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DLN: 93493103013117

# OMB No 1545-0047

Department of the Treasury Internal R

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

▶ Do not enter social security numbers on this form as it may be made public

**Return of Organization Exempt From Income Tax** 

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Inspection

		ilue <i>S</i> ervi	!					
			elendar year, or tax year beginning  C Name of organization	9 07-01-2015 , and ending 06-30-2	016	D Empl		etification number
_		oplicable	ALBUQUERQUE CONVENTION & VISIT	ORS BUREAU		D Empi	oyer idei	ntification number
	ddress cl ame cha	_				85-0	285280	)
	ntial retu	_	Doing business as VISIT ALBUOUEROUE					
Fi		4111				E Telep	hone num	ber
	/termina		Number and street (or P O box if ma 20 FIRST PLAZA NO 601	nl is not delivered to street address) Room/	suite	/505		163
	nended i		City or town, state or province, count	and ZID or foreign portal code		(505)	)848-1	103
Ap	plication	n pending	ALBUQUERQUE, NM 87102	ry, and ZIP of foreign postal code		<b>G</b> Gross	receints 6	5,974,333
			E Name and address of principal	al officer	1 >			
			F Name and address of principal TANIA ARMENTA	ai officer		s this a grou	•	
			20 FIRST PLAZA NO 601		S	subordinates No	,	Yes 🗸
			ALBUQUERQUE,NM 87102			Are all subord	dinates	□Yes □ No
I Ia	x-exem	pt status	501(c)(3) <b>√</b> 501(c)(6) <b>◄</b> (	insert no ) 4947(a)(1) or 527		ncluded?	h a list	•
J W	ebsit e	: <b>►</b> WV	WW VISITALBUQUERQUE ORG			•		(see instructions)
						Group exemp		State of legal domicile
K For	m of org	ganization	Corporation Trust Associat	on   Other ▶		or ronnadon 1	NN DOC	9
Pa	rt I	Sum	ımary					
		iefly de	scribe the organization's mission	or most significant activities				
				ENT BY MARKETING ALBUQUERQ	UE AS A D	ESTINATIO	NFORM	1EETINGS,
e .		JNVEN	TIONS AND LEISURE TRAVEL					
and a								
Governance	_							
Š	<b>2</b> C	heck th	his box ▶ ┌ if the organization dis	continued its operations or dispose	d of more th	nan 25% of i	ts net as	sets
	<b>]</b> , ,		of waters manhara of the government	on body (Dart VI. June 15)			1 2 1	1.2
Activities &			-	ig body (Part VI, line 1a)			3	13
Ě				the governing body (Part VI, line 1)	•		4	13
5			• •	alendar year 2015 (Part V, line 2a)			5	49
Q			•	cessary)			6	85
				rt VIII, column (C), line 12 n Form 990-T, line 34			7a 7b	111,297
	D IN	et uniter	ated business taxable income nor		· · · ·	Prior Year	1 70 1	-31,16
		Contr	abutions and grants (Part VIII Jun	o 1b)		5,732	014	<b>Current Year</b> 5,304,202
<u>a</u> i	9	8 Contributions and grants (Part VIII, line 1h)						668,391
Ravenua	10			(A), lines 3, 4, and 7d)	·	771	,018 29	50:
Ę.	11		r revenue (Part VIII, column (A), I		772	1,239		
	12			(must equal Part VIII, column (A), I	ine -			
	12	12)	Totalia ada imas a imagin 11	(		6,174	,633	5,974,333
	13	Grant	s and sımılar amounts paıd (Part I	[X, column (A), lines 1-3)			0	(
	14	Benef	fits paid to or for members (Part I)	(, column (A ), line 4)			0	(
ιń	15			e benefits (Part IX, column (A), lines	5	2,756	,963	2,476,388
Expenses		5-10						
) ed	16a			column (A), line 11e)	•		0	
ሿ	Ь		undraising expenses (Part IX, column (D),		.			
	17		, , , , , , , , , , , , , , , , , , , ,	nes 11a-11d, 11f-24e)		3,396		3,486,423
	18		·	t equal Part IX, column (A), line 25)	<u> </u>	6,153		5,962,81
رب	19	кечег	iue iess expenses. Subtract line 1	8 from line 12		21	,118	11,522
Net Assets or Fund Balances					Beginn	ing of Current	Year	End of Year
sse!	20	Total	assets (Part X, line 16)			1,474	,035	1,283,65
Z Z	21					955	,500	753,594
žĪ	22			ine 21 from line 20		518	,535	530,053
	rt II		nature Block		<u> </u>			
				mined this return, including accompanies.				
			nowledge	plete Declaration of preparer (other	than office	r) is based o	n all into	rmation of which
		, ···						
		***	** *			2017-03-10		
Sigr			nature of officer			Date		
Her	e		IA ARMENTA PRESIDENT & CEO e or print name and title					
		<b>y</b>	Print/Type preparer's name	Preparer's signature	Date	T	PTIN	
Da:	4		STEPHEN E LIVINGSTON CPA	STEPHEN E LIVINGSTON CPA	Date	Check If self-employed	P00317	'845
Paid		<u> </u>	Firm's name	<u>I</u> LP	<u> </u>	Firm's EIN ▶		49
	pare	r ⊨	Firm's address ▶ 6501 AMERICAS PARKW			Phone no (50		
USE	Onl	У	41711011570115 414 07					

