				25	
	26	Total liabilities. Add lines 17 through 25			490,751	26	562,190
— Ф		Organizations that follow SFAS 117, check here ► ✓ and comp through 29, and lines 33 and 34.	ete lin	nes 27	,		· · · · · · · · · · · · · · · · · · ·
_ ≧	27	Unrestricted net assets			1,472,125	27	1,626,708
<u> 65</u>	28	Temporarily restricted net assets			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	28	-,,
<u></u>	29	Permanently restricted net assets				29	
Fund Balance		Organizations that do not follow SFAS 117, check here ► an	d comp	olete			
or F		lines 30 through 34.	•				
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			1,472,125	33	1,626,708
2	34	Total liabilities and net assets/fund balances			1 962 876	34	2 188 898

Ра	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		6.2	217,56
2	Total expenses (must equal Part IX, column (A), line 25)	2			062,98
3	Revenue less expenses Subtract line 2 from line 1	3		1	154,58
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,4	172,12
5	Other changes in net assets or fund balances (explain in Schedule O)	5			ı
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		1,6	526,70
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			৮	•
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were i	- cound	<u> </u>	165	
u	on a separate basis, consolidated basis, or both	ssueu			
	✓ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the i	required	3b		

DLN: 93493072008003

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

**Supplemental Financial Statements** 

Inspection

<b>Nar</b> ALB	me of the organization  JQUERQUE CONVENTION & VISITORS BUREAU	•	Emp	loyer identifica	tion numb	er
		distribution of the		285280		1 - 6 11
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99	0, Part IV, line 6.			•	
_		(a) Donor advised funds		<b>b)</b> Funds and o	ther accou	ınts
L	Total number at end of year					
2	Aggregate contributions to (during year)		-			
3	Aggregate grants from (during year)					
1	Aggregate value at end of year					
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	<u> </u>	onor advı	sed	☐ Yes	┌ No
5	Did the organization inform all grantees, donors, and					
	used only for charitable purposes and not for the ben conferring impermissible private benefit	lefit of the donor or donor advisor, or for	any otne	r purpose	┌ Yes	┌ No
Pai	rt III Conservation Easements. Complete	if the organization answered "Yes"	to Form	n 990, Part IV	, line 7.	
1	Purpose(s) of conservation easements held by the o  Preservation of land for public use (e g , recreated Protection of natural habitat  Preservation of open space				•	a
2	Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	ified conservation contribution in the foi	m of a co	nservation		
				Held at the	End of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified his	storic structure included in (a)	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
3	Number of conservation easements modified, transfe	erred, released, extinguished, or termina	ited by th	e organization	during	
	the taxable year 🗠					
1	Number of states where property subject to conserva	ation easement is located ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds:		ındlıng of	violations, and	┌ Yes	┌ No
5	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation ease	ements di	uring the year 🕨	<u> </u>	
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easeme	nts during	the year		
3	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2 (d) above satisfy the requirements of s	ection		┌ Yes	┌ No
•	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financ				
ar	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures	, or Otl	ner Similar <i>i</i>	Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	116, not to report in its revenue stater for public exhibition, education or resea	arch in fu			e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research				
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>►</b> \$		
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		for finan			
а	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$		

