(Rev January 2020)

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2019

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

Open to Public

		nue Service	Go to www.irs.gov/Form990 for instructions and the latest			inspection
ENWEL OF	For the	2019 calen	dar year, or tax year beginning , 2019, and endin			, 20
≦≉	Check if	applicable.	RS BUREAU	D Employer identification number		
<b>₽</b> □	Address	change	Doing business as		38-26	42783
<b>1</b>	Name ch	nange	Number and street (or P.O box if mail is not delivered to street address)	Room/suite	E Telepho	one number
三川	Initial ret		78 E. 8TH STREET		(616)	394-0000
ᅩቨ		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
₽∺	Amende		HOLLAND, MI 49423		<b>G</b> Gross r	eceipts \$2,413,804.
뭐			F Name and address of principal officer	- H(a) is this a gr		subordinates? Yes No
للسر	Applicat	ion pending		/   ' '		subcluded? Yes No
<b>-</b> -	T		SALLY LAUKITIS, 78 E. 8TH STREET, HOLLAND, MI			i. (see instructions)
- 2020×		mpt status	501(c)(3)	<del>-</del>		·
₹_			OLLAND.ORG	H(c) Group e	•	
			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forms	ation 1987	M State o	f legal domicile MI
P	art I	Summa	· · · · · · · · · · · · · · · · · · ·			
	1	Briefly des	cribe the organization's mission or most significant activities: PROMO	OTE TOURIS	М	
9		TO PROM	OTE THE HOLLAND, MICHIGAN AREA FOR TOURISM			
ıaı						
err	2	Check this	box $ ightharpoonup$ if the organization discontinued its operations or disposed	of more than	25% of i	ts net assets.
õ	3	Number of	voting members of the governing body (Part VI, line 1a)		3	11
8	4		findependent voting members of the governing body (Part VI, line 1b		4	11
es	5				5	14
Activities & Governance	6		per of volunteers (estimate if necessary)		6	0
ţ ;			• • • • • • • • • • • • • • • • • • • •		-	<del>-</del>
> <	7a		lated business revenue from Part VIII, column (C), line 12		7a	96,155.
≺	b	Net unrela	ted business taxable income from Form 990-T, line 39		7b	0.
le M	1 _			Prior Year	-	Current Year
i e	8		ons and grants (Part VIII, line 1h)			
MI. Revenue	9	Program s	309.	2,135,029.		
ě	10	Investment	t income (Part VIII, column (A), lines 3, 4, and 7d)	799.	4,251.	
Œ	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	205,	085.	268,556.
	12	Total reven	nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,273,	193.	2,407,836.
	13	Grants and	d similar amounts paid (Part IX, column (A), lines 1-3)			
i	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)			
G	15	•	ther compensation, employee benefits (Part IX, column (A), lines 5-10)	589.	991.	608,229.
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)			
je.	b		raising expenses (Part IX, column (D), line 25) ►0.		- 1	
찙	17		enses (Part-IX, column (A), lines 11a-11d, 11f-24e)	1,839,	866	1,961,215.
	18		nses (and Marie and Indian (A), line 25)	2,429,	-	2,569,444.
	19	11	ss expenses. Subtract 102 18 from line 12	-156,		-161,608.
Assets or		- 2	APR 1 5 2020 (S (Part X, line 16)	Beginning of Curr		End of Year
Sset	20		is (Part X, line 16) . [α]	1,334,		1,178,280.
Net As	21	Total liabili			848.	153,965.
			or fund balances. Subtract line 21 from line 20	1,185,	923.	1,024,315.
P	art II	Signatu	ire Block			
Ur	der pena	lties of perjury	, I declare that I have examined this return, including accompanying schedules and state	ements, and to the	best of my	y knowledge and belief, it is
tru	e, correc	t, and complet	e Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowled	ige	
			We dilliet	4	1112	026
Si	gn	Signati	ure of afficer	Date	1	
Не	ere	SALI	LI LAUKITIS, EXECUTIVE DIRECTOR			
		<u> </u>	or print name and title			
_		1,		Date	Check 🔯	T if PTIN
Paid TANA I TIPPITTS Self-emi						ן יי ט
Preparer OAM I. IIBBIII						
Ilse Only Firm's name ► TIBBITTS & ASSOCIATES, PLC Firm's EIN ► 46-3518184						
		Firm's add	dress ► 233 HUBBARD STREET, ALLEGAN, MI 49010	Phone	no. (26	9) 673-2222
	<u>.                                    </u>		this return with the preparer shown above? (see instructions)	<u> </u>	<u>· · · ·                                </u>	Yes No
Fo	Paperv	vork Reduct	tion Act Notice, see the separate instructions. BAA	EV 02/25/20 PRO	2	Form <b>990</b> (2019)

