SCANNED JUL 1 4 2010

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Form **99**0

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

20**08**

Open to Public Inspection

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

07/01, 2008, and ending A For the 2008 calendar year, or tax year beginning <u>06/30,**20**0</u>9 Employer identification number C Name of organization LA INC., THE CONVENTION & VISITORS BU B Check if applicable Address change use IRS Doing Business As <u>95-3165255</u> print or Number and street (or P O box if mail is not delivered to street address) Telephone number Name change type. 333 SOUTH HOPE STREET, 18TH FLOOR (213)236-2380Specific City or town, state or country, and ZIP + 4 Termination Instruc-LOS ANGELES. CA 90071 G Gross receipts \$ 496. F Name and address of principal officer MARK LIBERMAN Application H(a) is this a group return for pending H(b) Are all affiliates included? Yes 18TH FLOOR LOS ANGELES, CA 90071 If "No," attach a list, (see instructions) X 501(c) (6) ◀ (insert no) 4947(a)(1) or Website > H(c) Group exemption number WWW. LACVB. COM L Year of formation 1977 M State of legal domicile X Corporation Type of organization Trust Association Other > Part I Briefly describe the organization's mission or most significant activities ADVANCE THE PROSPERITY OF LA'S VISITOR ECONOMY AND THE LIVELIHOODS Governance THAT DEPEND ON IT if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) Activities & Number of independent voting members of the governing body (Part VI, line 1b) 34 Total number of employees (Part V, line 2a) 5 87 Total number of volunteers (estimate if necessary) 6 1,039,108. 7 a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7 a b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contribution and grants (Part VIII, line 1h) 11,334,867. 10,425,174. Program service revenue (Part VIII, June 29) 8,984,797. 11, 387, 539 10 Investment income (Part VIII, colonial Coloni 32,917 14,986. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
12 Total revenue - add lines 8cth ough 11 (must equal Part VIII column (A), line 12)
13 Grants and similar amounts paid (Part IX, column (A), lines 169)
14 Benefits paid to or for mentions (Part IX, column (A), line 4) 71,556. 107,521 19,496,513. 22,862,844 NONE NONE 15 Salaries, other compensation, employer pendits (Part IX, column (A), lines 5-10) 9,556,493 9,167,793. 16a Professional fundraising fees (Part IX, column (A), line 11e) NONE b Total fundraising expenses, Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 13, 251, 096. 10,485,970. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 22,807,589. 19,653,763. -157, 250. 55, 255. Beginning of Year End of Year 20 Total assets (Part X, line 16) 8,034,543 6,344,327. Total liabilities (Part X, line 26) 7,560,153. 7,891,385. Net assets or fund balances Subtract line 21 from line 20, 22 -1,547,058. 474,390 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. Deglaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of office Here Type or print name and title Preparer's Paid signature Preparer's Firm's name (or yours SEIDMA Use Only if self-employed), address, and ZIP + 4 3200 BRISTOL ST. ATH FLOOR COSTA MES May the IRS discuss this return with the preparer shown above? (See instruction For Privacy Act and Paperwork Reduction Act Notice, see the separate inst

Form 990 (2008)	95-3165255	Page Z
Part ill Statement of Program Service Accomp	plishments (see instructions)	
Briefly describe the organization's mission:		-
ADVANCE THE PROSPERITY OF LA'S V	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	X No
If "Yes" describe these new services on Schedule		
•	e significant changes in how it conducts, any program	
services?	Yes	LX No
If "Yes," describe these changes on Schedule O.		
	each of the organization's three largest program services by expenses. Indicate the amount of grants and section 4947(a)(1) trusts are required to report the amount of grants and section of the amount of grants and section.	I
anocations to others, the total expenses, and reve	enue, il 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 ASSOC	CIATIONS AND BUSINESS ENTITIES AS A	
PLACE IN WHICH TO HOLD THEIR AND	NUAL MEETINGS, CONVENTIONS, OR	
TRADE SHOWS.		
		<u> </u>
4b (Code) (Expenses \$	including grants of \$) (Revenue \$	_)
CONSUMER SALES PROGRAM: INVOLVES	S ACTIVITIES DIRECTED AT BOTH THE	
OVERSEAS AND DOMESTIC LEISURE TE	RAVELERS. OVERSEAS ACTIVITIES ARE	
PERFORMED IN COMPLIANCE WITH THE	E CONTRACT WITH THE LOS ANGELES	
WORLD AIRPORTS. DOMESTIC MARKETI	ING AND SUPPORTING SERVICES	
	NANCE OF A WEBSITE DIRECTED TO ALL	
TRAVELERS, EXHIBITION AT TRADE S		
INFORMATION CENTERS, PAID PRINT,	, RADIO AND TELEVISION ADVERTISING	
CAMPAIGNS AND OTHER ACTIONS TO I	INCREASE DOMESTIC TRAVEL.	
As (Code \/Frances C	including grants of \$) (Revenue \$	`
		_)
MEDIA AND RESEARCH PROGRAM: INCI		
	CORPORATE AND ASSOCIATION SALES AND	
CONSUMER SALES PROGRAMS.		
		