**b** Assets included in Form 990, Part X

Part	<b>TIT</b> Organizations Maintaining Co	<u>llections of Art,</u>	Hist	<u>:ori</u>	<u>cal Tr</u>	<u>easu</u>	res, or O	the	<u>r Similar As</u>	<u>sets (</u>	conti	nued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e fol	lowing t	hat are	e a significa	ant u	se of its collect	ion		
а	Public exhibition		d	Γ	Loan	rexch	nange progi	rams				
b	Scholarly research		e	$\Gamma$	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explain	how	the	y furthe	r the o	rganızatıor	ı's ex	empt purpose (	n		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									┌ Yes	Г	No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	d "Y	es" to Form 9	90,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	iary 1	for c	ontribut	ions d	or other ass	ets r		┌ Yes	Г	No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the fo	llow	ng t	able		Г		An	nount		
c	Beginning balance							1c				
d	Additions during the year						F	1d				
e	Distributions during the year						F	1e				
f	Ending balance						F	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				<u> </u>			┌ Yes	Г	No
ь	If "Yes," explain the arrangement in Part XIV	•								•	ŕ	
	rt V Endowment Funds. Complete		ansv	were	ed "Yes	s" to F	orm 990,	Par	t IV, line 10.			
	•	(a)Current Year	(b)	Prior	Year	<b>(c)</b> Tw	o Years Back	(d)	Three Years Back	<b>(e)</b> Four	Years	s Back
1a	Beginning of year balance							_				
b	Contributions							-				
с	Investment earnings or 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 yea	r end balance held as	;									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
С	Term endowment ▶											
3 <b>a</b>	Are there endowment funds not in the posses organization by	ssion of the organizat	ion t	hata	are held	and a	dministere	d for	the	Ye	<u> </u>	No.
	(i) unrelated organizations								3a(		<del>"</del>	10
	(ii) related organizations								3a(			
b	If "Yes" to 3a(II), are the related organizatio	ns listed as required	on So	chec	lule R?				31	<b>)</b>		
4	Describe in Part XIV the intended uses of th											
Par	t VI Land, Buildings, and Equipme	ent. See Form 990	, Pai	rt X	, line 1	0.	I		ı			
	Description of property				Cost or (invest		( <b>b)</b> Cost or basis (oth		(c) Accumulate depreciation	d (d)	Book	value
1a	Land											
b	Buildings											
c	Leasehold improvements						4	1,574	41,5	74		0
d	Equipment		•				1,31	0,125	1,177,8	32	1	32,293
				<u> </u>				3,906		12		18,594
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, column	n (B),	line	10(c).)				•		1	50,887

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talab	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	

1	Total revenue (Form 990, Part VIII, column (A ), line 12)	1	6,217,569
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,062,986
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	154,583
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 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	154,583
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retur	n
1	Total revenue, gains, and other support per audited financial statements	1	6,756,255
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants	]	
d	Other (Describe in Part XIV)	]	
e	Add lines <b>2a</b> through <b>2d</b>	2e	538,686
3	Subtract line <b>2e</b> from line <b>1</b>	3	6,217,569
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	C
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	6,217,569
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Reti	
1	Total expenses and losses per audited financial statements	1	6,601,673
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	538,687
3	Subtract line <b>2e</b> from line <b>1</b>	3	6,062,986
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	]	
b	Other (Describe in Part XIV)	1	
C	Add lines <b>4a</b> and <b>4b</b>	4c	C
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	6,062,986
Pai	t XIV Supplemental Information		

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

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 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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE ORGANIZATION'S INCOME TAX FOOTNOTE CONTAINS A DESCRIPTION OF THE REQUIREMENTS OF FIN 48 IT THEN CONTAINS THE FOLLOWING TEXT AS OF JUNE 30, 2012, ACVB PERFORMED A COMPREHENSIVE REVIEW OF ITS MATERIAL TAX POSITIONS IN ACCORDANCE WITH RECOGNITION AND MEASUREMENT STANDARDS ESTABLISHED BY GAAP AS A RESULT OF THIS REVIEW, ACVB QUALIFIED AS A TAX EXEMPT ORGANIZATION UNDER SECTION 501(C)(6) OF THE IRC AND HAD NO UNREPORTED INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES AND DID NOT IDENTIFY ANY ENTITY LEVEL TAX POSITIONS THAT WOULD NOT MEET THE MORE-LIKELY-THAN-NOT THRESHOLD
PART XIII, LINE 2D - OTHER ADJUSTMENTS		ROUNDING 1