•				
orm 9	90 (2019)			Page <b>2</b>
Part		Service Accomplishments tains a response or note to any line in this	Port III	
1	Briefly describe the organization			
2	prior Form 990 or 990-EZ? . If "Yes," describe these new set			es 🗵 No
3	Did the organization cease conservices?	onducting, or make significant changes in	how it conducts, any program	es 🗵 No
4	expenses. Section 501(c)(3) and	gram service accomplishments for each of d 501(c)(4) organizations are required to repertions, if any, for each program service reported.		
4a	TO ENHANCE AND PROMOTI A CENTER FOR THE HOLD COORDINATE THE COMMUN	2,382,361. including grants of \$ E THE IMAGE OF THE HOLLAND, MI ING OF CONVENTIONS AND MEETING ITY EFFORTS IN PROMOTING TOURI	CHIGAN AREA AS	
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)

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

Total program service expenses ► 2,382,3

) (Revenue \$

21



Form 990 (2019) Part IV **Checklist of Required Schedules** No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 1 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . × 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to × Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 X 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 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 8 × 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 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 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," 11a × 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 X Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . . . . . . . . . × 11c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e × Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a 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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E..... 13 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . . 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 × Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . . . . . . . . . . . . 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. . . . . . . . . . . 16 × Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . . . . . . × Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 × Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. . . . . . . .

X

20b

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

Part	Checklist of Required Schedules (continued)			
-			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	<u> </u>	×
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part				
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			, de
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	

Part \	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		, 4	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14	4	<u> </u>	<u>.</u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	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	×	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<u>.:</u>	l <u>`</u> -	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	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	ļ	×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	•		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ĺ		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	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. Did a donor advised fund maintained by the			<u>:</u>
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ļ <u>.</u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		,	.*
`a	Initiation fees and capital contributions included on Part VIII, line 12	١.		١.
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		\ <u>\</u>	, ,
11	Section 501(c)(12) organizations. Enter:	:		"
	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.)	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<del>  -</del>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	٠.	1 1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del>                                     </del>
	Note: See the instructions for additional information the organization must report on Schedule O.	-	3	
b	Enter the amount of reserves the organization is required to maintain by the states in which	'	١٠.	
_	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a	Ť	×
		14a		<del>  ^</del>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	170	<del></del>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		
	excess parachute payment(s) during the year?	7	<u> </u>	<del> </del>
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
16	If "Yes," complete Form 4720, Schedule O.	10		
	II 163, COMPICIO I CITI 7120, COMEQUIS C.	1		1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ın	struc	tions.
Section	on 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 11	1		. 1
	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 on Schedule O.	<u>*</u> .		1.
b	Enter the number of voting members included on line 1a, above, who are independent .	]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?.	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
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		×
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		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		, '.	<u> </u>
	the year by the following:		1	<u> </u>
а	The governing body?	8a	×	L
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u>C4:</u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	ada l	<u>×</u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		<u> </u>
	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	<u>×</u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	45 17		لـــا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
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	×	
b	Other officers or key employees of the organization	15b	×	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	, .	•	1
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		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	, , , , , , , , , , , , , , , , , , ,	٠.:	
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Caca!	organization's exempt status with respect to such arrangements?	16b		<u> </u>
17	Light the state with which a serve of this Form 000 is required to be filed			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	 T (Sec	tion f	501/c\
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re SALLY LAUKITIS, 78 E. 8TH STREET, HOLLAND, MI 49423 (616)394-0000	cords	<b>&gt;</b>	

