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Form 990

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)

Department of the Treasury Internal Revenue Service

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

2012
Open to Public Inspection

A	For th	e 2012 calendar year, or tax year beginning and endin	g	
В	Check i	C Name of organization	D Employer identifi	ication number
_	Addr		ļ	
F	chan	9e AMES CONVENTION & VISITORS BUREAU		055550
F	chan	ge Doing Business As		257573
F	return	Number and street (or P.O. box if mail is not delivered to street address)		
늗	—ated Amei	1001 GOLDEN ASPEN DR. SUITE 110		232-2310
누	returi Appli		G Gross receipts \$	1,333,650.
L	Lion pend		H(a) Is this a group refor affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates ind	
ī	Tax-ex	empt status: ☐ 501(c)(3) 🗶 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐		list. (see instructions)
		te: ► WWW.VISITAMES.COM	H(c) Group exemption	·
			Year of formation: 1985	
	art I	Summary		
Ð	1	Briefly describe the organization's mission or most significant activities: THE MIS	SION OF THE AM	ES
Activities & Governance	1	CONVENTION AND VISITORS BUREAU IS TO ACQUIR	E MEETING, CON	VENTION AND
er n	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	more than 25% of its net as	ssets
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
•	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
ies	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	51
ξ	6	Total number of volunteers (estimate if necessary)	. 6	25
Aci	7 a	Total unrelated business revenue from Part VIII, column 12	7a	0.
	<u>b</u>	Net unrelated business taxable income from Form 995 1, Ime 64 ()		0.
		Contributions and grants (Part VIII, line 1h)	Prior Year 1,099,994.	Current Year 1,222,764.
Jue		Contributions and grants (Part VIII, line 1h) 504 4.7 2013. Program service revenue (Part VIII, line 2g)	1,099,994.	1,222,704.
Revenue	10	Investment income (Part VIII, column (A) lines 3, 4, and 7M GEMENT DIVIDIO	1,389.	734.
ŭ	11	Program service revenue (Part VIII, line 2g) TAX MANAGEMENT DIVISION Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 16c, and 5 SERVICES	18,230.	110,152.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,119,613.	1,333,650.
	T	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	192,462.	165,951.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	501,232.	553,914.
Expenses			0.	0.
×be	b	Professional fundraising (Sees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		
ш	17	Other expenses (Part IX3 column (A), lines 11a-11d, 11f-24e)	397,796.	539,503.
	10	rotal expenses. Add lines 17 ((musicaddallgart IX, Coldrift (A), line 25)	1,091,490.	1,259,368.
<u> </u>		Revenue less expenses Subtract line 18 from line 12	28,123.	74,282.
Net Assets or Fund Balances		INTERIOR SAS CITY, ME	Beginning of Current Year	End of Year
Asse Bala	20	Total assets (Part X, line 16)	927,398.	1,053,750.
end/	21	Total liabilities (Part X, line 26)	87,064.	139,134.
	<u> 22</u> 	Net assets or fund balances. Subtract line 21 from line 20	840,334.	914,616.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the hest of my	knowledge and belief it is
true.		t, and complete, Deelaration of preparer (other than officer) is based on all information of which pre	•	, m.omougo and bollol, it is
		Kentock	7-11-	13
Sigr	ו	Signature of officer	Date	
		JULIE WEEKS, EXECUTIVE DIRECTOR		
Here		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	į	MURRAY A. STANLEY, CPA Thury a (Stanley)	7/11/13 If self-employe	
Prep		Firm's name SCHNURR&COMPANY, CPAS, PLC	Firm's EIN	20-5925131
Use ¹	Only	Firm's address 218 SE 16TH ST, SÚITE 101		
		AMES, IA 50010	Phone no. 5:	15-233-6300
May	the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No
		1 U.A. For Demandary Deducation Act Matics, and the apparets instructions	/2/17/	Farma WULL (0010)