DLN: 93493072008003

**Employer identification number** 

OMB No 1545-0047

### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

ALB	UQUERQUE CONVENTION & VISITORS BUREAU		Linployer ic	aciicii icacic	, ii ii dii	ibci	
			85-028528	80			
Pa	rt I Questions Regarding Compensatio	n	<u>.</u>				
						Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III						
	First-class or charter travel		Housing allowance or residence for personal us	se			
	Travel for companions	$\Gamma$	Payments for business use of personal residen	ce			
	Tax idemnification and gross-up payments	$\vdash$	Health or social club dues or initiation fees				
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the oi reimbursement orprovision of all the expenses desc				1b		
2	Did the organization require substantiation prior to in officers, directors, trustees, and the CEO/Executive				2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee	nat appl	y Written employment contract				
	Independent compensation consultant	<u> </u>	Compensation survey or study				
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation commit	ttee			
4	During the year, did any person listed in Form 990, or a related organization	Part VI	${\sf I}$ , ${\sf Section}$ ${\sf A}$ , ${\sf line}$ ${\sf 1a}$ with respect to the filing org	anızatıon			
а	Receive a severance payment or change-of-control	paymer	t?		4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?		4b		No
C	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III				
5	Only 501(c)(3) and 501(c)(4) organizations only multiple for persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of						
а	The organization?				5a		
b	Any related organization?			Ī	5b		
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	did the organization pay or accrue any				
а	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 payments not described in lines 5 and 6? If "Yes," o				7		
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III				8		
9	If "Yes" to line 8, did the organization also follow the	e rebutt	able presumption procedure described in Regula	tions			

section 53 4958-6(c)?

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) DALE LOCKETT	(I) (II)	143,146 0	0 0	8,100 0	14,000 0	1,750 0	166,996 0	0

Schedule J (Form 990) 2011 Page **3** 

## Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O

As Filed Data -

DLN: 93493072008003

2044

OMB No 1545-0047

Open to Public Inspection

### 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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization ALBUQUERQUE CONVENTION & VISITORS BUREAU Employer identification number

85-0285280

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	BOARD DIRECTORS ARE ENGAGED IN BUSINESSES RELATED TO AND COMPATIBLE WITH THE HOSPITALITY INDUSTRY AS SUCH THEY ARE FREQUENTLY IN THE POSITION TO PROCURE GOODS AND SERVICES FROM EACH OTHER IN THE DAILY OPERATION OF THEIR BUSINESSES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	AS A 501(C)(6) TRADE ASSOCIATION, ALBUQUERQUE CONVENTION & VISITORS BUREAU IS COMPRISED OF MEMBERS, NO CLASSES - JUST A SIMPLE MAJORITY VOTE IS NEEDED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	PURSUANT TO ALBUQUERQUE CONVENTION & VISITORS BUREAU'S BY-LAWS, VOTING DIRECTORS OF THE BOARD ARE ELECTED BY AND FROM THE MEMBERSHIP IN ADDITION TO THE DIRECTORS ELECTED BY THE MEMBERS, CERTAIN DIRECTORS SERVE AS EX OFFICIO DIRECTORS BY APPOINTMENT FROM VARIOUS ENTITIES, INCLUDING MUNICIPALITY AND RELATED ASSOCIATIONS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	FORM 990 WAS PROVIDED TO THE AUDIT/FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR ITS REVIEW THE AUDIT/FINANCE COMMITTEE REPORTED TO THE BOARD OF DIRECTORS THAT THEY HAD REVIEWED THE 990 THIS IS A STANDING COMMITTEE RESPONSIBLE FOR OVERSIGHT OF AUDIT AND FISCAL ACTIVITIES OF THE ORGANIZATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALBUQUERQUE CONVENTION & VISITORS BUREAU'S BY-LAWS INCLUDE A CONFLICT OF INTEREST STATEMENT IN ADDITION, A CONFLICT OF INTEREST POLICY IS IN PLACE WHICH INCLUDES A REQUIREMENT OF RECUSAL FROM DISCUSSION AND VOTING IF A MATTER BEFORE THE BOARD HAS POTENTIALLY SIGNIFICANT IMPACT ON A DIRECTOR'S BUSINESS OPERATIONS THIS POLICY IS REVIEWED AT LEAST ANNUALLY AND IS A PART OF A FORMAL BOARD ORIENTATION PROCESS FOR NEW MEMBERS IN ADDITION, THE BOARD'S ATTORNEY IS PRESENT AT EXECUTIVE COMMITTEE AND BOARD MEETINGS TO OBSERVE THE PROCEEDINGS AND REMIND DIRECTORS OF THE POLICY WHEN NECESSARY