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

. ✓Yes No

	990 (2015)			Page <b>3</b>
Par	t 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		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
	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		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	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 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? 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, Pait V 🔰	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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	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
	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	<b>11</b> c		No
	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 3	<b>11</b> d		No
е	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	<b>11</b> f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	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 and XII 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, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 "Yes," complete Schedule G, Part I</i> (see instructions)	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? <i>If "Yes," complete Schedule G, Part II</i>	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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

22

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24a

24b

24c

24d

25a

25b

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28a

28b

**28**c

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35a

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Yes

Form 990 (2015)

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Par	rt IV	Checklist of Required Sche	edules (continued)
21	Did th	e organization report more than \$5	000 of grants or other

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pai	t IV	Checklist of Required Schedules (continued)		
21	Did th	ne organization report more than \$5,000 of grants or other assistance to any domestic organizat	ion or	-
	dome	stic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		

er assistance to any domestic organization or 21

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**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? 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . .

Par	<b>rt V Statements Regarding Other IRS Filings and Tax Compliance</b> Check if Schedule O contains a response or note to any line in this Part V			_
	Check it Schedule O contains a response of note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a	19		
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportal gaming (gambling) winnings to prize winners?	ble <b>1c</b>	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and	· • <u> </u>	103	
	Tax Statements, filed for the calendar year ending with or within the year covered by this return	49		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	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" to line 3b, provide an explanation in Schedule O	. 3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authouser, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
b	If "Yes," enter the name of the foreign country ▶	nts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	1 <sup>?</sup> 5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than $\$100,000$ , and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions were not tax deductible?	or gifts 6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was req file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	-12		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8 required?	7g 899 as		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization Form 1098-C?	file a . 7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any during the year?	time 8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring 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   10a			
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			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10413	) 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instruction additional information the organization must report on Schedule O	ons for <b>13a</b>		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a	L_	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	. 14b		

orm	990 (2015)			Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	Ob belo	_
	Check if Schedule O contains a response or note to any line in this Part VI			🔽
Se	ection 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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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	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	Yes	
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 R	even	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<b>10</b> a		No
b	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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12</b> a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			

			Yes	NO
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12</b> a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12</b> c	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	<b>15</b> b		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?	<b>16</b> a		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?	16h		

Own website Another's website Upon request Other (explain in Schedule O)

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 during the tax year

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

List the States with which a copy of this Form 990 is required to be filed▶

Section C. Disclosure

State the name, address, and telephone number of the person who possesses the organization's books and records ▶VALERIE LIND CPA 20 FIRST PLAZA SUITE 601 ALBUQUERQUE, NM 87102 (505)848-1163 Part VII

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

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

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

- 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, 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 organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 医含 dotted line) Trustee See Additional Data Table

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					i	<b>(D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
						•				<u> </u>
c Total from continuation she d Total (add lines 1b and 1c)				٠.	٠.	. P		417,475	0	31,819
2 Total number of individuals \$100,000 of reportable com	(including but not	limited	to the	se I	ıste	d abov	e) wl		-	31,013

			Yes	No			
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee						
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo			
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such						
	ındıvıdual	4	Yes				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for						
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		No			

### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

compensation from the organization report compensation for the cute	, , , , , , , , , , , , , , , , , , , ,	
(A) Name and business address	( <b>B)</b> Description of services	<b>(C)</b> Compensation
MCKEE WALLWORK CLEVELAND	ADVERTISING	1,110,768
1030 18TH STREET NW ALBUQUERQUE, NM 87104		
US ROLLER SPORTS	EVENT SPONSORSHIP	225,000
4730 SOUTH STREET LINCOLN, NE 68506		
ESPN	EVENT SPONSORSHIP	184,500
PO BOX 732527 DALLAS, TX 75373		
SMG	FACILITY RENTAL COSTS	131,683
401 SECOND STREET NW ALBUQUERQUE, NM 87102		
MILES MEDIA	WEB DEVELOPMENT, MARKETING & HOSTING	103,050
PO BOX 116755	110511110	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 5