	m 990 (2012) AMES CONVENTION & VISITORS BUREAU	42-1257573	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission:		
	THE MISSION OF THE AMES CONVENTION AND VISITORS BUREAU	IS TO ACQUIR	E
	MEETING, CONVENTION AND EVENT BUSINESS. THE ACVB WILL		
	GROUPS THAT WILL HAVE CITY WIDE IMPACT AND THE POTENTIA		
	AMES ON A REGUALR BASIS AND THAT WILL STRENGTHEN OCCUPA		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
Ŭ	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	meacured by eynences	•
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported	315, the total expenses, a	ariu
40			
44	(Code) (Expenses \$1, 259, 368. Including grants of \$165, 951.) (Reven THE ORGANIZATION OF CONVENTIONS AND EVENTS REQUIRING MO		/
		KE THAN ONE	
	HOTEL AND MEETING FACILITY.		
			
			
		····	
		<u> </u>	
4b	(Code) (Expenses \$	ue \$)
			
	· · · · · · · · · · · · · · · · · · ·		
4c	/o \/r		
40	(Code) (Expenses \$		
		 	
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$including grants of \$) (Revenue \$)	
4 <u>e</u>	Total program service expenses ▶ 1,259,368.		
		Form 99	90 (2012)

1 (| 0 0 7 0 0 7 | 0 1 0

Form 990 (2012) AMES CONVENTION & VISITORS BUREAU
Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	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		X
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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			7.5
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.		1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	
L	Part VI	Па	<u> </u>	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ч	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes, " complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	_18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	45		v
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a_		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000 :	

Form 990 (2012) AMES CONVENTION & VISITORS BUREAU
Part IV Checklist of Required Schedules (continued)

		Ĺ	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		}	}
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_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	İ		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		Į .	[
	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	ļ		1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			<u> </u>
	Schedule K If "No", go to line 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		ļ
	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	05)		
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	00		x
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Α
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
2.0	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
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	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, Part II, III, or IV, and	i	ì	
	Part V, line 1	34		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	ĺ		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	ļ	ļ	
	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	ļ		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2012)

AMES CONVENTION & VISITORS BUREAU

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
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 gaming	1		1
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 51			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ĺ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>x</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		ļ	l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶	i })	!
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		}	!
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		1	
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		1	
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		i	
_	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_	1	
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f	\dashv	
q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting			
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	1	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12		ĺ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.	})	
а	Gross income from members or shareholders		ļ	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	İ	ł	
	amounts due or received from them.)	İ	ł	
12a	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	ľ		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	$-\downarrow$		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	1		
	Enter the amount of reserves the organization is required to maintain by the states in which the	}	1	
	organization is licensed to issue qualified health plans	- 1	- 1	
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			1
	If there are material differences in voting rights among members of the governing body, or if the governing		ŀ	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
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	ļ	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			1
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			۱
	more members of the governing body?	7a	-	X
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	-	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_		
a	The governing body?	8a	X	<u> </u>
ь	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 Revenue Code.)		V	NI-
10-	Did the experient on have lead chapters, branches, or affiliates?	400	Yes	No X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		Λ
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b		12b		X
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0		
Ĭ	in Schedule O how this was done	12c	}	X
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	Ì	X
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," 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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►IA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) at	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	fınan	cial	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	on 🕨		
	JULIE WEEKS - 515-232-2310			
32006	1601 GOLDEN ASPEN DR, AMES, IA 50510-8023			
32006 2-10-1	2	Form	990 (2012)

orm 990 (2012)	AMES (CONVENTION	<u>&</u>	VISITORS	BUREAU	42-1257573	Page 7
Part VII Compensation	of Office	ers, Directors, 7	Trus	tees, Key Em	ployees, Highest	Compensated	

