

# Return of Organization Exempt From Income Tax

# 2007

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2007 calendar year, or tax year beginning and ending

**B** Check if applicable:  Address change,  Name change,  Initial return,  Termination,  Amended return,  Application pending

**C** Name of organization: **INDIANAPOLIS CONVENTION AND VISITORS ASSOCIATION, INC.**

**D** Employer identification number: **35-0413010**

**E** Telephone number: **317-639-4282**

**F** Accounting method:  Cash,  Accrual

**G** Website: **WWW.INDIANAPOLIS.ORG**

**J** Organization type:  501(c)(6),  4947(a)(1),  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: **12,159,994.**

**H and I** are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates?  Yes,  No

**H(b)** If "Yes," enter number of affiliates: **N/A**

**H(c)** Are all affiliates included? **N/A**  Yes,  No (If "No," attach a list)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes,  No

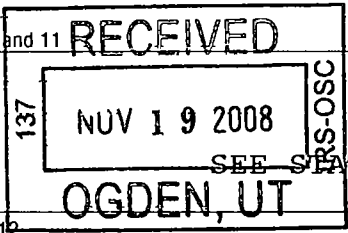
**I** Group Exemption Number: **N/A**

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

SCANNED DEC 12 2008

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	<b>1,549,986.</b>		
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>			
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>	<b>100,000.</b>		
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>1,332,293.</b> noncash \$ <b>317,693.</b> )	<b>1e</b>			<b>1,649,986.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			<b>9,460,803.</b>
	<b>3</b> Membership dues and assessments	<b>3</b>			<b>704,127.</b>
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			<b>31,859.</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>			<b>162,914.</b>
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss) Subtract line 6b from line 6a	<b>6c</b>				
<b>7</b> Other investment income (describe )	<b>7</b>				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	<b>8a</b>				
	<b>8b</b>				
	<b>8c</b>				
<b>d</b> Net gain or (loss) Combine line 8c, columns (A) and (B)	<b>8d</b>				
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>			
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events Subtract line 9b from line 9a	<b>9c</b>			
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			<b>150,305.</b>	
<b>12</b> Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>			<b>12,159,994.</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>			
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			<b>489,161.</b>
	<b>17</b> Total expenses Add lines 16 and 44, column (A)	<b>17</b>			<b>11,748,079.</b>
Net Assets	<b>18</b> Excess or (deficit) for the year Subtract line 17 from line 12	<b>18</b>		<b>411,915.</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>3,912,993.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	<b>20</b>		<b>2,800.</b>	
	<b>21</b> Net assets or fund balances at end of year Combine lines 18, 19, and 20	<b>21</b>			<b>4,327,708.</b>



**INDIANAPOLIS CONVENTION AND VISITORS  
ASSOCIATION, INC.**

Form 990 (2007)

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**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A	932,337.			
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B	0.			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	3,393,692.			
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	252,997.			
<b>28</b> Employee benefits not included on lines 25a - 27	439,737.			
<b>29</b> Payroll taxes	293,059.			
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees				
<b>32</b> Legal fees				
<b>33</b> Supplies	76,216.			
<b>34</b> Telephone	88,381.			
<b>35</b> Postage and shipping	49,472.			
<b>36</b> Occupancy	17,392.			
<b>37</b> Equipment rental and maintenance	116,972.			
<b>38</b> Printing and publications	740,740.			
<b>39</b> Travel	44,299.			
<b>40</b> Conferences, conventions, and meetings	986,280.			
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc (attach schedule)	655,814.			
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> _____				
<b>f</b> _____				
<b>g</b> SEE STATEMENT 3	3,171,530.			
<b>44</b> Total functional expenses Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	11,258,918.			