Form 99								Page <b>9</b>
Part V	1111	Statement of						_
		Cneck IT Schedu	lle O contains a respons	se or note to any IIr	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated camp	paigns 1a					
Grants Amounts	ь	Membership due	es <b>1b</b>					
ج آ	с	Fundraising eve	nts <b>1</b> c					
ons, Gifts, Grants Similar Amounts	d	Related organiz	ations 1d					
9 E	e	Government grants	(contributions) <b>1e</b>	5,289,000				
ons Sii	f	All other contributio	ns, gifts, grants, and <b>1f</b>	15,202				
Contributions, Gifts, and Other Similar A		similar amounts not						
	g	Noncash contributio 1a-1f \$	ins included in lines					
Cont and	h	Total. Add lines	1a-1f	· · ·	5,304,202			
<u>ə</u>				Business Code				
Program Service Revenue	2a	MEMBERSHIP FEES		900099	361,159	361,159		
	b	PROMOTIONAL PAR	TICIPATION	900099	116,615	116,615		
NC E	С	ADVERTISING		541800	111,297		111,297	
₹	d	EVENT HOSTING/PA	ART	900099	79,320	79,320		
ran	e f	All other progra	m service revenue					
<b>₹</b> og								
	g 3		2a-2f		668,391			
	3		ome (including dividend ir amounts)		101			101
	4		ment of tax-exempt bond p	roceeds ►				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	(I) Real	(II) Personal				
	h	Less rental						
		expenses						
	C	Rental income or (loss)						
	d	Net rental incor	ne or (loss)  (i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	(1) Securities	400				
	b c	Less cost or other basis and sales expenses Gain or (loss)		0 400				
	d	ا Net gain or (los:	s)		400			400
Other Revenue	8a	Gross income fr events (not incl \$ of contributions See Part IV, line	uding reported on line 1c)					
Other	ь	•	a penses b					
	C		loss) from fundraising e	vents ▶				
		See Part IV, line	а					
	l	•	oenses <b>b</b> loss) from gamıng actıv	Itios				
	С	Net mediae of (	ross / from gaming activ	tiles				
	10a	Gross sales of i returns and allo		1,239				
	b	Less cost of go	_	0				
	С	Net income or ( Miscellaneous	loss) from sales of inve	ntory <b>&gt;</b> Business Code	1,239			1,239
	11a	rnscendileous	VeAcune	Pasiliess Code				
	b							
	С							
	d	All other revenu	ie					
	e	Total. Add lines	11a-11d	🕨				
	12	Total revenue.	See Instructions	•	5,974,333	557,094	111,297	1,740

orm s	990 (2015)				Page <b>10</b>
Part	IX Statement of Functional Expenses				
Sectio	in $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns	All other organiza	ations must com	nplete column (A)	
	Check if Schedule O contains a response or note to any line in f	this Part IX			
	t include amounts reported on lines 6b, , 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 domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	449,294			
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	1,647,339			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	70,668			
9	Other employee benefits	146,847			
10	Payroll taxes	162,240			
11	Fees for services (non-employees)				
а	Management				
b	Legal	11,891			
c	Accounting	19,599			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	50,646			
12	Advertising and promotion	1,272,326			
13	Office expenses	87,352			
14	Information technology	49,970			
15	Royalties				
16	Occupancy	250,878			
17	Travel	103,779			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,920			
20	Interest	1,428			
21 22	Payments to affiliates	76.350			
23	Insurance	76,359 37,288			
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)	37,230			
а	MARKETING	1,334,600			
b	TRAINING AND EDUCATION	80,355			
c	RENTAL AND MAINTENANCE	48,706			
d	BAD DEBT PROVISION	37,319			
е	All other expenses	7,007			
25	Total functional expenses. Add lines 1 through 24e	5,962,811			
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

34

Part X	Balance	Shee
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Par	t X	Balance Sheet Check if Schedule O contains a response or note to any lin	e in this Part X			_
		eneck if senedule o contains a response of note to any in	e in this rate X	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		633,990	1	474,669
	2	Savings and temporary cash investments		288,680	2	288,781
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		159,084	4	296,780
Assets	5	Loans and other receivables from current and former offic key employees, and highest compensated employees. Co Schedule L			5	
	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(of contributing employers and sponsoring organizations of second voluntary employees' beneficiary organizations (see institution of schedule L	c)(3)(B), and ection 501(c)(9)			
SS (					6	
Ř	7	Notes and loans receivable, net		0.050	7	0.050
	8	Inventories for sale or use		2,850	8	2,850
	9	Prepaid expenses and deferred charges		240,767	9	134,378
	10a	Land, buildings, and equipment cost or other basis  Complete Part VI of Schedule D	1,511,559			
	ь	Less accumulated depreciation	<b>10b</b> 1,446,064	122,966	<b>10</b> c	65,495
	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			14	
	15	Other assets See Part IV, line 11		25,698	15	20,698
	16	Total assets.Add lines 1 through 15 (must equal line 34)		1,474,035	16	1,283,651
	17	Accounts payable and accrued expenses		688,632	17	590,384
	18	Grants payable			18	
	19	Deferred revenue		149,552	19	152,483
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV o	f Schedule D		21	
iabilities	22	Loans and other payables to current and former officers, on key employees, highest compensated employees, and dis				
Ö		persons Complete Part II of Schedule L			22	
<u>:</u>	23	Secured mortgages and notes payable to unrelated third	parties	117,316	23	10,727
	24	Unsecured notes and loans payable to unrelated third pai	rties		24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		955,500	26	753,594
ces		Organizations that follow SFAS 117 (ASC 958), check her lines 27 through 29, and lines 33 and 34.				<u> </u>
Fund Balance	27	Unrestricted net assets		518,535	27	530,057
8	28	Temporarily restricted net assets			28	
2	29	Permanently restricted net assets			29	
or Fu		Organizations that do not follow SFAS 117 (ASC 958), checomplete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
Se	31	Paid-in or capital surplus, or land, building or equipment f			31	
Net Assets	32	Retained earnings, endowment, accumulated income, or o			32	
Şet Vet	33	Total net assets or fund balances		518,535	33	530,057
_	1					· ·