` | | | **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MATTHEW GOODMAN	1.00									
DIRECTOR		X	Ĺ,					0.	0.	0
(2) BRONWYN BEATTY-HANSEN	1.00							}		
DIRECTOR		X						0.	0.	0
(3) BOB BOSSELMAN	1.00				i					
DIRECTOR		X						0.	0.	0
(4) RICHARD REYNOLDS	1.00				- 1				_	
PRESIDENT	1.00	X		-				0.	0.	0
(5) JEAN MCBREEN	1.00								, [•
DIRECTOR	1.00	X	-		-		-	0.	0.	0
(6) DAN KRIEGER	1.00	x	1	- 1				,	,	0
DIRECTOR	1.00	Δ			{	-	_	0.	0.	0
(7) KEVIN COOK VICE PRESIDENT	1.00	x						0.	0.	0
(8) JOHN GRZYWACZ	1.00	Δ	\dashv	\dashv			-	0.		0
PAST PRESIDENT	1.00	x		-	İ		i	0.	0.	0
(9) MARK NORTH	1.00		_}	+	7	7	_			
SECRETARY/TREASURER		X			-			0.	0.	0
(10) AMIT SHAH	1.00		\dashv	_	\dashv					
DIRECTOR		x	ŀ		1	ĺ	1	0.	0.	0
(11) TINA COLBURN	1.00			1	\neg	\neg				
DIRECTOR		x				ļ	-	0.	0.	0
(12) VICTORIA SZOPINSKI	1.00									
DIRECTOR		X						0.		0
(13) HEATHER COURTNEY	1.00									
DIRECTOR		X		\perp				0.	0.	0
(14) JULIE WEEKS	40.00	Í			- 1	-	- 1	İ		
EXECUTIVE DIRECTOR		\dashv	\dashv	X	\dashv	\dashv		86,475.	0.	0
		-	\dashv		1	\dashv				
										
		1		İ						

232007 12-10-12

Part VII Section A. Officers, Directors,	Trustees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per	(C) Position (do not check more than one					one	(D) Reportable	(E) Reportable compensation		(F) Estimated amount of		
	week (list any hours for related organizations below line)				lirecto	Highest compensated complemental size	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC		comp fro orga and	other pensa om the anizat relat nizati	ition e ion ed
							_						
										-			
										\perp			
			-							-			
										-	<u>.</u>		
				-						+	_		
1b Sub-total c Total from continuation sheets to Pa	rt VII. Section A	t.				→		86,475. 0.		0.			0.
d Total (add lines 1b and 1c) Total number of individuals (including b		ose	liste	d ab	oove) wh	o re	86,475.		0.			0.
compensation from the organization	>											Yes	0 No
3 Did the organization list any former offi line 1a? If "Yes," complete Schedule J	for such individual									-	3		Х
For any individual listed on line 1a, is the and related organizations greater than to be a few and related organizations.	\$150,000? <i>If "Yes,"</i>	con	nple	te S	che	dule	J fo	or such individual		-	4		Х
5 Did any person listed on line 1a receive rendered to the organization? If "Yes," of Section B. Independent Contractors					-		Hate	ed organization of individ	ual for services		5		X
Complete this table for your five highes the organization. Report compensation	•								•	ensat	tion fro	om	
(A) Name and busin			NE					(B) Description of se		Со	(C) mpen		1
	·												
							\downarrow						
					•		4						
Total number of independent contracto	ors (including but no	ot lim	nted	to t	thos	e lis	ted	above) who received me	ore than				
\$100,000 of compensation from the org					0					F	orm 9	90 (2)	012)