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,  
 (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

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12-27-07

Form 990 (2007)

**INDIANAPOLIS CONVENTION AND VISITORS  
ASSOCIATION, INC.**

Form 990 (2007)

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**Part III Statement of Program Service Accomplishments** *(See the instructions)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <b>ADVANCE INDIANAPOLIS TOURISM AND ECONOMIC GROWTH.</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	
<b>a SOLICITED AND BOOKED CONVENTIONS, EXPOSITIONS, TRADE SHOWS AND OTHER MEETINGS AND WORKED IN CONJUNCTION WITH THE STAFF OF THE INDIANA CONVENTION CENTER, AND RCA DOME ON ALL CONVENTIONS IN THAT FACILITY.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>b ASSISTED THE CAPITAL IMPROVEMENT BOARD AND MARION COUNTY MEMBER BUSINESSES BY MARKETING THEIR FACILITIES, PRODUCTS AND SERVICES TO VISITING GROUPS AND INDIVIDUALS.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>c ASSISTED VISITORS BY PROVIDING SERVICES AND INFORMATION.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶	

Form **990** (2007)

**INDIANAPOLIS CONVENTION AND VISITORS  
ASSOCIATION, INC.**

Form 990 (2007)

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**Part IV Balance Sheets** (See the instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	1,449,418.	46 2,355,456.
	47 a Accounts receivable	47a 922,633.	
	b Less: allowance for doubtful accounts	47b 37,250.	47c 885,383.
	48 a Pledges receivable	48a 148,250.	
	b Less: allowance for doubtful accounts	48b 10,000.	48c 138,250.
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	323,676.	53 536,705.
	54 a Investments - publicly-traded securities STMT 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,925,022.	54a 1,549,267.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a Investments - land, buildings, and equipment basis STMT 4	55a		
b Less: accumulated depreciation	55b	55c	
56 Investments - other	0.	56 0.	
57 a Land, buildings, and equipment: basis	57a 2,976,511.		
b Less: accumulated depreciation STMT 6	57b 2,301,083.	57c 675,428.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> )		58	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	5,437,940.	59 6,140,489.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	813,088.	60 1,063,448.
	61 Grants payable		61
	62 Deferred revenue	711,859.	62 749,333.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <input type="checkbox"/> )		65
66 <b>Total liabilities.</b> Add lines 60 through 65	1,524,947.	66 1,812,781.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>		
	67 Unrestricted	3,912,993.	67 4,179,458.
	68 Temporarily restricted		68 148,250.
	69 Permanently restricted		69
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 <b>Total net assets or fund balances</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	3,912,993.	73 4,327,708.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	5,437,940.	74 6,140,489.

Form 990 (2007)

INDIANAPOLIS CONVENTION AND VISITORS ASSOCIATION, INC.

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions)

a	Total revenue, gains, and other support per audited financial statements		a	12,171,747.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	2,800.	
2	Donated services and use of facilities	b2	258,001.	
3	Recoveries of prior year grants	b3		
4	Other (specify)	b4		
	Add lines b1 through b4		b	260,801.
c	Subtract line b from line a		c	11,910,946.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) SEE STATEMENT 7	d2	249,048.	
	Add lines d1 and d2		d	249,048.
e	<b>Total revenue</b> (Part I, line 12) Add lines c and d		e	12,159,994.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements		a	11,757,032.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	258,001.	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify)	b4		
	Add lines b1 through b4		b	258,001.
c	Subtract line b from line a		c	11,499,031.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) SEE STATEMENT 8	d2	249,048.	
	Add lines d1 and d2		d	249,048.
e	<b>Total expenses</b> (Part I, line 17) Add lines c and d		e	11,748,079.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 9		847,520.	84,817.	0.
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Form 990 (2007)

INDIANAPOLIS CONVENTION AND VISITORS  
ASSOCIATION, INC.

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<b>Part V-A</b> Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float:right">▶ <u>30</u></span>		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d Does the organization have a written conflict of interest policy?	75d	X

<b>Part V-B</b> Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)				
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				
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<b>Part VI</b> Other Information <i>(See the instructions)</i>	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization ▶ <u>TOURISM TOMORROW, INC.</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct and indirect political expenditures (See line 81 instructions)	81a	0.
b Did the organization file Form 1120-POL for this year?	81b	X

