

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

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

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>LA INC., THE CONVENTION & VISITORS BU</u> Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite <u>333 SOUTH HOPE STREET, 18TH FLOOR</u> City or town, state or country, and ZIP + 4 <u>LOS ANGELES, CA 90071</u>	D Employer identification number <u>95-3165255</u> E Telephone number <u>(213) 236-2380</u>
	F Name and address of principal officer <u>MARK LIBERMAN</u> <u>333 S. HOPE ST., 18TH FLOOR LOS ANGELES, CA 90071</u>		G Gross receipts \$ <u>19,496,513.</u> H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If "No," attach a list. (see instructions)</small>
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (<u>6</u>) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶

J Website ▶ WWW.LACVB.COM

K Type of organization Corporation Trust Association Other ▶ **L Year of formation** 1977 **M State of legal domicile** CA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities <u>ADVANCE THE PROSPERITY OF LA'S VISITOR ECONOMY AND THE LIVELIHOODS THAT DEPEND ON IT</u>			
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	35	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	34	
	5	Total number of employees (Part V, line 2a)	5	87	
	6	Total number of volunteers (estimate if necessary)	6		
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	1,039,108.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9	Program service revenue (Part VIII, line 2g)	11,334,867.	10,425,174.	
	10	Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10b, and 7d)	11,387,539.	8,984,797.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10b, and 11e)	32,917.	14,986.	
	12	Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)	107,521.	71,556.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,862,844.	19,496,513.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		NONE	
	Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		NONE
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	9,556,493.	9,167,793.
		16b	Total fundraising expenses, Part IX, column (D), line 25) ▶		NONE
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		
		18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	13,251,096.	10,485,970.
	19	Revenue less expenses Subtract line 18 from line 12	22,807,589.	19,653,763.	
			55,255.	-157,250.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year	
	21	Total liabilities (Part X, line 26)	8,034,543.	6,344,327.	
	22	Net assets or fund balances Subtract line 21 from line 20	7,560,153.	7,891,385.	
			474,390.	-1,547,058.	

Part II Signature Block

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

Sign Here ▶ S. J. Dietrich
Signature of officer

▶ S. J. Dietrich, S
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: [Signature]

Firm's name (or yours if self-employed), address, and ZIP + 4: BRO SEIDMAN, LLP
3200 BRISTOL ST., 4TH FLOOR COSTA MESA,

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

SCANNED JUL 14 2010

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

ADVANCE THE PROSPERITY OF LA'S VISITOR ECONOMY AND THE LIVELIHOODS
THAT DEPEND ON IT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

CORPORATE AND ASSOCIATION SALES PROGRAM: INVOLVES THE SELLING OF
THE CITY OF LOS ANGELES TO ASSOCIATIONS AND BUSINESS ENTITIES AS A
PLACE IN WHICH TO HOLD THEIR ANNUAL MEETINGS, CONVENTIONS, OR
TRADE SHOWS.

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

CONSUMER SALES PROGRAM: INVOLVES ACTIVITIES DIRECTED AT BOTH THE
OVERSEAS AND DOMESTIC LEISURE TRAVELERS. OVERSEAS ACTIVITIES ARE
PERFORMED IN COMPLIANCE WITH THE CONTRACT WITH THE LOS ANGELES
WORLD AIRPORTS. DOMESTIC MARKETING AND SUPPORTING SERVICES
INVOLVES DEVELOPMENT AND MAINTENANCE OF A WEBSITE DIRECTED TO ALL
TRAVELERS, EXHIBITION AT TRADE SHOWS, OPERATIONS OF VISITOR
INFORMATION CENTERS, PAID PRINT, RADIO AND TELEVISION ADVERTISING
CAMPAIGNS AND OTHER ACTIONS TO INCREASE DOMESTIC TRAVEL.

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

MEDIA AND RESEARCH PROGRAM: INCLUDES MEDIA RELATIONS, RESEARCH
PUBLIC AFFAIRS, SUPPORTING THE CORPORATE AND ASSOCIATION SALES AND
CONSUMER SALES PROGRAMS.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ _____ (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Contains 27 numbered questions regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question numbers (1a-12b), Yes/No checkboxes, and input fields. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that 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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?		X
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		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)		X
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?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MR. STEFAN DIETRICH 333 S. HOPE ST., 18TH FLOOR LOS ANGELES, CA 90071

213-236-2373

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

Table with columns: (A) Name and Title, (B) Average hours per week, (C) Position (check all that apply) - Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former, (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.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1b Total 3,156,280. 222,347.
2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 17

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'SEE STATEMENT 2'.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 8