8

		Check if Schedule O conta	ins a response	to any question	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts	1 a	Federated campaigns	1a					
irar	b	Membership dues	1b	36,216.				•
S,E		Fundraising events	1c					
当	۰		1d					
S, E	e		-	186,548.				
Ë	f	All other contributions, gifts, grants		· · · ·				
ag a		similar amounts not included above	1 1					
ĒΘ	و ا	Noncash contributions included in lines 1	a-1f \$		7			
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		<u> </u>	1,222,764.			
				Business Code				
ě	2 a	ı				-		L
ه ≧ّ	b)						
Se	c							
eve	d	l						
Program Service Revenue	е							
<u>-</u>	f	All other program service reven	ue					
	9	Total. Add lines 2a-2f	<u> </u>					
	3	Investment income (including d	ıvıdends, ıntere	est, and				
		other similar amounts)		•	734.			734.
	4	Income from investment of tax-	exempt bond p	proceeds				
	5	Royalties		<u> </u>				
			(ı) Real	(ii) Personal				
	6 a	Gross rents						
		Less. rental expenses		-				
		Rental income or (loss)		<u></u>				ļ
		Net rental income or (loss)		· •				
i	7 a	Gross amount from sales of	(i) Secunties	(II) Other				
ĺ		assets other than inventory			_			
	b	Less: cost or other basis		-				
		and sales expenses		 				
Ì		Gain or (loss)		<u> </u>				
		Net gain or (loss)						
e	8 a	Gross income from fundraising						
e l		including \$	of	Ì				
B.		contributions reported on line 1	-			!		
Other Revenu	_	Part IV, line 18			1			
8		Less: direct expenses	. b					
Ì		Net income or (loss) from fundra		. •				
1	9 a	Gross income from gaming activ						
1		Part IV, line 19	a					
		Less: direct expenses Net income or (loss) from gamin	b		1			
		Gross sales of inventory, less re				-		
j	IU a	and allowances	a	ļ				•
Ī	h	Less cost of goods sold	b b					
		Net income or (loss) from sales		<u> </u>	1			
ı		Miscellaneous Revenue	Or involtiony	Business Code				
ŀ	11 a	MISC. REVENUE-RE	LATED-	900099	110,152.	110,152.		
	b	IIIDOV KOVINOD KL						
	c	··· ··· ··· ··· ··· ··· ··· ··· ··· ··						
- }	d	All other revenue						
	е	Total. Add lines 11a 11d	••	▶	110,152.			
	12	Total revenue. See instructions.		. •	1,333,650.	110,152.	0.	734.

Sec	tion 501(c)(3) and 501(c)(4) organizations must con	plete all columns. All oth	ner organizations must o	omplete column (A).	
	Check if Schedule O contains a respo				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	165,951.			
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	86,475.			
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	388,256.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	9,538.			
9	Other employee benefits	42,215.			
10	Payroll taxes	27,430.			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	9,503.			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ī	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	153,429.			
13	Office expenses	47,074.			
14	Information technology	18,209.			
15	Royalties				
16	Occupancy	93,639.			
17	Travel .	3,172.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	121,425.			
20	Interest		<u> </u>		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,491.			
23	Insurance	4,358.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		:		
а	FEASABILITY STUDIES	40,373.			
b	MEMBER PROGRAMS	32,830.			
С					
d					
e	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	1,259,368.			
26	Joint costs Complete this line only if the organization	ł			
	reported in column (B) joint costs from a combined	ļ			
	educational campaign and fundraising solicitation.		ļ		
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2012)
Part X Balance Sheet

_		Check if Schedule O contains a response to an	y ques	tion in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			423,793.	1	523,900
	2	Savings and temporary cash investments		[91,665.	2	91,757
	3	Pledges and grants receivable, net			61,209.	3	98,099
	4	Accounts receivable, net		[281,600.	4	264,306
	5	Loans and other receivables from current and for	omer o	officers, directors,			
		trustees, key employees, and highest compens	ated er	nployees Complete		}	
	}	Part II of Schedule L				5	
	6	Loans and other receivables from other disqual	fied pe	ersons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958	(c)(3)(B), and contributing		}	
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
		employees' beneficiary organizations (see instr)	. Comp	lete Part II of Sch L		6	<u> </u>
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use			_	8	
-	9	Prepaid expenses and deferred charges			5,303.	9	19,585
	10a	Land, buildings, and equipment cost or other					
		basis. Complete Part VI of Schedule D	10a	446,678.		j	
	b	Less accumulated depreciation	10b	390,575.	63,828.	10c	<u>56,103</u> .
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equi	al line 3	34)	927,398.	16	1,053,750.
	17	Accounts payable and accrued expenses			13,855.	17	21,145.
	18	Grants payable			18		
	19	Deferred revenue		73,209.	19	117,989.	
	20	Tax-exempt bond liabilities		[20	
S	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former	officer	s, directors, trustees,			
abi	[key employees, highest compensated employee	s, and	disqualified persons.			
		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ited thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
į	25	Other liabilities (including federal income tax, pages	yables	to related third		_	
		parties, and other liabilities not included on lines	17-24)	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			87,064.	26	139,134.
-		Organizations that follow SFAS 117 (ASC 958), chec	k here 🕨 🗶 and		}	
Se		complete lines 27 through 29, and lines 33 an	d 34.				
ž	27	Unrestricted net assets			840,334.	27	914,616.
3al	28	Temporarily restricted net assets		· · ·		28	
و	29	Permanently restricted net assets				29	
표]		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 🔛		-	
Net Assets or Fund Balances		and complete lines 30 through 34.		}			
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or eq	uipmei	nt fund		31	
et	32	Retained earnings, endowment, accumulated inc	come,	or other funds		32	
Z	33	Total net assets or fund balances			840,334.	33	914,616.
	34	Total liabilities and net assets/fund balances			927,398.	34	1,053,750.