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE CEO IS REVIEWED BY THE BOARD'S COMPENSATION COMMITTEE AND HIS SALARY IS APPROVED BY THEM - INDICATED BY SIGNATURE OF THE BOARD CHAIR ON INTERNAL PAYROLL FORMS INDUSTRY GUIDELINES ARE REGULARLY PUBLISHED BASED ON COMPENSATION AND BENEFIT SURVEYS INDICATING AVERAGE SALARY AND BENEFITS FOR CEO'S (AND OTHER STAFF) BASED ON NUMEROUS VARIABLES INCLUDING TYPE OF ENTITY, SIZE OF BUDGET, SIZE OF STAFF, ETC THESE SURVEYS AS WELL AS SURVEYS CONDUCTED IN THE LOCAL MARKET PLACE WHICH INCLUDES INFORMATION FROM GOVERNMENT, NONPROFIT AND INDUSTRY BUSINESSES ARE REVIEWED AND CONSIDERED BY THE COMPENSATION COMMITTEE WHEN SETTING THE CEO'S COMPENSATION AVERAGE PERCENT OF SALARY INCREASE AVAILABLE TO STAFF BASED ON MERIT IS ALSO A FACTOR IN DETERMINING ANNUAL RAISES ALL OTHER STAFF COMPENSATION (VPS, HIGHLY COMP, ETC) IS SET BY CEO, BUT DOES TAKE INTO CONSIDERATION VARIOUS COMPENSATION REVIEW PROCESSES TO ESTABLISH MARKET RANGE FOR THE POSITIONS

Identifier	Return Reference	Explanation
	SECTION C, LINE 19	ALL DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION BY REQUEST. THE VP OF FINANCE/ADMINISTRATION MAINTAINS DOCUMENTS, REVIEWS AND RESPONDS TO REQUESTS. IN ADDITION, AUDITED FINANCIAL STATEMENTS ARE POSTED ON ORGANIZATION'S WEBSITE.

Identifier Return Reference		Explanation						
AUDIT AND FINANCE COMMITTEE	FORM 990, PART XI, LINE 2C	THERE WAS NO CHANGE IN THE AUDIT OVERSIGHT OR SELECTION PROCESS DURING THE TAXABLE YEAR						

Identifier	Return Reference	Explanation
	PART IV, LINE 28	AS A 501(C)(6) TRADE ASSOCIATION, ACVB IS COMPRISED OF MEMBERS OF THE HOSPITALITY INDUSTRY (HOTELS, RESTAURANTS, ATTRACTIONS, RETAIL) AND OTHER RELATED BUSINESS AND ECONOMIC INDUSTRIES (BANKS, INSURANCE FIRMS, REALTORS, ETC) BOARD DIRECTORS ARE ELECTED FROM THE MEMBERSHIP DIRECTORS ARE REQUIRED TO BE IN KEY DECISION-MAKING POSITIONS OF THEIR COMPANIES (E.G. OWNER, GENERAL MANAGER, CEO, ETC.) AS SUCH, ACVB IS FREQUENTLY IN THE POSITION TO PROCURE GOODS AND SERVICES FROM DIRECTORS WHOSE BUSINESSES ARE DIRECTLY RELATED TO THE PURPOSE AND MISSION OF ACVB. THESE TRANSACTIONS ARE CONDUCTED AT ARMS-LENGTH AND PROPERLY DOCUMENTED.