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ASSOCIATION, INC.**

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<b>Part VI Other Information</b> (continued)		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
	82b   258,001.		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? N/A	83b	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
<b>85 a</b>	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a	X
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	X
<b>c</b>	Dues, assessments, and similar amounts from members	85c	N/A
<b>d</b>	Section 162(e) lobbying and political expenditures	85d	N/A
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
<b>86</b>	501(c)(7) organizations. Enter: <b>a</b> Initiation fees and capital contributions included on line 12	86a	N/A
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
<b>87</b>	501(c)(12) organizations. Enter: <b>a</b> Gross income from members or shareholders	87a	N/A
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
<b>88 a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
<b>89 a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911   N/A, section 4912   N/A, section 4955   N/A		
<b>b</b>	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	N/A
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A	89g	
<b>90 a</b>	List the states with which a copy of this return is filed   IN		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007	90b	72
<b>91 a</b>	The books are in care of   JAMES WALLIS Telephone no   317-684-2461 Located at   30 SOUTH MERIDIAN STREET, INDIANAPOLIS, IN ZIP + 4   46204		
<b>b</b>	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)? If "Yes," enter the name of the foreign country   N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Form 990 (2007)

**INDIANAPOLIS CONVENTION AND VISITORS  
ASSOCIATION, INC.**

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**Part VI Other Information** (continued) Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country N/A
- 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 | N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions)

**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a CONV. & TOURSIM PROMO.					528,908.
b CONV. & EVENT PROMOTION					457,120.
c HOUSING AND REGISTRATION					393,927.
d REIMBURSEMENT OF SHARED					
e EXPENSES	561000	249,048.			
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					7,831,800.
94 Membership dues and assessments					704,127.
95 Interest on savings and temporary cash investments			14	31,859.	
96 Dividends and interest from securities			14	162,914.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER			01	150,305.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		249,048.		345,078.	9,915,882.
105 Total (add line 104, columns (B), (D), and (E))					10,510,008.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 10

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Form 990 (2007)



INDIANAPOLIS CONVENTION AND VISITORS  
ASSOCIATION, INC.

Form 990 (2007)

35-0413010 Page 9

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	TOURISM TOMORROW, INC. 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	35-1573009	SEE STATEMENT 11	489,161.
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				489,161.

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	TOURISM TOMORROW, INC. 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	35-1573009	SEE STATEMENT 12	43.
b	TOURISM TOMORROW, INC. 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	35-1573009		249,005.
c	----- ----- -----			
<b>Totals</b>				249,048.

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: *James E Wallis* Date: *11/12/08*

Type or print name and title: *James E Wallis VP Finance*

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Paid Preparer's Use Only

Preparer's signature: *Amanda Meho, CPA* Date: *11/11/08* Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: *GREENWALT SPONSEL & CO., INC. 5342 W. VERMONT ST. INDIANAPOLIS, IN. 46224*

EIN: \_\_\_\_\_ Phone no: *317-241-2999*

Form 990 (2007)

FORM 990 PAYMENTS TO AFFILIATES STATEMENT 1

AFFILIATE'S NAME	AFFILIATE'S ADDRESS	AMOUNT
TOURISM TOMORROW, INC.	30 SOUTH MERIDIAN INDIANAPOLIS, IN 46204	489,161.
PURPOSE OF PAYMENT		
PAYMENTS TO AFFILIATE		489,161.
TOTAL TO FORM 990, PART I, LINE 16		489,161.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENT	2,800.
TOTAL TO FORM 990, PART I, LINE 20	2,800.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
INSURANCE	53,642.			
PROFESSIONAL FEES	72,725.			
DUES & SUBSCRIPTIONS	56,159.			
ADVERTISING				
PRODUCTION & PLACEMENT	1,822,930.			
DEVELOPMENT	70,714.			
CONVENTION & EVENTS	917,870.			
BAD DEBT	39,432.			
MISCELLANEOUS	3,725.			
COLLATERAL				
FULFILLMENT	67,386.			
CIVIC INVOLVEMENT	66,947.			
TOTAL TO FM 990, LN 43	3,171,530.			

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 4

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	FMV			495,854.	495,854.
TOTAL TO FORM 990, LINE 54A, COL B				495,854.	495,854.