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

Check if Schedule O contains a response or note to any line 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	dox, office Individua	ox, unless person is both an fficer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position neck more than one ss person is both an d a director/trustee)		Position of check more than one inless person is both an of a director/trustee)		(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
(1) SALLY LAUKITIS	40.00														
EXECUTIVE DIRECTOR		×				×		118,415.	0.	15,940.					
(2) SANDY HARMON	1.00	.,													
PRESIDENT		×		×	<u> </u>			0.	0.	0.					
(3) MARK HERMAN	1.00	×		×											
TREASURER	1 00			^				0.	0.	0.					
(4) GWEN AUWERDA	1.00	×						0.	0.	0.					
DIRECTOR	1 00	<u> </u>	_		-				0.	<u> </u>					
(5) BILL GRIMES 1ST VICE PRES	1.00	×		×				0.	0.	0.					
(6) KEN ARENS	1.00	×													
MEMBER-AT-LARGE	1 00		-					0.	0.	0.					
(7) MATT HELMUS  MEMBER-AT-LARGE	1.00	×						0.	0.	0.					
(8) CHRISTINA BANACZAK DIRECTOR	1.00	×						0.	0.	0.					
(9) JARED MCGRAW DIRECTOR	1.00	×						0.	0.	0.					
(10) LISA WEDDING DIRECTOR	1.00	×						0.	0.	0.					
(11) KARLA SCHEIFELE DIRECTOR	1.00	×						0.	0.	0.					
(12) JAY ALLEN DIRECTOR	1.00	×		_				0.	0.	0.					
(13)															
(14)															

Part	VII Section A. Officers, Directors,	rustees,	Key I	Εm	plo	yee	s, an	d F	lighest Compe	nsated Emplo	yees (continued)
	(A)	(B)	(B) (C) Position (do not check more than one					(D)	(E)	(F)	
	Name and title	Average hours per week	box,	unles	s pe	rson	s than o is both or/trust	an tee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
		(list any hours for related organizations below	hours for related reganizations below (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC)		organizations (W-2/1099-MISC)	from the					
		dotted line)	ee	stee			nsated				
(15)											
(16)											
(17)											
(18)										-	
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)								-			
1b	Subtotal			•	•			<b>&gt;</b>	118,415.	0.	15,940.
d	Total (add lines 1b and 1c)			•	•		•	<u> </u>	118,415.	0.	15,940.
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received more	e than \$100,000	) of
3	Did the organization list any former of	officer dire	ector.	tru	stee	e. k	ev e	mpl	lovee, or highes	t compensated	Yes No
	employee on line 1a? If "Yes," complete	Schedule J	for su	ıch	indi	ividu	ual				3 ×
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	portai an \$1 	516 ( 150,	000	1pei 17 /; 	f "Ye:	m a s," 	complete Sched	dule J for such	7 4 ×
5	Did any person listed on line 1a receive of for services rendered to the organization									ion or individua	5 ×
Secti	on B. Independent Contractors										
1	Complete this table for your five high compensation from the organization. Rep										
	(A) Name and business add	ress							(B) Description of serv	rices	(C) Compensation
	Total number of independent contractor	rs (includir	ng bu	ıt n	ot I	imıt	ed to	th	lose listed above	e) who	·
_	received more than \$100,000 of compens								-	•	

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a respon	se or note to ar	ny line in this Pa	ırt VIII		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b		]			
G, G	С	Fundraising events 1c					
iifts ar A	d	Related organizations 1d					
s, G	е	Government grants (contributions) 1e		_			
Sil	f	All other contributions, gifts, grants,					
outi her		and similar amounts not included above 1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a–1f 1g	œ.				
Sor	h	<b>Total.</b> Add lines 1a–1f	•	<del>-</del>			
		Total: Add lines (a=1)	Business Code				
e l	2a	ASSESSMENTS	713990	2.135.029.	2,135,029.	0.	0.
Program Service Revente	b			2,200,0231			<u> </u>
gram Ser Revence	C		·				
arreve	d						
R	е						
P	f	All other program service revenue					
	g	Total. Add lines 2a-2f	>	2,135,029.	,	FPF2FFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF	
	3	Investment income (including dividends					
		other similar amounts)		4,251.	0.	0.	4,251.
	4	Income from investment of tax-exempt bo			-		<u>.</u>
	5	Royalties					
	6-		(II) Personal				
	6a b	Gross rents   6a   Less rental expenses   6b					
	C	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(II) Other		11 7 31 22 20 20 3 - 2 - 2	<del></del>	
	/ a	sales of assets					
		other than inventory 7a					
e	b	Less. cost or other basis					
enne		and sales expenses . <b>7b</b>		į	1	,	
3ev	С	Gain or (loss) 7c	L				
er	d	Net gain or (loss)	<u> </u>				
Other Rev	8a	Gross income from fundraising					
0		events (not including \$ of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b		1.			
	C	Net income or (loss) from fundraising eve	nts <b>&gt;</b>			-	
	9a	Gross income from gaming		<u> </u>			
		activities. See Part IV, line 19 9a					
	b	Less: direct expenses 9b		1		•	
	C	Net income or (loss) from gaming activities	es <b>&gt;</b>				
	10á	Gröss sales of inventory, less	57			1.7	
	_	returns and allowances . , 10a	7,667.		'		,
	b	Less: cost of goods sold 10b	5,968.	1 600	1 600	0.	0.
	С_	Net income or (loss) from sales of inventor	Business Code	1,699.	1,699.	U.	0.
sno ;	11a	ADVERTISING	541800	96,155.	0.	96,155.	0.
ne	b	OTHER	999999	5,376.	5,376.	90,133.	0.
Miscellaneous Revenue	C	OZ PROJECT	999999	165,326.	165,326.	0.	0.
isc Re	d	All other revenue			·		
Σ	e	Total, Add lines 11a-11d		266,857.			
	12	Total revenue. See instructions	<u>.</u> •	2,407,836.	2,307,430.	96,155.	4,251.