	n 990 (2012) AMES CONVENTION & VISITORS BUREAU	42-12	<u> 57573</u>	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	:-			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3	7	4,2	<u>82.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	84	0,3	34.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	91	4,6	16.
Pa	enue (must equal Part VIII, column (A), line 12) enue (must equal Part VIII, column (A), line 12) enue (must equal Part VIII, column (A), line 25) enues (must equal Part IX, column (A), line 25) enues expenses Subtract line 2 from line 1 3 74, 282. ta or fund balances at beginning of year (must equal Part X, line 33, column (A)) alized gains (losses) on investments services and use of facilities in expenses od adjustments anges in net assets or fund balances (explain in Schedule O) ts or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 3) 10 914,616. anaicial Statements and Reporting sek if Schedule O contains a response to any question in this Part XII x yes No gn method used to prepare the Form 990: Cash X Accrual Other anization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. organization's financial statements compiled or reviewed by an independent accountant? hacked a box below to indicate whether the financial statements for the year were compiled or reviewed on a basis, consolidated basis, or both harate basis Oconsolidated basis Both consolidated and separate basis organization's financial statements audited by an independent accountant? bine 2 or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, compilation of its financial statements and selection of an independent accountant? bine 2 or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, compilation of its financial statements and selection of an independent accountant? anization changed either its oversight process or selection process during the tax year, explain in Schedule O. to a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Milk Circular A-133? In the organization undergo the required audit or audits? If the organization did not undergo the required audit.				
	Check if Schedule O contains a response to any question in this Part XII				\mathbf{x}
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				Ì
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				ļ
b	Were the organization's financial statements audited by an independent accountant?	Part X, line 33, column (A)) Part X, line 33, column (A)) dule O) rough 9 (must equal Part X, line 33, 10 91 In in this Part XII	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both.		1 1		
	X Separate basis Consolidated basis Both consolidated and separate basis		1 1		
С		e audıt,			
	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 Sch	edule O.			
За					
	Act and OMB Circular A-133?	•	3a		Х
ь	•	red audit	1		
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		35	ļ	

Form **990** (2012)