Total liabilities and net assets/fund balances

1,283,651

34

1,474,035

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

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

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

Consolidated basis

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

Consolidated basis

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Nο

2a

2b

2c

3a

Yes

Yes

Νo

### 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 Inde	pendent Co	ntrac	tors		. 43		,		, mgnest	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h an or/tr	offic ustee	ess er :)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DAMEN KOMPANOWSKI DIRECTOR - VOTING (CHAIR)	15 00	x						0	0	(
LAURA KESSELMAN DIRECTOR - VOTING (PAST CHAIR)	5 00	x						0	0	(
CYNTHIA STANLEY DIRECTOR - VOTING (CHAIR ELECT)	0 30	×						0	0	C
HEATHER ARNOLD DIRECTOR - VOTING	0 30	×						0	0	C
ALLEN BASSETT DIRECTOR - VOTING	0 30	x						0	0	C
ISAAC BENTON DIRECTOR - EX-OFFICIO	0 30	×						0	0	(
REGINA CHAVEZ DIRECTOR - VOTING	5 00	x						0	0	(
MICHELLE DRESSLER DIRECTOR - VOTING	0 30	×						0	0	(
JAMES GAY DIRECTOR - VOTING (SECY)	0 30	×						0	0	(
DON HARRIS DIRECTOR - EX-OFFICIO	0 30	×						0	0	(

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

Compensated Employees, and Inde	mpensated Employees, and Independent Contractors												
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	m unles	ore t ss pe	han erso cer tor/t	not one n is and trus	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization			
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			and related organizations			
CHAD HENDERSON DIRECTOR - VOTING	0 30	×						0	0	0			
JESSE HERRON DIRECTOR - VOTING	0 30	х						0	0	0			
RICHARD HOLCOMB DIRECTOR - VOTING	0 30	×						0	0	0			
TRACIE JERNIGAN DIRECTOR - VOTING	0 30	×						0	0	0			
LINDSAY LANDCASTER DIRECTOR - VOTING	0 30	×						0	0	0			
MICHAEL MCNAIR DIRECTOR - VOTING	0 30	x						0	0	0			
AUGUSTA MEYERS	0 30												

5 00

0.30

0.30

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Χ

DIRECTOR - VOTING

**DIRECTOR - VOTING** 

DIRECTOR - VOTING

DIRECTOR - EC-OFFICIO

**BOB MURPHY** 

JOHN O'HARA

DEBBIE OWEN

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (D) (A) (B) (C) (E)

(F)

15,708

10,803

5,308

(A) Name and Title	A verage hours per week (list any hours for related organizations below dotted line)	ighest com inployee ey employe fficer institutional individual tru					Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
		- इस्टा	Trustee		iš	pensated				
JAMES PERRICONE DIRECTOR - VOTING	0 30	x					0	0	0	
ROBERT J PERRY  DIRECTOR - EX-OFFICIO	0 30	×					0	0	0	
REBECA PLUTINO DIRECTOR - VOTING	0 30	x					0	0	0	
GARY ROMERO DIRECTOR - VOTING	0 30	×					0	0	0	
MOLLY RYCKMAN DIRECTOR - VOTING	0 30	×					0	0	0	
STEVE SCHROEDER	0 30						0	0		

0 30

40 00

40 00

40 00

. . . . . . . . . . . . . . . . . .

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185,505

125,088

106,882

DIRECTOR - EX-OFFICIO

DIRECTOR - EX-OFFICIO

PRESIDENT & CEO TO 1/2016

CMO/COO, PRESIDENT & CEO BEG 1/2016

VP OF FINANCE & ADMINISTRATION

JIM WALTHER

DALE LOCKETT

TANIA ARMENTA

VALERIE LIND

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

▶ Complete if the organization answered "Yes," on Form 990,

► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at  $\underline{www.irs.gov/form990}$ . OMB No 1545-0047

DLN: 93493103013117

Department of the Treasury

Internal Revenue Service Name of the organization

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Open to Public Inspection Employer identification number