Part VIII Statement of Revenue

95-3165255

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	10,425,174.		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f	STMT. 3.	10,425,174.		
Program Service Revenue	Business Code				
	2a COOPERATIVE PROG	511190	2,466,988.	1,427,880	1,039,108.
	b LOS ANGELES WORLD AIRPORTS		5,200,000.	5,200,000.	
	c MEMBERSHIP DUES		1,317,809.	1,317,809.	
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		8,984,797.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		14,986.		14,986.
	4 Income from investment of tax-exempt bond proceeds		NONE		
	5 Royalties		NONE		
		(i) Real (ii) Personal			
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)		NONE		
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)		NONE		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a			
	b Less direct expenses	b			
	c Net income or (loss) from fundraising events		NONE		
	9a Gross income from gaming activities. See Part IV, line 19	a			
	b Less direct expenses	b			
	c Net income or (loss) from gaming activities		NONE		
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory		NONE			
Miscellaneous Revenue		Business Code			
11a MISCELLANEOUS REVENUE		71,556.		71,556.	
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		71,556.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		19,496,513.	7,945,689.	1,039,108.	86,542.

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	473,000.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	6,443,117.			
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	562,570.			
9 Other employee benefits	1,147,252.			
10 Payroll taxes	541,854.			
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	60,391.			
c Accounting	119,159.			
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	125,849.			
12 Advertising and promotion	7,042,595.			
13 Office expenses	550,713.			
14 Information technology	190,575.			
15 Royalties	NONE			
16 Occupancy	1,272,491.			
17 Travel	356,621.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	25,646.			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	358,366.			
23 Insurance	125,538.			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a DUES AND SUBSCRIPTIONS -----	128,768.			
b OFFICE MAINTENANCE & REPAIRS -----	190,120.			
c MISCELLANEOUS -----	-60,862.			
d -----				
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	19,653,763.			
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	671,951.	1	1,120,742.
	2 Savings and temporary cash investments	2,800,142.	2	2,417,233.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,958,381.	4	397,418.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges	747,422.	9	1,046,910.
	10a Land, buildings, and equipment, cost basis	10a 3,845,277.		
	b Less accumulated depreciation. Complete Part VI of Schedule D.	10b 3,140,585.	1,013,569.	10c 704,692.
	11 Investments - publicly traded securities		11	585,886.
	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	843,078.	15	71,446.
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,034,543.	16	6,344,327.	
Liabilities	17 Accounts payable and accrued expenses	3,080,719.	17	1,563,083.
	18 Grants payable		18	
	19 Deferred revenue	834,714.	19	895,132.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	100,000.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	3,644,720.	25	5,333,170.
	26 Total liabilities. Add lines 17 through 25.	7,560,153.	26	7,891,385.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-865,161.	27	-2,678,162.
	28 Temporarily restricted net assets	1,339,551.	28	1,131,104.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	474,390.	33	-1,547,058.
	34 Total liabilities and net assets/fund balances	8,034,543.	34	6,344,327.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization: LA INC., THE CONVENTION & VISITORS BUREAU; Employer identification number: 95-3165255

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and questions about donor information.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, and monitoring requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2008

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
ACCRUED PENSION LIABILITY	4,747,284.
DEFERRED COMP LIABILITY	585,886.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	5,333,170.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue (19,496,513). Line 2: Total expenses (19,653,763). Line 3: Excess or (deficit) for the year (-157,250). Lines 4-8: Adjustments. Line 9: Total adjustments (net). Line 10: Excess or (deficit) for the year per financial statements (-157,250).

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows for revenue reconciliation. Line 1: Total revenue (19,496,513). Lines 2-4: Amounts included on line 1 but not on Form 990. Line 5: Total revenue (19,496,513).

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for expense reconciliation. Line 1: Total expenses (19,653,763). Lines 2-4: Amounts included on line 1 but not on Form 990. Line 5: Total expenses (19,653,763).

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

Series of horizontal dashed lines provided for entering supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

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

2008

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Name of the organization

Employer identification number

LA INC., THE CONVENTION & VISITORS BUREAU

95-3165255

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel		
<input type="checkbox"/>	Travel for companions		
<input type="checkbox"/>	Tax indemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input checked="" type="checkbox"/>	Compensation committee	<input checked="" type="checkbox"/>	Written employment contract
<input checked="" type="checkbox"/>	Independent compensation consultant	<input checked="" type="checkbox"/>	Compensation survey or study
<input type="checkbox"/>	Form 990 of other organizations	<input checked="" type="checkbox"/>	Approval by the board or compensation committee
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a		
a	Receive a severance payment or change of control payment?	4a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	X
b	Any related organization?	5b	X
	If "Yes" to line 5a or 5b, describe in Part III.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of.		
a	The organization?	6a	X
b	Any related organization?	6b	X
	If "Yes" to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	