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must	complete all columns. All	other organizations must	complete column (A).

Sectio	Check if Schedule O contains a response				
<u></u>			(B)	(C)	(D)
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	114,400.	85,800.	28,600.	0.
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	362,146.	296,630.	65,516.	0.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	40,566.	32,453.	8,113.	0.
9	Other employee benefits	52,150.	41,719.	10,431.	0.
10	Payroll taxes	38,967.	31,174.	7,793.	0.
11	Fees for services (nonemployees):				
а	Management		<u> </u>		
b	Legal				
C	Accounting				
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, column (A) amount, list line 11g expenses on Schedule O.)	68,312.	26,534.	41,778.	0.
12	Advertising and promotion	1,391,941.	1,391,941.	0.	0.
13	Office expenses	10,512.	8,410.	2,102.	0.
14	Information technology	10,312.	0,410.	2/102.	
15	Royalties				
16	Occupancy	39,270.	29,940.	9,330.	0.
17	Travel	35,2.51			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	60,256.	55,872.	4,384.	0.
23	Insurance				1
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schodulo O.)				
	EQUIPMENT MAINTENANCE/UPGRADES	986.	789.	197.	0.
a b	ADMINISTRATIVE FEE	1,200.	960.	240.	0.
C	MISCELLANEOUS OPERATING	146.	0.	146.	0.
d	AUTOMOBILE EXPENSE	8,369.	6,695.	1,674.	0.
e	All other expenses	380,223.	373,444.	6,779.	0.
25	Total functional expenses. Add lines 1 through 24e	2,569,444.	2,382,361.	187,083.	0.
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)	, , , , , , , , , , , , , , , , , , , ,			
		REV 02/25/20 PRO		<del> </del>	Form <b>990</b> (2019)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	tX		<u></u> . 🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	762,870.	1	635,963.
	2	Savings and temporary cash investments	<u>181,669.</u>	2	183,984.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	128,512.	4	149,482.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	2,661.	8	1,250.
Ä	9	Prepaid expenses and deferred charges	32,172.	9	38,522.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 315,889.			
	b	Less: accumulated depreciation 10b 168,163.	167,200.	10c	147,726.
	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	59,687.	15	21,353.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,334,771.	16	1,178,280.
	17	Accounts payable and accrued expenses	148,848.	17	153,965.
	18	Grants payable		18	
	19	Deferred revenue	0.	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
iat		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		24	
ļ	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X		05	
	06	of Schedule D	148,848.	25 26	153,965.
	26	Total liabilities. Add lines 17 through 25	140,040.	20	155,965.
ces		Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	1,185,923.	27	1,024,315.
18	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.	, · · · ·		
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	· · · · · · · · · · · · · · · · · · ·
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥. A	32	Total net assets or fund balances	1,185,923.	32	1,024,315.
ž	33	Total liabilities and net assets/fund balances	1,334,771.	33	1,178,280.
					Form 990 (2019)