232012 12-10-12

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

AMES CONVENTION & VISITORS BUREAU

Employer identification number 42-1257573

Pá	Part I Organizations Maintaining Donor Advised Fund	s or Other Similar Funds	s 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	1 Total number at end of year		
2	2 Aggregate contributions to (during year)		
3	3 Aggregate grants from (during year)		
4	4 Aggregate value at end of year		
5	5 Did the organization inform all donors and donor advisors in writing tha	it the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's exclusive	legal control?	Yes No
6	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 ac		
	impermissible private benefit?		Yes No
Pa	Part II Conservation Easements. Complete if the organization	answered "Yes" to Form 990, F	Part IV, line 7.
1	1 Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	2 Complete lines 2a through 2d if the organization held a qualified conser	rvation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	a Total number of conservation easements		2a
þ	b Total acreage restricted by conservation easements		2b
С	c Number of conservation easements on a certified historic structure incl	uded in (a)	. 2c
ď	d Number of conservation easements included in (c) acquired after 8/17/0	06, and not on a historic structu	ıre
	listed in the National Register		2d
3	3 Number of conservation easements modified, transferred, released, ext	inguished, or terminated by the	organization during the tax
	year▶		•
4	4 Number of states where property subject to conservation easement is i	ocated >	
5	5 Does the organization have a written policy regarding the periodic moni	toning, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	6 Staff and volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements di	uring the year 🕨
7	7 Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during	the year > \$
8	8 Does each conservation easement reported on line 2(d) above satisfy the	ne requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	9 In Part XIII, describe how the organization reports conservation easeme	ents in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's finan	cial statements that describes t	the organization's accounting for
	conservation easements		
Pa	Part III Organizations Maintaining Collections of Art, His	storical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part I	V, line 8.	
1a	1a If the organization elected, as permitted under SFAS 116 (ASC 958), no	t to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, edi	ucation, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these i	tems	
b	b If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, o	r research in furtherance of pub	olic service, provide the following amounts
	relating to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		• \$
	(ii) Assets included in Form 990, Part X		. • \$
2	2 If the organization received or held works of art, historical treasures, or o	other similar assets for financial	
	the following amounts required to be reported under SFAS 116 (ASC 95		
а	a Revenues included in Form 990, Part VIII, line 1	-	▶ \$
b	b Assets included in Form 990, Part X		> \$

	edule D (Form 990) 2012 AMES CC	ONVENTION	& VI	<u>SITORS</u>	BUREAU	J		42-12	5757	3 P	'age 2
Pa	art III Organizations Maintaining										
3	Using the organization's acquisition, access	sion, and other reco	rds, che	ck any of the	following th	at are a si	gnıficant	use of its	collectio	n item	 1S
	(check all that apply):			_							
а	Public exhibition		d	Loan or exc	change prog	rams					
b	Scholarly research		e	Other							
c	Preservation for future generations										
4	Provide a description of the organization's of	collections and expla	ain how	they further t	the organizat	tion's exen	npt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit	or receive donations	s of art, I	historical trea	asures, or oth	ner sımılar	assets		_		_
	to be sold to raise funds rather than to be m					<u> </u>			Yes		No_
Pa	rt IV Escrow and Custodial Arrar		olete if th	ne organizatio	on answered	"Yes" to F	orm 990	, Part IV, I	ıne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custoo	lian or other interme	ediary fo	r contributioi	ns or other a	ssets not i	ncluded	,	,	_	٦
	on Form 990, Part X?			•				. L	」Yes		J No
b	If "Yes," explain the arrangement in Part XIII	and complete the f	following	table:							
									Amoun	<u>t</u>	
С	Beginning balance	•					1c				
ď	Additions during the year		•		•		1d				
е	Distributions during the year		••	-			1e				
1	Ending balance		040				1f		٦		1
2a	Did the organization include an amount on F			b b		David VIII	•	L	∫ Yes	<u> </u>	∐ No
	rt V Endowment Funds. Complete										<u></u>
	Lite Lite Lite Complete	(a) Current year		Prior year	(c) Two year			ears back	1-> Four		haak
1.	Regioning of year halance	(a) Current year	(10)	riioi yeai	(C) TWO year	is nack (a) Three y	Edis Dack	(e) rour	years	Dack
1a	Beginning of year balance Contributions		 	· · · · ·	 	-		_			
b	Net investment earnings, gains, and losses		 			-	<u> </u>				
C	Grants or scholarships		 			+					
a	Other expenditures for facilities				 						
е	and programs		1					Į			
ŕ	Administrative expenses										
g	End of year balance		1		 						
2	Provide the estimated percentage of the cur	rent vear end halan	ce (line :	1a column (s	a)) beld as:			1	-		
a	Board designated or quasi-endowment	ioni your one balan	%	rg, colamin (c	<i>ajj</i> 11010 a.s.						
b	Permanent endowment	%									
_	Temporarily restricted endowment	^ %									
Ŭ	The percentages in lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posse		zation th	at are held a	nd administe	ered for the	e organiz	ation			
	by	3					· g - · · · · ·		Г	Yes	No
	(i) unrelated organizations								3a(i)	100	-100
	(ii) related organizations	•		• ••					3a(ii)		
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Sche	dule R?	•				3b		
4	Describe in Part XIII the intended uses of the	·		•	•		•		<u> </u>		
Par	t VI Land, Buildings, and Equipm	ent. See Form 99	0, Part X	(, line 10							
	Description of property	(a) Cost or o		(b) Cost basis	or other (other)		umulate	d	(d) Book	value)
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment			44	6,678.	3	90,57	75.	56	5,10	3.
e_	Other										
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part	X, colui	<u>mn (B), line 1</u>	0(c).)	_		▶	5€	5,10)3.