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

Schedule J (Form 990) 2008

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JAMES LABADIE	(i) 109,232.	34,941.	NONE	NONE	22,306.	166,479.	NONE
	(ii) -----	-----	-----	-----	-----	-----	-----
JEFFREY LEUNG	(i) 106,484.	74,904.	NONE	NONE	18,098.	199,486.	NONE
	(ii) -----	-----	-----	-----	-----	-----	-----
KATHLEEN MCADAMS	(i) 134,892.	44,776.	NONE	NONE	22,306.	201,974.	NONE
	(ii) -----	-----	-----	-----	-----	-----	-----
KATHRYN SCHLOESSMAN	(i) 145,391.	28,000.	NONE	NONE	14,827.	188,218.	NONE
	(ii) -----	-----	-----	-----	-----	-----	-----
MARK LIBERMAN	(i) 292,000.	172,000.	9,000.	NONE	15,047.	488,047.	NONE
	(ii) -----	-----	-----	-----	-----	-----	-----
MAXIMO VILLAR	(i) 131,078.	15,000.	NONE	NONE	7,898.	153,976.	NONE
	(ii) -----	-----	-----	-----	-----	-----	-----
MICHAEL C. R. COLLINS	(i) 248,500.	98,000.	8,400.	NONE	22,481.	377,381.	NONE
	(ii) -----	-----	-----	-----	-----	-----	-----
MICHAEL KROUSE	(i) 175,250.	72,000.	8,400.	NONE	14,856.	270,506.	NONE
	(ii) -----	-----	-----	-----	-----	-----	-----
PATRICIA MACJENNETT	(i) 180,750.	64,000.	8,400.	NONE	22,379.	275,529.	NONE
	(ii) -----	-----	-----	-----	-----	-----	-----
ROBERT THIBAUT	(i) 137,700.	28,000.	NONE	NONE	7,910.	173,610.	NONE
	(ii) -----	-----	-----	-----	-----	-----	-----
STEFAN DIETRICH	(i) 167,000.	60,000.	8,400.	NONE	14,859.	250,259.	NONE
	(ii) -----	-----	-----	-----	-----	-----	-----
	(i) -----	-----	-----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
	(i) -----	-----	-----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
	(i) -----	-----	-----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----

Part III Supplemental Information

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

SCH J PART I Q. 4B

QUESTION REGARDING COMPENSATION

YEAR END 6/30/2009

OTHER ASSET 585,886

ACCRUED EXP 585,886

COMP EXPENSE (98,246)

EARNINGS (LOSS) (98,246)

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization: **LA INC., THE CONVENTION & VISITORS BUREAU**
Employer Identification number: **95-3165255**

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ALAN ROTHENBERG, ESQ. DIRECTOR	2.	X						NONE	NONE	
BRAD GLUCKSTEIN DIRECTOR	2.	X						NONE	NONE	
BRUCE GORELICK DIRECTOR	2.	X						NONE	NONE	
CANDY SPELLING DIRECTOR	2.	X						NONE	NONE	
CATHY BRADLEY BERG DIRECTOR	2.	X						NONE	NONE	
CHRISTINA NOONAN OFFICER	2.	X						NONE	NONE	
CLAY ANDREWS DIRECTOR	2.	X						NONE	NONE	
DAVID HOROWITZ DIRECTOR	2.	X						NONE	NONE	
DAVID S. AIKENHEAD, ESQ. LEGAL COUNSEL	2.	X						NONE	NONE	
DON LUIS CAMACHO DIRECTOR	2.	X						NONE	NONE	
HON. JANICE HAHN CHAIR	2.	X						NONE	NONE	
HON. TOM LABONGE MEMBER	2.	X						NONE	NONE	
IRENE HIRANO DIRECTOR	2.	X						NONE	NONE	
JAMIE D. MCCOURT DIRECTOR	2.	X						NONE	NONE	
JAVIER CANO DIRECTOR	2.	X						NONE	NONE	
JAYME WILSON DIRECTOR	2.	X						NONE	NONE	
JEFF KING DIRECTOR	2.	X						NONE	NONE	
JIM HILL DIRECTOR	2.	X						NONE	NONE	
JOHN GRAY DIRECTOR	2.	X						NONE	NONE	
KATHY FAULK DIRECTOR	2.	X						NONE	NONE	
LARKIN ARNOLD, ESQ. DIRECTOR	2.	X						NONE	NONE	