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					J -
Part	XI Reconciliation of Net Assets		-		
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)		2,4	07,8	36.
2	Total expenses (must equal Part IX, column (A), line 25)	<u>:                                    </u>	2,5	69,4	44.
3	Revenue less expenses. Subtract line 2 from line 1	;	-1	61,6	08.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	<u> </u>	1,1	85,9	23.
5	Net unrealized gains (losses) on investments	;			
6	Donated services and use of facilities	;			
7	Investment expenses	,			
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)	)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	<u> </u>	1,0	24,3	315.
<b>Part</b>	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other				-
	If the organization changed its method of accounting from a prior year or checked "Other," explicitly	ain ın	.		
	Schedule O.			<u></u>	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compil	led or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				لــــــــــــــــــــــــــــــــــــــ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	×	
	If the organization changed either its oversight process or selection process during the tax year, explain	ain on			
	Schedule O.				
За	, , , , , , , , , , , , , , , , , , ,	in the			
	Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		ا ۔. ا		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audi	its .	3b		
	REV 02/25/20 PRO		Forn	n <b>990</b>	(2019)

#### **SCHEDULE C** (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (s	ee separate instructions), ti	hen	Tuny (See Separate	, modulotono, or rollingo	
	ection 501(c)(4), (5), or (6) orga	anizations. Complete Part III.		Fundamida	ntification number
	of organization	ON C MICIMODE DIDENI		38-26427	
Part		ON & VISITORS BUREAU e organization is exempt und	or coation 501/		
1 2 3	Provide a description of definition of "political campaign activit	f the organization's direct and in-	direct political ca	mpaign activities in Part	t IV. (see instructions for
Part		e organization is exempt und			
1 2 3 4a b Part	Enter the amount of any of Enter the amount of any of the organization incurred Was a correction made? If "Yes," describe in Part	excise tax incurred by the organization excise tax incurred by organizationed a section 4955 tax, did it file Form.	ation under section n managers under rm 4720 for this ye	n 4955 ▶ \$ section 4955 ▶ \$ ear?	Yes No Yes No
1 2	activities Enter the amount of the	ly expended by the filing organiz		anizations for section	
3 4 5	Total exempt function of line 17b	expenditures. Add lines 1 and 2.  In file Form 1120-POL for this year's ses and employer identification nurents. For each organization listed, contributions received that were profund or a political action committee.	Enter here and	on Form 1120-POL,	Yes No Izations to which the filing ization's funds. Also enterpolitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization  If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Pag	_	2

rait	II-A Complete if the organizat section 501(h)).	ion is exempt i	under section o	u i(c)(3) and file	a Form 5/66 (ele	ction under
A CI	heck I if the filing organization bel address, EIN, expenses, ar				iliated group memb	er's name,
3 CI	heck 🕨 🗌 if the filing organization che	ecked box A and	"lımıted control" p	rovisions apply.		
		bbying Expendit			(a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts	paid or incurred	.)	organization's totals	group totals
1a	Total lobbying expenditures to influen	ce public opinion	(grassroots lobby	ıng)		
b	Total lobbying expenditures to influen	ce a legislative be	ody (direct lobbyin	g)		
C	Total lobbying expenditures (add lines	s 1a and 1b) .				
d	Other exempt purpose expenditures					• • = •
e	Total exempt purpose expenditures (a	add lines 1c and 1	ld)			
f	Lobbying nontaxable amount. Ente	r the amount f	rom the following	g table in both		
{	If the amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the ar	mount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess	over \$500,000.		
1	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	s 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	s 5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter					
h	Subtract line 1g from line 1a. If zero o					
i	Subtract line 1f from line 1c. If zero or					<u> </u>
j	If there is an amount other than ze	ro on either line	1h or line 1, die	the organization	i file Form 4720	
						7v [7v-
	reporting section 4911 tax for this ye	ar?	<u></u>			Yes No
	reporting section 4911 tax for this ye  (Some organizations that made a See t	ar? Year Averaging section 501(h) el he separate inst	Period Under Sec ection do not hav ructions for lines	ction 501(h) e to complete all 2a through 2f.)		
-	reporting section 4911 tax for this ye  (Some organizations that made a See t	ar? Year Averaging section 501(h) el he separate inst	Period Under Sec ection do not hav	ction 501(h) e to complete all 2a through 2f.)		
	reporting section 4911 tax for this ye  (Some organizations that made a See t	ar? Year Averaging section 501(h) el he separate inst	Period Under Sec ection do not hav ructions for lines	ction 501(h) e to complete all 2a through 2f.)		
2a	reporting section 4911 tax for this ye  4- (Some organizations that made a See t  Lobby  Calendar year (or fiscal year	ar? Year Averaging section 501(h) el he separate inst	Period Under Secention do not have ructions for lines	ction 501(h) e to complete all 2a through 2f.) veraging Period	of the five column	ns below.
	reporting section 4911 tax for this ye  (Some organizations that made a See t  Lobby  Calendar year (or fiscal year beginning in)	ar? Year Averaging section 501(h) el he separate inst	Period Under Secention do not have ructions for lines	ction 501(h) e to complete all 2a through 2f.) veraging Period	of the five column	ns below.
	(Some organizations that made a See t  Lobby  Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount	ar? Year Averaging section 501(h) el he separate inst	Period Under Secention do not have ructions for lines	ction 501(h) e to complete all 2a through 2f.) veraging Period	of the five column	ns below.
b	(Some organizations that made a See t  Lobby  Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column (e))  Total lobbying expenditures	ar? Year Averaging section 501(h) el he separate inst	Period Under Secention do not have ructions for lines	ction 501(h) e to complete all 2a through 2f.) veraging Period	of the five column	ns below.
b c	(Some organizations that made a See t  Lobby  Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column (e))  Total lobbying expenditures  Grassroots nontaxable amount	ar? Year Averaging section 501(h) el he separate inst	Period Under Secention do not have ructions for lines	ction 501(h) e to complete all 2a through 2f.) veraging Period	of the five column	ns below.
b c d	(Some organizations that made a See to Lobby)  Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column (e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount	ar? Year Averaging section 501(h) el he separate inst	Period Under Secention do not have ructions for lines	ction 501(h) e to complete all 2a through 2f.) veraging Period	of the five column	ns below.