ALB	UQUERQUE CONVENTION & VISITORS BUREAU				85-0	285280		
Pa	rt I Organizations Maintaining Donor Complete if the organization answere							
	· · · · · · · · · · · · · · · · · ·	(a) Donor advised		•	(b)	Funds and othe	er accounts	s
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t	-			onor advis	ed	☐ Yes	□ No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?					purpose	Yes	No
Pa	rt II Conservation Easements. Comple	te if the organizat	ion a	nswered "Yes"	on Form	n 990, Part I\		
1	Purpose(s) of conservation easements held by th	e organızatıon (chec	k all t	hat apply)				
	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	eation or	Г	Preservation of	an histori	ıcally ımportan	t land area	ì
	Protection of natural habitat			Preservation of	a certifie	d historic struc	ture	
	Preservation of open space							
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified cons	ervatı	on contribution ir	the form	of a conservat	ion	
	easement on the last day of the tax year					Held at the	End of the	e Year
а	Total number of conservation easements				2a			
b	Total acreage restricted by conservation easeme	nts			2b			
c	Number of conservation easements on a certified	2c						
d	Number of conservation easements included in (o historic structure listed in the National Register	2d						
3	Number of conservation easements modified, trai	nsferred, released, ex	ktıngu	ııshed, or termına	ted by the	e organization	during the	
	tax year ▶							
4	Number of states where property subject to cons	ervation easement is	locat	ted <b>▶</b>				
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		nitorir	ng, inspection, ha	ndling of	_ Y	es ┌N	lo
6	Staff and volunteer hours devoted to monitoring, year	nspecting, handling	of viol	lations, and enfor	cing cons	ervation easei	ments duri	ng the
	<b>&gt;</b>							
7	A mount of expenses incurred in monitoring, insperior \$	ecting, handling of vio	olation	ns, and enforcing	conserva	tion easement	s during th	ie year
8	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)^{7}$	ne 2(d) above satisfy	the r	equirements of se	ection 17	0(h)(4)	es	lo
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the			•	•		
Par	Organizations Maintaining Collect Complete if the organization answere	tions of Art, His			, or Oth	er Similar <i>i</i>	Assets.	
<b>1</b> a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	AS 116 (ASC 958), assets held for publ	not to	o report in its rev libition, education	, or resea	arch in furthera		
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for publi		•				lıc
(	i) Revenue included on Form 990, Part VIII, line 1	L			<b>&gt;</b> \$			
(i	i) Assets included in Form 990, Part X				<b>&gt;</b> \$			
2	If the organization received or held works of art, he following amounts required to be reported under S				for financ			
а	Revenue included on Form 990, Part VIII, line 1					<b>▶</b> \$		
b	Assets included in Form 990, Part X					<b>&gt;</b> \$		

Par	t III	Organizations Maintaining (continued)	Collections of Ar	t, Hi	istorica	l Trea	sures, or	Oth	er Similar A	sse	ts
3		g the organization's acquisition, acco ction items (check all that apply)	ession, and other reco	rds,c	heck any	of the	following tha	t are	a significant us	e of ı	ts
а		Public exhibition		d		oan or	exchange pr	ograr	ns		
b		Scholarly research		e	Го	ther					
C		Preservation for future generations									
4	Provi Part :	de a description of the organization? XIII	s collections and expl	aın ho	ow they fu	rther th	ne organizati	on's e	exempt purpose	ın	
5		ig the year, did the organization solid ts to be sold to raise funds rather th							mılar <b>Ve</b> s		□ No
Pa	rt IV		ngements.	-					<u>'</u>		
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interm	iediar	y for cont	rıbutıoı	ns or other a	ssets	not <b>Yes</b>	<b>5</b>	∏ No
b	If '	"Yes," explain the arrangement in Pa	art XIII and complete	the fo	allowing ta	able		Γ	Ame	ount	
c		ginning balance	are XIII and complete	circ ic	ono wing to	, DIC	۱ .	Lc			
d		ditions during the year					<u> </u>	ld			
e		stributions during the year					<u> </u>	le			
f		ding balance					<u> </u>	Lf			
2a		he organization include an amount o	n Form 990 Part V Ju	ne 21	for es cro	w or ci			ıabılıtv2 □		
_									•		∏ No □
b De	If "Ye	es," explain the arrangement in Part  Endowment Funds. Comple									<u> ⊔</u>
Pe	rt v	Endowment Funds. Comple	(a)Current year		Prior year		Two years back		Three years back		our years back
	Beau	nning of year balance	(a)carrette year	(5).	nor year	1 (6)	, ivo , cars bac	1	yrince years back	(-).	our yours buck
b		ributions									
с	Net i losse	nvestment earnings, gains, and es									
d	Gran	ts or scholarships									
е		er expenditures for facilities programs									
f	A dm	inistrative expenses									
g		of year balance									
2		de the estimated percentage of the	current vear end halar	nce (li	ine 1 a. co	Lumn (a	a)) held as				
- а		d designated or quasi-endowment	carrency car ena baiar		110 19,00		a), neid d3				
b		anent endowment ►									
С		porarily restricted endowment ► percentages on lines 2a, 2b, and 2c	should equal 100%								
За	A re t	here endowment funds not in the pos nization by	·	zation	that are	held ar	nd administer	red fo	r the	Γ	Yes No
	(i) ur	nrelated organizations							3a	(i)	
	(ii) re	elated organizations					•		3a	(ii)	
b		es" on 3a(II), are the related organiz							3	b	
4	_	ribe in Part XIII the intended uses of		ndowr	ment fund:	S					
Pa	rt VI	Land, Buildings, and Equip Complete if the organization a		nrm (	990 Par	+ T\/  ı	ne 11a See	- F∩r	m 990 Part X	lın	e 10
		Description of property	answered res to re		(a) Cost or othe	er basıs	(b) Cost or other		Accumulated (c)depreciation	ı	(d)Book value
12	Land			+	(investm	ent)	(other)				
				·  -							
		hold improvements		_ ' -			1	8,301	42,1	28	6,173
		ment		.  -			<u> </u>	9,352			59,322
-	, .F.		= = :	<u> </u>			-,		-,,-		-,

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)