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

Schedule J-2 (Form 990) 2008

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

LA INC., THE CONVENTION & VISITORS BUREAU

95-3165255

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LARRY KURZWEIL DIRECTOR	2.	X						NONE	NONE	
MARIA ELENA DURAZO DIRECTOR	2.	X						NONE	NONE	
MEHDI EFTEKARI DIRECTOR	2.	X						NONE	NONE	
MICHAEL CZARCINSKI DIRECTOR	2.	X						NONE	NONE	
NOELIA RODRIGUEZ DIRECTOR	2.	X						NONE	NONE	
RICHARD J. WELCH, ESQ. DIRECTOR	2.	X						NONE	NONE	
SEAN DEE DIRECTOR	2.	X						NONE	NONE	
STAN WASHINGTON DIRECTOR	2.	X						NONE	NONE	
STEVEN HALL DIRECTOR	2.	X						NONE	NONE	
WILLIAM LUDDY DIRECTOR	2.	X						NONE	NONE	
MARK LIBERMAN PRESIDENT	50.			X				473,000.	15,047.	
MICHAEL C. R. COLLINS EX. VICE PRESIDENT	50.			X				354,900.	22,481.	
MICHAEL KROUSE SR. VP SALES	50.			X				255,650.	14,856.	
PATRICIA MACJENNETT SR. VP MARKETING	50.			X				253,150.	22,379.	
STEFAN DIETRICH CFO	50.			X				235,400.	14,859.	
BARBARA KIRKLIGHTER DIRECTOR	50.			X				107,000.	8,359.	
CAROL MARTINEZ ASSOC VP	50.			X				123,020.	7,715.	
DIANE KRUEGER AVP HR	50.			X				113,635.	7,715.	
JAMES LABADIE SALES DIRECTOR	50.			X				144,173.	22,306.	
JEFFREY LEUNG SALES DIRECTOR	50.			X				181,388.	18,098.	
KATHLEEN MCADAMS SALES DIRECTOR	50.			X				179,668.	22,306.	

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

Schedule J-2 (Form 990) 2008

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

LA INC., THE CONVENTION & VISITORS BUREAU

95-3165255

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KATHRYN SCHLOESSMAN PRESIDENT	50.				X			173,391.		14,827.
MAXIMO VILLAR DIRECTOR AMERICAS	50.				X			146,078.		7,898.
MICHAEL MCDOWELL DIRECTOR CULTURAL AFFAIRS	50.				X			128,627.		7,876.
ROBERT THIBault MARKETING DIRECTOR	50.				X			165,700.		7,910.
VICKI HIGGINS SR. DIRECTOR	50.				X			121,500.		7,715.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

LA INC., THE CONVENTION & VISITORS BUREAU

Employer identification number

95-3165255

FORM 990 PART VI SECTION A Q. 10

GOVERNING BODY AND MANAGEMENT

THE CFO REVIEWS AND APPROVES FORM 990 FOR THE GOVERNING BODY.

Name of the organization

Employer identification number

LA INC., THE CONVENTION & VISITORS BUREAU

95-3165255

FORM 990 PART VI SECTION B Q. 12

POLICIES

OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE

ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS.

[Dashed lines for text entry]

Name of the organization

Employer identification number

LA INC., THE CONVENTION & VISITORS BUREAU

95-3165255

FORM 990 PART VI SECTION B Q. 15

POLICIES

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE PRESIDENT'S

COMPENSATION.

Name of the organization

Employer identification number

LA INC., THE CONVENTION & VISITORS BUREAU

95-3165255

FORM 990 PART VI SECTION C Q. 19

DISCLOSURE

FORM 990, THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization

Employer identification number

LA INC., THE CONVENTION & VISITORS BUREAU

95-3165255

FORM 990 PART I LINE 22

FUND BALANCES

DECREASE IN UNRESTRICTED NET ASSETS FOR PENSION LIABILITY IN ACCORDANCE

WITH SFAS 158: <1,864,199>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

LA INC., THE CONVENTION & VISITORS BUREAU

Employer identification number

95-3165255

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
LASEC 95-4541188 333 SOUTH HOPE STREET, 18TH FL LOS ANGELES, CA 90071	SPORTS/ENTERT	CA	501(C)(3)	509(A)(2)	N/A
LATTEF 43-1949454 333 SOUTH HOPE STREET, 18TH FL LOS ANGELES, CA 90071	TOURISM EDUCA	CA	501(C)(3)	509(A)(2)	N/A

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entry (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