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	iled	Form	5768		
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(	a)		(b)	
	iption of the lobbying activity.	Yes	No	A	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	,	. ;		٠. :	
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c d	Media advertisements?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i			1		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			<u></u>	<del>`</del> -	
b	If "Yes," enter the amount of any tax incurred under section 4912					
۲. C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u> </u>			
Part		1/5)	or se	ction		
Likers	501(c)(6).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J. 30			
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<del>                                     </del>	×
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<del> </del>	×
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					×
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes."				line 3	I, is
1	Dues, assessments and similar amounts from members		1_	2,1	.35 <b>,</b> 0	)29.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			0.
b	Carryover from last year		2b			
С	Total		2c			0.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3_			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of		4			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	/ing	<u> </u>			
<b>E</b>	and political expenditure next year?	•	4			
5		•	5			0.
	de the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groinstructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Pa	t II-A,	lines 1	and
					<b>-</b>	

Scriedule C (Pon	1350 01 390-EZ) 2013	age -
Part IV	Supplemental Information (continued)	
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· <b></b>		
	· · · · · · · · · · · · · · · · · · ·	
	<u> </u>	

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

➤ Attach to Form 990.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public

Schedule D (Form 990) 2019

Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Name of the organization HOLLAND AREA CONVENTION & VISITORS BUREAU 38-2642783 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . . 2 Aggregate value of contributions to (during year) . Aggregate value of grants from (during year) . . 3 Aggregate value at end of year . . . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB 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, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 . . . . . . . . . . . . . . . . . 