FORM 990 GOVERNMENT SECURITIES STATEMENT 5

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
EQUITY SECURITIES	FMV	1,053,413.		1,053,413.
TOTAL TO FORM 990, LINE 54A, COL B		1,053,413.		1,053,413.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND EQUIPMENT	1,553,901.	1,319,864.	234,037.
COMPUTER EQUIPMENT	1,422,610.	981,219.	441,391.
TOTAL TO FORM 990, PART IV, LN 57		2,301,083.	675,428.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 7

DESCRIPTION	AMOUNT
REIMBURSEMENT OF SHARED EXPENSES FROM CONTROLLED ENTITY	249,048.
TOTAL TO FORM 990, PART IV-A	249,048.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	8
DESCRIPTION		AMOUNT	
REIMBURSEMENT OF SHARED EXPENSES FROM CONTROLLED ENTITY		249,048.	
TOTAL TO FORM 990, PART IV-B		249,048.	

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GERALD L. BEPKO 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	BOARD MEMBER 0.00	0.	0.	0.
JERRY D. SEMLER 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	CHAIRMAN 0.00	0.	0.	0.
WM K. MCGOWAN, JR. 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	VICE CHAIRMAN 1.00	12,143.	0.	0.
WILLIAM G. MAYS 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	TREASURER 0.00	0.	0.	0.
MARJORIE C. TARPLEE 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	SECRETARY 0.00	0.	0.	0.
ROBERT F. BEDELL 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	PRESIDENT & CEO 40.00	320,522.	33,255.	0.
MARK W. GRAY 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	TREASURER EMERITUS 0.00	0.	0.	0.
DR. PHILIP C. BORST 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	BOARD MEMBER 0.00	0.	0.	0.

INDIANAPOLIS CONVENTION AND VISITORS ASS

35-0413010

MICHAEL G. BROWNING 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	VICE CHAIRMAN 0.00	0.	0.	0.
S. HENRY BUNDLES, JR. 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	BOARD MEMBER 0.00	0.	0.	0.
JAMES E. DORA, JR. 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	BOARD MEMBER 0.00	0.	0.	0.
ANTON H. GEORGE 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	BOARD MEMBER 0.00	0.	0.	0.
CRAIG HUSE 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	BOARD MEMBER 0.00	0.	0.	0.
THOMAS A. KING 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	BOARD MEMBER 0.00	0.	0.	0.
BARNEY LEVENGOOD 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	BOARD MEMBER 0.00	0.	0.	0.
WILLIAM SHREWSBERRY 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	BOARD MEMBER 0.00	0.	0.	0.
DAVE SIBLEY 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	BOARD MEMBER 0.00	0.	0.	0.
FAY H. WILLIAMS 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	BOARD MEMBER 0.00	0.	0.	0.
WAYNE PATRICK 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	BOARD MEMBER 0.00	0.	0.	0.
ALFRED D. BENNETT 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	V.P. SALES 40.00	126,842.	15,737.	0.
MATTHEW B. CARTER 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	V.P. STRATEGIC DEVELOPMENT 40.00	134,547.	7,796.	0.

MARY K. HUGGARD 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	V.P. COMMUNICATION & DEV. 40.00	123,891.	20,746.	0.
JAMES E. WALLIS 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	V.P. FINANCE, ADMIN, & TECH 40.00	129,575.	7,283.	0.
DERRICK BURKS 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	BOARD MEMBER 0.00	0.	0.	0.
MICHAEL I. CROWTHER 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	BOARD MEMBER 0.00	0.	0.	0.
KEIRA AMSTUTZ 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	BOARD MEMBER 0.00	0.	0.	0.
CYNTHIA HOYE 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	BOARD MEMBER 0.00	0.	0.	0.
WARREN R. WILKINSON 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	BOARD MEMBER 0.00	0.	0.	0.
JUSTICE THEODORE R. BOEHM 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	BOARD MEMBER 0.00	0.	0.	0.
ROBERT T. GRAND 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	BOARD MEMBER 0.00	0.	0.	0.
THOMAS W. JERNSTEDT 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	BOARD MEMBER 0.00	0.	0.	0.
JAMES T. MORRIS 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	BOARD MEMBER 0.00	0.	0.	0.
JOANNE M. SANDERS 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	BOARD MEMBER 0.00	0.	0.	0.
ELLEN R. SAUL 30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	BOARD MEMBER 0.00	0.	0.	0.