<b>(1)</b> Financia	See Form 990, Part X, line 12.			
(1)Financia	(a) Description of security or categor (including name of security)	ory	<b>(b)</b> Book value	(c)Method of valuation Cost or end-of-year market valu
	al derivatives			Cost of end of year market valu
<b>(2)</b> Closely <b>(3)</b> Other	-held equity interests			
(3)0 thei				
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 12 )	. •		
Part VIII	Investments—Program Related			
	Complete if the organization answer  (a) Description of investment	ed 'Yes' on Form 9	90, Part IV, line 11c. <sub>Se</sub>	ee Form 990, Part X, line 13. (c) Method of valuation
	(a) Description of investment		(b) Book Value	Cost or end-of-year market value
Total. (Colur	mn (b) must equal Form 990, Part X, col (B) line 13 )	•		
Part IX	·		on Form 990, Part IV, line	
	(a) De	scription		(b) Book value
	40			
	umn (b) must equal Form 990, Part X, col (B) lii  Other Liabilities. Complete if the o		red 'Yes' on Form 990,	
	See Form 990, Part X, line 25.			<u> </u>
1.	(a) Description of liability	(b) Book val	ue	
Federal inc	ome taxes			
	mn (b) must equal Form 990, Part X, col (B) line 25 ) for uncertain tax positions In Part XIII, pro	•		

	D (Form 990) 2015			Page <b>4</b>
Part X		evenue per Audited Financial Statements With Revenue nization answered 'Yes' on Form 990, Part IV, line 12a.	per Reti	ırn
1 T		er support per audited financial statements	1	6,269,234
		it not on Form 990, Part VIII, line 12		· · · · · · · · · · · · · · · · · · ·
a N	Net unrealized gains (losses)	on investments   2a		
<b>b</b> D	Donated services and use of f	acılıtıes		
<b>c</b> R	Recoveries of prior year grant	s		
<b>d</b> 0	Other (Describe in Part XIII)			
e A	Add lines <b>2a</b> through <b>2d</b>		2e	294,901
<b>3</b> 9	Subtract line <b>2e</b> from line <b>1</b> .		3	5,974,333
<b>4</b> A	Amounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>		
a I	nvestment expenses not incl	uded on Form 990, Part VIII, line 7b . 4a		
<b>b</b> 0	Other (Describe in Part XIII)	4b		
c A	Add lines <b>4a</b> and <b>4b</b>		4c	0
<b>5</b> T	otal revenue Add lines <b>3</b> and	d <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	5,974,333
Part X		xpenses per Audited Financial Statements With Expense nization answered 'Yes' on Form 990, Part IV, line 12a.	s per Re	turn.
<b>1</b> T		r audited financial statements	1	6,257,712
<b>2</b> A	Amounts included on line 1 bu	ıt not on Form 990, Part IX, line 25		
<b>a</b> D	Donated services and use of f	acılıtıes 2a   294,901		
<b>b</b> P	Prior year adjustments		1	
<b>c</b> C	Other losses		1	
d C	Other (Describe in Part XIII)	2d	]	
e A	Add lines <b>2a</b> through <b>2d</b>		2e	294,901
3 9	Subtract line <b>2e</b> from line <b>1</b> .		3	5,962,811
<b>4</b> A	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:		
a I	nvestment expenses not incl	uded on Form 990, Part VIII, line 7b 4a		
<b>b</b> 0	Other (Describe in Part XIII)	4b		
c A	Add lines <b>4a</b> and <b>4b</b>	<del></del>	4c	0
5 T	Total expenses Add lines <b>3</b> a	nd <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5	5,962,811
D- 1 V				
Part X	• • • • • • • • • • • • • • • • • • • •			
	line 4, Part X, line 2, Part XI	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to	,	iny additional
	Return Reference	Explanation		
PART X,	LINE 2	VISIT ABO IS A NON-PROFIT CORPORATION AND QUALIFIES AS	A TAX-FX	FMPT

Return Reference	Explanation
Return Reference PART X, LINE 2	VISIT ABQ IS A NON-PROFIT CORPORATION AND QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE (IRC) AND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION AS SUCH, ITS NORMAL ACTIVITIES DO NOT RESULT IN ANY INCOME TAX LIABILITY HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO VISIT ABQ'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINNESS INCOME IN 2006, FASB ISSUED AUTHORITATIVE GUIDANCE RELATING TO THE ACCOUNTING FOR THE UNCERTAINTY IN INCOME TAXES, WHICH WAS EFFECTIVE FOR VISIT ABQ FOR THE YEAR ENDED DECEMBER 31, 2009 THE GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) THE GUIDANCE ALSO REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING VISIT ABQ'S INFORMATION RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A TAX BENEFIT OR EXPENSE IN THE CURRENT YEAR IN ADDITION, GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION WAS ALSO PROVIDED AS OF JUNE 30, 2016, VISIT ABQ 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, VISIT ABQ 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 VISIT ABQ FILES INFORMATIONAL TAX RETURNS AS PRESCRIBED BY THE TAX LAWS OF THE JURISDICTIONS IN WHICH IT OPERATES IN THE NORMAL COURSE OF BUSINESS, VISIT ABQ IS SUBJECT TO EXAMINATION BY FEDERAL, STATE, LOCAL AND FOREIGN JURISDICTIONS, WHERE APPLIC
	PENALTIES IN OPERATING EXPENSES THERE WAS NO SUCH INTEREST OR PENALTIES RECORDED FOR THE YEARS ENDED JUNE 30, 2016 AND 2015