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

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Page Z
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Pari	Organizations Maintaining Col	lections of	Art, His	torical T	reasures,	or Oth	er Similar As	sets (co	ntınued)
3	Using the organization's acquisition, acce collection items (check all that apply):	ssion, and oti	her recoi	ds, chec	k any of the	follow	ng that make s	ignificant	use of its
а	☐ Public exhibition		d	Loan -	or exchange	progra	ım		
b	☐ Scholarly research		е	Other					
С	☐ Preservation for future generations								
4	Provide a description of the organization's XIII.	s collections a	and expla	ain how tl	hey further tl	he orga	anızation's exer	npt purpo	se in Part
5	During the year, did the organization solid assets to be sold to raise funds rather than	to be mainta							s 🗌 No
Part	Complete if the organization ans 990, Part X, line 21.		" on For	m 990, F	Part IV, line	9, or r	eported an an	nount on	Form
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?								s 🗌 No
b	If "Yes," explain the arrangement in Part X	III and comple	ete the fo	llowing ta	able:	_	T		
							A	mount	
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f	L		
	Did the organization include an amount on If "Yes," explain the arrangement in Part X								s 🗌 No
Par	V Endowment Funds.								
	Complete if the organization ans	<del>-</del>						<del>-</del> 1	
		Current year	(b) Pri	or year	(c) Two years	back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs							!	
f	Administrative expenses	·							
g	End of year balance								
2	Provide the estimated percentage of the co	urrent year en	d balanc	e (line 1g	, column (a))	held a	s:		
а	Board designated or quasi-endowment ▶		%						
b	Permanent endowment ► %	, o							
С	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and 2c sl	nould equal 10	00%.						
3a	Are there endowment funds not in the pos	ssession of th	e organi:	zation tha	at are held a	nd adn	ninistered for th	e	
	organization by:		J						Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(II), are the related organi	izations listed	as requi	red on Sc	chedule R? .			3b	
4	Describe in Part XIII the intended uses of the	he organizatio	n's endo	wment fu	unds.				
Part	VI Land, Buildings, and Equipmen	nt.	-"						
	Complete if the organization ans	wered "Yes'	on For	m 990, F	Part IV, line	11a. S	ee Form 990,	Part X, I	ine 10.
	Description of property	(a) Cost or oth			r other basis ther)		ocumulated preciation	(d) Book	value
	Land						<del>-</del>		
b	Buildings					•	<u> </u>		
c	Leasehold improvements			1.	30,580.		24,972.	10	5,608.
d	Equipment				94,784.		68,419.	_	6,365.
e	Other	10	0,000.		80,525.		74,772.		5,753.
	Add lines 1a through 1e. (Column (d) must					:.)	•		7,726.

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form 990	), Part X, line 12.
<u></u>	(a) Description of security or category (including name of security)	(b) Book value	(c) Method o Cost or end-of-ye	f valuation
(1) Financial	derivatives			
(2) Closely h	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)			· · · · · · · · · · · · · · · · · · ·	
(G)				
(H)	mn (b) must equal Form 990, Part X, col. (B) line 12 ) . ▶			
Part VIII	Investments—Program Related.		L	<u> </u>
T are viii	Complete if the organization answered "Yes" on For	m 990. Part IV. lin	e 11c. See Form 990	). Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method o Cost or end-of-ye	f valuation
(1)				
(2)				
(3)				
(4)				
(5)				<u> </u>
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13) .	<u> </u>		<u></u>
Part IX	Other Assets.	m 000 Bort IV lin	o 11d Soo Form 000	Dart V Juno 15
	Complete if the organization answered "Yes" on For	m 990, Fart IV, IIII	e Tru. See Form 550	(b) Book value
(1) DEDOC:				2,187.
(1) DEPOS	TE DEVELOPMENT, NET OF AMORTIZATION			19,166.
(3)	THE DEVELOPMENT, WELL OF THIS WITCH			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on For			21, 353.
	line 25.	m 330, Fait IV, III	e i le di i i i. See Fu	iiii 330, i ait A,
1.	(a) Description of liability			(b) Book value
(1) Federal in				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				. <u></u>
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25 )	<u> </u>	<u> </u>	<del> </del>
2. Liability for organization'	uncertain tax positions. In Part XIII, provide the text of the footnois liability for uncertain tax positions under FASB ASC 740. Check	ote to the organization there if the text of the	n's financial statements t e footnote has been prov	nat reports the ided in Part XIII .