TAMARA ZAHN	BOARD MEMBER			
30 SOUTH MERIDIAN STREET	0.00	0.	0.	0.
INDIANAPOLIS, IN 46204				

TOTALS INCLUDED ON FORM 990, PART V-A		<u>847,520.</u>	<u>84,817.</u>	<u>0.</u>
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FORM 990                      PART VIII - RELATIONSHIP OF ACTIVITIES TO                      STATEMENT 10  
 ACCOMPLISHMENT OF EXEMPT PURPOSES

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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93	THE INCOME IS RECEIVED BY THE ASSOCIATION DUE TO ITS EFFORTS AND
94	ACTIVITIES TO ENHANCE THE ECONOMIC FABRIC OF INDIANAPOLIS THROUGH THE
	PROMOTION, ADVERTISING AND MARKETING OF THE CITY, ITS FACILITIES AND
	RESOURCES AS A SITE FOR CONVENTIONS, MEETINGS, TRADE SHOWS, CULTURAL
	AND SPORTING EVENTS, GROUP TOURS AND PLEASURE TRAVEL.

FORM 990

DESCRIPTION OF TRANSFER  
PART XI, LINE 106

STATEMENT 11

NAME OF CONTROLLED ENTITY

EMPLOYER ID

TOURISM TOMORROW, INC.

35-1573009

DESCRIPTION OF TRANSFER

ICVA CONTRACTS WITH TOURISM TOMORROW TO PROVIDE THE ICVA NATIONAL MEDIA AND VISITOR INFORMATION.



FORM 990

DESCRIPTION OF TRANSFER  
PART XI, LINE 107

STATEMENT 12

NAME OF CONTROLLED ENTITY

EMPLOYER ID

TOURISM TOMORROW, INC.

35-1573009

DESCRIPTION OF TRANSFER

TOURISM TOMORROW REIMBURSES ICVA FOR THE COST OF ANY OF ITS MAILINGS  
HANDLED BY ICVA.

NAME OF CONTROLLED ENTITY

EMPLOYER ID

TOURISM TOMORROW, INC.

35-1573009

DESCRIPTION OF TRANSFER

TOURISM TOMORROW REIMBURSES ICVA FOR THE USE OF EMPLOYEES.

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  [X]
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3 month extension on a previously filed Form 8868**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6 month extension check this box and complete Part I only

All other corporations (including 1120-C filers) partnerships REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3 month automatic extension of time to file one of the returns noted below. (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3 month extension or (2) you file Forms 990-BL, 6069 or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>	Name of Exempt Organization <b>INDIANAPOLIS CONVENTION AND VISITORS ASSOCIATION, INC.</b>	Employer identification number <b>35-0413010</b>
File copy as required by 26 CFR 1.6011-5	Number, street, and room or suite no. If a P.O. box, see instructions <b>30 SOUTH MERIDIAN STREET, NO. 410</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>INDIANAPOLIS, IN 46204</b>	

Check type of return to be filed (file a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-E (sec. 501(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **JAMES WALLIS**  
Telephone No ▶ **317-684-2461** FAX No ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2008** to file the exempt organization return for the organization named above. The extension is for the organization's return for  
▶  calendar year **2007** or  
▶  tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	<b>S</b>
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	<b>S</b>
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	<b>S</b> <span style="float: right;">N/A</span>

**Caution** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8153-EO and Form 8879-EO for payment instructions

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

Form 8868 (Rev. 3-2008)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box  **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

<b>Part II</b> Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print	Name of Exempt Organization <b>INDIANAPOLIS CONVENTION AND VISITORS ASSOCIATION, INC.</b>	Employer identification number <b>35-0413010</b>
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>30 SOUTH MERIDIAN STREET, NO. 410</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>INDIANAPOLIS, IN 46204</b>	

- Check type of return to be filed (File a separate application for each return):
- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **JAMES WALLIS**  
Telephone No. **317-684-2461** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2008**.
- 5 For calendar year **2007**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension

**ADDITIONAL TIME NEEDED TO GATHER INFORMATION REQUIRED IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Amanda Alamo** Title **CPA** Date **8/7/08**