	edule D (Form 990) 2012 AMES CONVENTION & VISITORS rt XI Reconciliation of Revenue per Audited Financial Stateme	BUR!	EAU	42-	1257573	Page 4
<u>га</u>	Total revenue, gains, and other support per audited financial statements	FIICS VV	itti neveride per r	teturi	1,333	650
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			 -	1,333	, <u>0 3 0 •</u>
-а		2a				
b	Donated services and use of facilities	2b		1		
c	Recoveries of prior year grants	2c		1		
d	Other (Describe in Part XIII.)	2d		1		
e	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,333	650.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	•				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b		1		
c	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	•		5	1,333,	650.
	rt XII Reconciliation of Expenses per Audited Financial Statement	ents W	ith Expenses per	Retu		
1	Total expenses and losses per audited financial statements	_		1	1,239,	368.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b]		
С	Other losses	2c]]		
d	Other (Describe in Part XIII)	2d]		
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,239,	368.
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		<u> </u>		
b	Other (Describe in Part XIII)	4b	20,000.]]		
С	Add lines 4a and 4b			4c	_20,	000.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,259,	368.
Pai	t XIII Supplemental Information					
X, lini		provide	any additional informat		2b, Part V, line	4, Part
	ASABILITY STUDY SHOWN AS EQUITY RESTATEMENT	I. ON	FINANCIAL		20	000
	ATEMENTS				20,	000.
		· · · • · · · ·	-,-	Sched	lule D (Form 99	90) 2012

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

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

Open to Public OMB No. 1545-0047 2012 Inspection

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

Schedule I (Form 990) (2012) 2 | **Employer identification number** 42-1257573 (h) Purpose of grant or assistance X Yes ERFORMING ARTS 'ARMERS MARKET Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any EGO EXHIBIT TOWA GAMES IREWORKS. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ċ o (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 7,000, 6.500 000 (d) Amount of 5,000 32,000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 'n, AMES CONVENTION & VISITORS BUREAU (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)3 501(c)3 501(C)3 501(C)3 501(C)4 Enter total number of other organizations listed in the line 1 table 42-6004224 42-1143702 42-1278326 42-1143702 42-0623975 General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1601 GOLDEN ASPEN DRIVE, SUITE 110 1 (a) Name and address of organization SCHEMAN BUILDING SUITE 102 or government 1421 S. BELL AVE. #104 IOWA SPORTS FOUNDATION IOWA STATE CENTER/ISU 1407 UNIVERSITY BLVD Name of the organization AMES, IA 50010 AMES IA 50010 REIMAN GARDENS AMES IA 50010 AMES, IA 50010 AMES IA 50011 AMES JAYCEES MAIN STREET PO BOX 624 Part II Part 1

232101 12-18-12

21

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Part IV | Supplemental Information, Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance 22 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 232102 12-18-12

Page 2

42-1257573

AMES CONVENTION & VISITORS BUREAU

Schedule | (Form 990) (2012)

Part III | Grants and Other

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Internal Revenue Service Inspection Name of the organization Employer identification number 42-1257573 AMES CONVENTION & VISITORS BUREAU FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EVENT BUSINESS. THE ACVB WILL SEEK TO ACQUIRE GROUPS THAT WILL HAVE CITY WIDE IMPACT AND THE POTENTIAL TO RETURN TO AMES ON A REGUALR BASIS AND THAT WILL STRENGTHEN OCCUPANCY IN HISTORICALLY SOFT BUSINESS PERIODS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HISTORICALLY SOFT BUSINESS PERIODS. FORM 990, PART VI, SECTION B, LINE 11: THE BOARD REVIEWS PRIOR TO ISSUANCE. FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST NO CHANGE IN THE WAY THE AUDIT IS OVERSEEN BY THE BOARD OF DIRECTORS.