Schedule D (Form 990) 2019

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Part	•		-		
	Complete if the organization answered "Yes" on Form 990, I			T I	
1	Total revenue, gains, and other support per audited financial statements			1	2,413,804.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			- •	
а	Net unrealized gains (losses) on investments	2a		]	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	5,968.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	5,968.
3	Subtract line <b>2e</b> from line <b>1</b>			3	2,407,836.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.) .		5	2,407,836.
Part	· · · · · · · · · · · · · · · · · · ·		-	er Retu	ırn.
	Complete if the organization answered "Yes" on Form 990,	Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements			1	2,575,412.
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	5,968.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	5,968.
3	Subtract line <b>2e</b> from line <b>1</b>			3	2,569,444.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		]	
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
•					
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.) .		5	2,569,444.
5 Part	XIII Supplemental Information.		· · · · · ·		
5 Part Provid		d 4; Pan	t IV, lines 1b and 2b	; Part \	/, line 4; Part X, line
5 Part Provid 2; Part	XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pan	t IV, lines 1b and 2b	; Part \	/, line 4; Part X, line
5 Part Provid 2; Par Pt X	XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Pan	t IV, lines 1b and 2b	; Part \	/, line 4; Part X, line
5 Part Provid 2; Par Pt X	XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part II, Line 2d: COST OF GOODS SOLD	d 4; Pan	t IV, lines 1b and 2b	; Part \	/, line 4; Part X, line
5 Part Provid 2; Par Pt X	XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part II, Line 2d: COST OF GOODS SOLD	d 4; Pan	t IV, lines 1b and 2b	; Part \	/, line 4; Part X, line
5 Part Provid 2; Par Pt X	XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part II, Line 2d: COST OF GOODS SOLD	d 4; Pan	t IV, lines 1b and 2b	; Part \	/, line 4; Part X, line
5 Part Provid 2; Par Pt X	XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part II, Line 2d: COST OF GOODS SOLD	d 4; Pan	t IV, lines 1b and 2b	; Part \	/, line 4; Part X, line
5 Part Provid 2; Par Pt X	XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part II, Line 2d: COST OF GOODS SOLD	d 4; Pan	t IV, lines 1b and 2b	; Part \	/, line 4; Part X, line
5 Part Provid 2; Par Pt X	XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part II, Line 2d: COST OF GOODS SOLD	d 4; Pan	t IV, lines 1b and 2b	; Part \	/, line 4; Part X, line
5 Part Provid 2; Par Pt X	XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part II, Line 2d: COST OF GOODS SOLD	d 4; Pan	t IV, lines 1b and 2b	; Part \	/, line 4; Part X, line
5 Part Provid 2; Par Pt X	XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part II, Line 2d: COST OF GOODS SOLD	d 4; Pan	t IV, lines 1b and 2b	; Part \	/, line 4; Part X, line
5 Part Provid 2; Par Pt X	XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part II, Line 2d: COST OF GOODS SOLD	d 4; Pan	t IV, lines 1b and 2b	; Part \	/, line 4; Part X, line
5 Part Provid 2; Par Pt X	XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part II, Line 2d: COST OF GOODS SOLD	d 4; Pan	t IV, lines 1b and 2b	; Part \	/, line 4; Part X, line
5 Part Provid 2; Par Pt X	XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part II, Line 2d: COST OF GOODS SOLD	d 4; Pan	t IV, lines 1b and 2b	; Part \	/, line 4; Part X, line

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chedule D (For		Page 5
Part XIII	Supplemental Information (continued)	
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#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

HOLLAND AREA CONVENTION & VISITORS BUREAU	38-2642783
Pt VI, Line 11b: THE BOARD REVIEWS FORM 990 PRIOR TO FILING	
Pt VI, Line 15a: THE EXECUTIVE DIRECTOR'S SALARY IS APPROVED BY	THE BOARD OF
DIRECTORS	
Pt VI, Line 15b: ALL SALARIES ARE APPROVED BY THE BOARD OF DIREC	CTORS
Pt VI, Line 19: UPON REQUEST	
Pt VI, Line 12c: BOARD MONITORS CONFLICT OF INTEREST POLICY	
Pt IX, Line 24e:	
Description: LOGO WEAR	
Total: \$0	
Program services: \$0	
Management and general: \$0	
Fundraising: \$0	
Description: EQUIPMENT LEASING	
Total: \$5,635	
Program services: \$4,508	
Management and general: \$1,127	
Fundraising: \$0	
Description: TELEPHONE	
Total: \$6,917	
Program services: \$5,534	
Management and general: \$1,383	
Fundraising: \$0	
Description: STAFF DEVELOPMENT	
Total: \$3,223	
Program services: \$0	

Schedule O (Form 990 or 990-EZ) (2019)	<u> </u>
Name of the organization	Employer identification number
HOLLAND AREA CONVENTION & VISITORS BUREAU	38-2642783
Management and general: \$3,223	
Fundraising: \$0	
Description: SERVICE CHARGES	
Total: \$1,046	
Program services: \$0	
Management and general: \$1,046	
Fundraising: \$0	
Description: OZ PROJECT	
Total: \$363,402	
Program services: \$363,402	
Management and general: \$0	
Fundraising: \$0	