Schedule D (Form 990) 2015						
Part XIII Supplemental Information	on (continued)					
Return Reference	Explanation					

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

Schedule J (Form 990)

Department of the

# **Compensation Information**

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

**Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

DLN: 93493103013117 OMB No 1545-0047

2015

Open to Public Inspection

Na	ne of the organization	Employer identification	nployer identification number				
ALB	JQUERQUE CONVENTION & VISITORS BUREAU			85-0285280			
Pa	rt I Questions Regarding Compensation			03 0203200			
						Yes	No
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel		Housing allowance or residence fo	r personal use			
	Travel for companions	Ē	Payments for business use of pers	onal residence			
	Tax idemnification and gross-up payments	Ē	Health or social club dues or initia	tion fees			
	Discretionary spending account	Ė	Personal services (e.g., maid, cha	i			
		•	, -				
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses descr				1b		
2	Did the organization require substantiation prior to reim directors, trustees, officers, including the CEO/Executive				2		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that a used by a related organization to establish compensation	apply	Do not check any boxes for metho	ds			
	✓ Compensation committee	<b>~</b>	Written employment contract				
	Independent compensation consultant	~	Compensation survey or study				
	✓ Form 990 of other organizations	~	Approval by the board or compens	ation committee			
4	During the year, did any person listed on Form 990, Par or a related organization	rt VII	I, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control pay	men	t?		<b>4</b> a	Yes	
b	Participate in, or receive payment from, a supplemental	none	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-based		=		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	de th	e applicable amounts for each item	ın Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ıc mı	set complete lines 5-9				
5	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the revenues of		·	any			
а	The organization?				5a		
b	Any related organization?				5b		
	If "Yes," on line 5a or 5b, describe in Part III						
6	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue	any			
а	The organization?				<b>6</b> a		
b	Any related organization?				6b		
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," desc			on-fixed	7		
8	Were any amounts reported on Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III				8		
9	If "Yes" on line 8, did the organization also follow the resection 53 4958-6(c)?	butta	able presumption procedure describ	ed in Regulations	9		

Cat No 50053T

Schedule J (Form 990) 2015

Page 2

Schedule J (Form 990) 2015

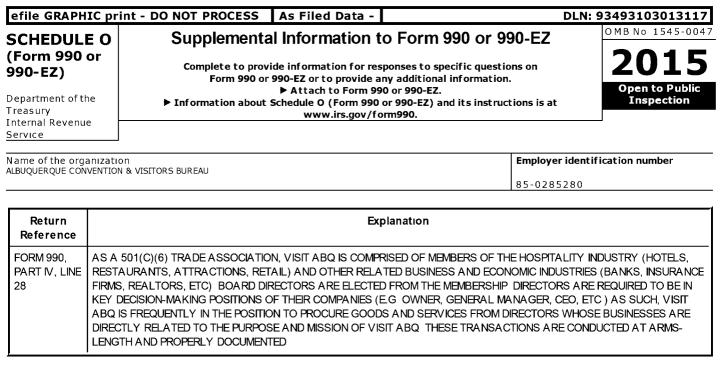
Schedule J (Form 990) 2015

PRESIDENT & CEO TO 1/2016

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in	
		Base (1) compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 DALE LOCKETT	/i>	174,782	0	10.723	7 000	8 708	201 213	0

Schedule J (Form 990) 2015	Page <b>3</b>	
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information		
Return Reference	Return Reference Explanation	
PART I, LINE 4A	DALE LOCKETT - SEVERANCE PAYMENT - \$25,000 THE SEVERANCE PACKAGE WAS APPPROVED AND PAID IN 2016	

Schedule J (Form 990) 2015



Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE OF THE BOARD SHALL BE COMPOSED OF EIGHT (8) DIRECTORS WHO ARE SELECTED BY THE CHAIR-ELECT AS FOLLOWS CHAIR (VOTING), CHAIR-ELECT (VOTING), IMMEDIATE PAST CHAIR (VOTING), SECRETARY-TREASURER (VOTING), ONE (1) AT-LARGE ACVB BOARD DIRECTOR APPROVED BY THE MAYOR (VOTING), ONE (1) MAYOR'S DESIGNEE (NON-VOTING), ONE (1) DIRECTOR APPOINTED BY THE PRESIDENT OF THE CITY COUNCIL (NON-VOTING), PRESIDENT & CEO (NON-VOTING) NO MORE THAN TWO (2) OF THE VOTING DIRECTORS WILL BE FROM THE HOTEL OWNERSHIP AND/OR OPERATING INTERESTS (LODGING) CATEGORY THE CITY ADMINISTRATION WILL APPROVE THE ONE MAYORAL-APPROVED AT-LARGE DIRECTOR WITHIN 15 DAYS AND NOTIFY CITY COUNCIL OF THE MAYORAPPROVED AT-LARGE DIRECTOR