CEDOTAL TELLIA DACE-

, Form **8868**

(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev 1-2013)

	p the doep.	ai ato app	noution for capitification.						
 If you are filir 	ng for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		•	X			
If you are filir	ng for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form)	•				
Do not comple	te Part II unless you have already been granted a	an automa	atic 3-month extension on a previou	sly filed Fo	orm 8868.				
Electronic filin	g (e-file). You can electronically file Form 8868 if y	ou need	a 3-month automatic extension of tir	me to file (6 months for a corp	oration			
required to file	Form 990-T), or an additional (not automatic) 3-mo	nth exten	sion of time. You can electronically t	file Form 8	868 to request an e	extension			
•	ny of the forms listed in Part I or Part II with the exc								
	it Contracts, which must be sent to the IRS in pap								
	v/efile and click on e-file for Charities & Nonprofits		,			,			
	Automatic 3-Month Extension of Time		submit original (no copies ne	eded).					
	equired to file Form 990-T and requesting an autor								
Part I only			The second of th	00p.0.0		. 🗀			
•	ations (including 1120-C filers), partnerships, REM	 ICs and t	rusts must use Form 7004 to reque	ct an evter					
to file income ta	• • • • • • • • • • • • • • • • • • • •	ios, and t		si aii exter					
Type or Nar print	ne of exempt organization or other filer, see instruc	ctions.		Employe	Employer identification number (EIN) or				
AM	ES CONVENTION & VISITORS	BURE	AU		73				
File by the due date for Nur	mber, street, and room or suite no If a P.O box, se	ee instruc	tions	Social security number (SSN)					
filing your 16	01 GOLDEN ASPEN DR. SUITE	110							
	, town or post office, state, and ZIP code For a fo	reign add	ress, see instructions.						
AM	ES, IA 50010-8023								
Enter the Return	n code for the return that this application is for (file	a separa	te application for each return)	., .		0 1			
Application		Return	Application			Return			
ls For		Code	Is For		Code				
Form 990 or For	m 990-EZ	01	Form 990-T (corporation)						
Form 990-BL		02	Form 1041-A						
Form 4720 (ındı	vidual)	03	Form 4720						
Form 990-PF		04	Form 5227		10				
Form 990·T (sec	401(a) or 408(a) trust)	05	Form 6069						
	st other than above)	06	Form 8870			11 12			
Onit Coo T (true	JULIE WEEKS		1011110070			<u> </u>			
The books ar	e in the care of ► 1601 GOLDEN ASE	ים אפ	R - AMPS TA 50510	-8023					
	b 515-232-2310	<u> </u>	FAX No ▶	0023					
	ation does not have an office or place of business	un tha i in	· ———						
	Group Return, enter the organization's four digit 0			£ 41 £					
			· — — — — — — — — — — — — — — — — — — —		r the whole group, c				
	it is for part of the group, check this box				ers the extension is	tor			
•	an automatic 3-month (6 months for a corporation	-	•						
		organizat	tion return for the organization name	ed above	The extension				
	organization's return for								
	llendar year <u>2012</u> or								
▶	x year beginning	, and	d ending						
2 If the tax y	rear entered in line 1 is for less than 12 months, ch	neck reaso	on Initial return	Final retur	n				
L Cha	nge in accounting period								
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any									
nonrefundable credits. See instructions					\$	0.			
b If this application is for Form 990-PF, 990-T, 4720, or 6069,			refundable credits and	3a					
estimated tax payments made Include any prior year overpa					\$	0.			
	lue. Subtract line 3b from line 3a Include your pay				_ . T.				
	FTPS (Electronic Federal Tax Payment System) S			3c	¢	0.			
	are going to make an electronic fund withdrawal w				O for navment inst				

LHA

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