	Yes	No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)		
d Loans or loan guarantees to or for other organization(s)		
e Loans or loan guarantees by other organization(s)		
f Sale of assets to other organization(s)		
g Purchase of assets from other organization(s)		
h Exchange of assets		
i Lease of facilities, equipment, or other assets to other organization(s)		
j Lease of facilities, equipment, or other assets from other organization(s)		
k Performance of services or membership or fundraising solicitations for other organization(s)		
l Performance of services or membership or fundraising solicitations by other organization(s)		
m Sharing of facilities, equipment, mailing lists, or other assets		
n Sharing of paid employees		
o Reimbursement paid to other organization for expenses		
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)		
r Other transfer of cash or property from other organization(s)		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See Instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES
=====

UNITED KINGDOM
CHINA
JAPAN

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS
 =====

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES -----	COMPENSATION -----
HEILBRICE RETAIL ADVERTISING 9840 IRVINE CENTER DR. IRVINE, CA 92618-4353	ADVERTISING	818,887.
PRAXIS INTEGRATED COMMUNICATIONS 801 S. GRAND AVE # 475 LOS ANGELES, CA 90017	CREATIVE DEV	750,762.
WEAVER PUBLICATIONS 900 S. BROADWAY, SUITE 300 DENVER, CO 80209	PUBLISHING	174,395.
BDO SIEDMAN, LLP P. O. BOX 31001-0860 PASADENA, CA 91110-0860	AUDITING	128,649.
TOTAL COMPENSATION		----- 1,872,693. =====

FORM 990, PART VIII - CONTRIBUTIONS

=====

NAME AND ADDRESS	DATE	FEDERATED CAMPAIGNS	MEMBERSHIP DUES	FUNDRAISING EVENTS	RELATED ORGANIZATIONS	GOVERNMENT GRANTS	ALL OTHER CONTRIBUTIONS
-----	----	-----	-----	-----	-----	-----	-----
CITY OF LOS ANEGELES 200 N. SPRING STREET LOS ANGELES, CA 90012						10,425,174.	
		-----	-----	-----	-----	-----	-----
TOTALS		=====	=====	=====	=====	10,425,174.	=====

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
LEASEHOLD IMPROVEM	VAR	1,598,782.	100.000			1,598,782	1,066,207.	1,233,512.	SL		39.000				167,305.
EQUIP/FIXT/BOOTH	VAR	2,246,495.	100.000			2,246,495.	1,716,840.	1,907,073.	SL	HY	5.000		5		190,233.
Less Retired Assets															
Subtotals		3,845,277.				3,845,277.	2,783,047.	3,140,585.							357,538.

Listed Property

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
Less Retired Assets							
Subtotals							
TOTALS		3,845,277.		3,845,277.		2,783,047.	3,140,585.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired
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Application for Extension of Time To File an Exempt Organization Return

▶ **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 and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization	Employer identification number
	LA INC., THE CONVENTION & VISITORS BUREAU	95-3165255
	Number, street, and room or suite no. If a P.O. box, see instructions.	
File by the due date for filing your return. See instructions.	333 SOUTH HOPE STREET, 18TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	LOS ANGELES, CA 90071	

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-T (sec. 401(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 ▶ MR. STEFAN DIETRICH

Telephone No. ▶ 213 236-2380 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 02/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
▶ tax year beginning 07/01, 2008, and ending 06/30, 2009

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.	3a	\$	NONE
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.	3b	\$	NONE
c Balance Due. 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.	3c	\$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

- 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).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization LA INC., THE CONVENTION & VISITORS BUREAU	Employer identification number 95-3165255
	Number, street, and room or suite no. If a P.O. box, see instructions. 333 SOUTH HOPE STREET, 18TH FLOOR	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90071	

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-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

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 **MR. STEFAN DIETRICH**
Telephone No. **213 236-2380** 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.

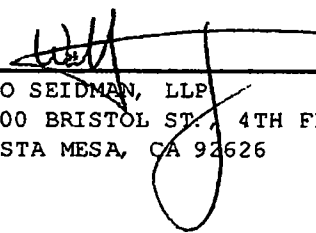
- I request an additional 3-month extension of time until **05/17/2010**
- For calendar year _____, or other tax year beginning **07/01/2008**, and ending **06/30/2009**
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension _____

INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN HAS NOT YET BEEN RECEIVED FROM THIRD PARTIES.

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	\$	NONE
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	\$	NONE
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	\$	NONE

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 **x**  Title **2/19/10 CPA** Date **x 2/19/10**
BDO SEIDMAN, LLP
3200 BRISTOL ST., 4TH FLOOR
COSTA MESA, CA 92626