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	DURING 2016, ACVB AMENDED THE BY LAWS FOR THE FOLLOWING ADDING A "DOING BUSINESS AS" NAME OF VISIT ALBUQUERQUE, REVISING BOARD COMPOSITION AND TERMS, CLARIFICATION OF OTHER BOARD COMMITTEES AND/OR COMPOSITION, MODIFICATION OF THE BOARD MEMBER NOMINATING COMMITTEE AND PROCESS, CORRECTION OF THE BY LAWS REGARDING PUBLIC NOTICES TO COMPLY WITH CHANGES IN STATE LAW, AND REMOVAL OF THE DIRECTOR EMERITUS POSITION

Return Reference	Explanation
FORM 990, PART VI,	AS A 501(C)(6) TRADE ASSOCIATION, VISIT ABQ IS COMPRISED OF MEMBERS MEMBERS MAY BE ANY PERSON,
SECTION A, LINE 6	FIRM OR CORPORATION INTERESTED IN PROMOTING AND STIMULATING THE CONVENTION AND VISITOR INDUSTRY IN
	ALBUQUERQUE AND NEW MEXICO ARE ELIGIBLE FOR MEMBERSHIP

Return Reference	Explanation
FORM 990,	PURSUANT TO VISIT ABQ'S BY LAWS, VOTING DIRECTORS OF THE BOARD ARE ELECTED BY AND FROM THE MEMBERSHIP
PART VI,	AMONG THE ELECTED DIRECTORS, SIX (6) REPRESENT HOTEL OWNERSHIP AND/OR OPERATING INTERESTS, FOUR (4)
SECTION A,	REPRESENT NON-LODGING INTERESTS IN THE HOSPITALITY INDUSTRY, TWO (2) REPRESENT GENERAL BUSINESS
LINE 7A	INDUSTRIES, AND ONE (1) NON-LODGING INTEREST MEMBER OF THE LODGERS' TAX ADVISORY BOARD IN ADDITION TO
	THE DIRECTORS ELECTED BY THE MEMBERS, CERTAIN DIRECTORS SERVE AS EX-OFFICIO DIRECTORS BY APPOINTMENT
	FROM VARIOUS ENTITIES, INCLUDING THE FOLLOWING TWO (2) ALBUQUERQUE CITY COUNCIL MEMBERS OR
	REPRESENTATIVES, THE MAYOR OR MAYORAL REPRESENTATIVE, THE MANAGER OF THE ALBUQUERQUE CONVENTION
	CENTER OR REPRESENTATIVE, THE PRESIDENT & CEO OF VISIT ALBUQUERQUE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE 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 FORM 990 THIS IS A STANDING COMMITTEE RESPONSIBLE FOR OVERSIGHT OF AUDIT AND FISCAL ACTIVITIES OF THE ORGANIZATION

Return Reference	Explanation
FORM 990,	VISIT ABQ'S BY-LAWS INCLUDE A CONFLICT OF INTEREST STATEMENT. IN ADDITION, A CONFLICT OF INTEREST POLICY IS
PART VI,	NPLACE WHICH INCLUDES A REQUIREMENT OF RECUSAL FROM DISCUSSION AND VOTING IF A MATTER BEFORE THE
SECTION B, LINE	BOARD HAS POTENTIALLY SIGNIFICANT IMPACT ON A DIRECTOR'S BUSINESS OPERATIONS. THIS POLICY IS REVIEWED
12C	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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE PRESIDENT & CEO'S COMPENSATION IS REVIEWED BY THE BOARD'S COMPENSATION COMMITTEE AND THE SALARY IS APPROVED BY THE COMMITTEE - 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 PRESIDENT/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 PRESIDENT & CEO'S COMPENSATION AVERAGE PERCENT OF SALARY INCREASE AVAILABLE TO STAFF BASED ON MERIT IS ALSO A FACTOR IN DETERMINING ANNUAL RAISES THIS PROCESS WAS LAST COMPLETED IN 2016. THE OTHER OFFICERS OR KEY EMPLOYEES ARE REVIEWED BY THEIR DESIGNATED MANAGER AND THE PROPOSED SALARIES ARE APPROVED BY THE PRESIDENT & CEO - INDICATED BY A SIGNATURE ON INTERNAL PAYROLL FORMS INDUSTRY GUIDELINES ARE REGULARLY PUBLISHED BASED ON COMPENSATION AND BENEFIT SURVEYS INDICATING AVERAGE SALARY AND BENEFITS FOR 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 INCLUDE INFORMATION FROM GOVERNMENT NONPROFIT AND INDUSTRY BUSINESSES ARE REVIEWED AND CONSIDERED BY THE MANAGER(S) AND PRESIDENT & CEO WHEN SETTING THE COMPENSATION. THIS PROCESS WAS LAST COMPLETED IN 2016

Return Reference	Explanation
VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION BY REQUEST THE VP OF FINANCE & ADMINISTRATION MAINTAINS THESE DOCUMENTS, REVIEWS AND RESPONDS TO REQUESTS IN ADDITION, THE AUDITED FINANCIAL STATEMENTS ARE POSTED ON ORGANIZATION'S WEBSITE

Return Reference	Explanation
FORM 990, PART IX, LINE 24E	AUTO EXPENSE 7,007

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