Software ID: Software Version:

**EIN:** 85-0285280

Name: ALBUQUERQUE CONVENTION & VISITORS BUREAU

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
JAMES BECKLEY BOARD ATTORNEY	2 00	Х						0	0	0
LEWIS DAWLEY EX OFFICIO NON-V	2 00	Х						0	0	0
ERIC ROSSENA DIRECTOR	2 00	Х						0	0	0
AUGUSTA MEYERS DIRECTOR	2 00	Х						0	0	0
BOB MURPHY DIRECTOR	2 00	Х						0	0	0
JIM WALTHER PAST CHAIR	2 00	Х						0	0	0
MARK GUNDLACH DIRECTOR	2 00	Х						0	0	0
STEVE HIATT CHAIR	2 00	Х						0	0	0
REGINA CHAVEZ CHAIR ELECT	2 00	Х						0	0	0
JULIA MIERA DIRECTOR	2 00	Х						0	0	0
LAURA KESSELMAN DIRECTOR	2 00	Х						0	0	0
GEORGE TRUJEQUE DIRECTOR	2 00	Х						0	0	0
CYNTHIA FRESQUEZ SECRETARY/TREASURER	2 00	Х						0	0	0
DEBBIE O'MALLEY DIRECTOR	2 00	Х						0	0	0
BRAD WINTER DIRECTOR	2 00	Х						0	0	0
STEVE SCHROEDER EX OFFICIO NON-V	2 00	Х						0	0	0
ROBERT PERRY DIRECTOR	2 00	Х						0	0	0
MILT MCCONNELL DIRECTOR	2 00	Х						0	0	0
JESSE HERRON DIRECTOR	2 00	Х						0	0	0
RICH LUNDT DIRECTOR	2 00	Х						0	0	0
CHARLES WALTER DIRECTOR	2 00	Х						0	0	0
KIERSTEN OWEN DIRECTOR	2 00	Х						0	0	0
DAVID HELGESEN DIRECTOR	2 00	Х						0	0	0
DIANE SOUDER EX OFFICIO NON-V	2 00	Х						0	0	0
PAUL SMITH EX OFFICIO NON-V	2 00	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
JIM HINDE EX OFFICIO NON-V	2 00	Х						0	0	0
TINA MARCELLI EX OFFICIO NON-V	2 00	х						0	0	0
CHAD HENDERSON EX OFFICIO NON-V	2 00	Х						0	0	0
BOB DODSON EMERITUS	2 00	Х						0	0	0
SUHEIL KARE EMERITUS	2 00	Х						0	0	0
TODD WALTERS DIRECTOR	2 00	Х						0	0	0
KRISTIN KAUTZ DIRECTOR	2 00	Х						0	0	0
DANIEL KUPERSCHMID DIRECTOR	2 00	Х						0	0	0
ROY JOHNSON DIRECTOR	2 00	х						0	0	0
TRACIE JERNIGAN EX OFFICIO NON-V	2 00	Х						0	0	0
DON HARRIS DIRECTOR	2 00	Х						0	0	0
BRIAN MORRIS EX OFFICIO NON-V	2 00	Х						0	0	0
DALE LOCKETT PRESIDENT/CEO	50 00			х				151,246	0	15,750
JONI THOMPSON CHIEF OPERATING OFFICER	50 00			х				111,829	0	9,554
TANIA ARMENTA VP MARKETING, COMM , & TOU	50 00			х				88,138	0	3,944
ELISE ROGERS VP DEVELOPMENT	50 00			х				69,062	0	8,647
ROB ENRIQUEZ VP OF CONVENTION SALES	50 00			х				95,516	0	15,637
VALERIE LIND VP FINANCE & ADMIN	50 00			х				3,549	0	0