		
Ad Other program consists (December in Sales dals O		
4d Other program services. (Describe in Schedule O		
(Expenses \$ including grants of		
4e Total program service expenses ▶ \$	(Must equal Part IX, Line 25, column (B))	00 (2000)
JSA 8E1020 1 000	Form 9	90 (2008)

Part	Checklist of Required Schedules		<u> </u>	
	In the annual material of the state of the s		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х.	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		_X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			İ
	Schedule D, Part I	6		<u>x_</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			 -
_	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	<u> </u>		 ^
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
		9		x _
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	-	x
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10		 ^- -
• •	Doda VII VIII IV or V or analisable	11	, .	
12	Did the organization receive an audited financial statement for the year for which it is completing this return		X	
12		۱.,	٠	
4.0	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> x</u>
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	ŀ		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u> </u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
- 70	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25-	ĺ	
	• • • • • • • • • • • • • • • • • • • •	25a	 	
р	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			}
	person from a prior year? If "Yes," complete Schedule L, Part I	25b	-	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	 	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	_		
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	<u> </u>	X

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Part iV Checklist of Required Schedules (continued) No Yes 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)? If "Yes," complete Schedule L, 28a Х b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b 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? If "Yes," complete Schedule L, Part IV 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

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Гаі	Otatements Regarding Other II/O Fillings and Tax Compliance		Yes	No
	5 to the southern and in Box 2 of Ferm 1000 A court Comment of Transmitted]	
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0- if not applicable			
_	C.O. Miles Moterial Control of Miles applicable 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ĺ
b			ł	i
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	x	l
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
2 a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 87			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
2.	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
Ja	this return?	3a	х	ĺ
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a	х	
ь	If "Yes," enter the name of the foreign country. ►SEE STATEMENT 1		_	
_	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			۱ ۱
	and Financial Accounts.			,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>x</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5 c		<u> </u>
6a	Did the organization solicit any contributions that were not tax deductible?	6a		<u> x</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		İ
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	- -		
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7 e		- '
_	benefit contract?	7 f		 -
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 g		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	. 3		
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
8	required?			\vdash
Ü	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	_		
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12		ĺ	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? · · ·	12a	ļ	—
b_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>	255	<u> </u>
		Earm	441	/2008

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

Sect	ion A. Governing Body and Management	1	V	NI -
			Yes	No
	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			
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent 1b 34			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		
_	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		
	of the governing body?	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>X</u>
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8 b	_ X_	
9a	Does the organization have local chapters, branches, or affiliates?	9 a		_X
ь	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?	9 b		
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	10		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	11		<u> X</u>
Sect	on B. Policies		¥	
	D. H	40	Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	4 2 1		
	rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	X	
С				
4.2	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X_	
14	Does the organization have a written document retention and destruction policy?	14		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	4		
a	The organization's CEO, Executive Director, or top management official?	15a	X	
D	Other officers or key employees of the organization?	15b		X
46-	Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a		46-		,,
_	with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	16a		<u> </u>
D				
	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?	16b		
Saat	ion C. Disclosure	100	L	
<u>3ect</u>	List the states with which a copy of this Form 990 is required to be filed ▶ CA,			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	e only		
18		o orny	,	
	available for public inspection. Indicate how you make these available. Check all that apply.			
4.5	Own website Another's website W Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
	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 9	007		
	213-236-2373			

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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.										
(A)	(B)	(B)						(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)			oly)	Reportable	Reportable	Estimated		
	hours per	악	ing	O I	<u>ج</u>	em Bir	Former	compensation	compensation	amount of
	week	d re	titut	Officer	g	ploy	₹	from the	from related organizations	other compensation
		Individual trustee or director	3noi		Key employee	e 8		organization	(W-2/1099-MISC)	from the
		เกร	# th		yee	mpe		(W-2/1099-MISC)	`	organization
		8	Institutional trustee			Highest compensated employee				and related organizations
			•			e e				Organizations
SEE SCHEDULE J-2										
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Form 990 (2008)								95-3165255				Pag	je t
Part VI Section A. Officers, Directors, Tr	ustees, Ke	y Em	ıplo	ye	es,	and I	lig	hest Compensat	ed Employ	ees (c	ontinue	d)	
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average hours per week	ndvidual trustee	Institutional trustee	Officer	Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportal compensa from rela organizat (W-2/1099-	ation ited ions	ame comp fro orga and	imated ount of other ensation im the nization related nizations	
	-					_				_	-		
													
											-		
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	-												
	_												
1b Total	<u> </u>	<u></u>		<u></u>			<u> </u>	3,156,280.	<u> </u>			22,34	
2 Total number of individuals (including the organization ► 1.7	se in 1a) v	who r	ece	ived	d m	ore t	han	1 \$100,000 in re	portable co	mpens	ation fi	rom the	Э
organization > 17		-					_					Yes I	No
3 Did the organization list any former offi employee on line 1a? If "Yes," complete School	cer, direct	or or	trı <i>livid</i>	uste <i>ual</i>	e,	key e	emp	oloyee, or highes	t compens	ated	3		×
4 For any individual listed on line 1a, is the organization and related organizations													
individual	ve or acci	rue c	omp	ens	satio	on fro	om	any unrelated of	organization		4	Х	
services rendered to the organization? If "Yes, Section B. Independent Contractors	" complete	Sched	ule	J fo	r su	ch pe	rsoi	<u>n</u>	• • • • • • •	• • •	5		X
Complete this table for your five highest compensation from the organization.	compensa	ted in	ndep	oen	den	con	trac	ctors that receive	d more tha	an \$10	000,00	of	
(A) Name and business ad	droce							(B) Description of se	nuces		(C) Compens	ation	
SEE STATEMENT 2	u1633	-						Description of so	1 11003				_
							+						
				_			1						
				4					20.000				
2 Total number of independent contractors compensation from the organization ▶	(including 1	inose	ın	1) \	who	rece	eive	a more than \$10	ווי טטט,טט in				

Par	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 b c d e f	Federated campaigns	10, 425, 174.							
	<u> </u>	Total, Add lines Tariff	Business Code	10, 425, 174.	****					
je je		COOPERATI VE PROG	511190	2, 466, 988.	1,427,880	1,039,108.				
æ	2a	LOS ANGELES WORLD AIRPORTS	311190	5, 200, 000.	5, 200, 000.	1,039,100.				
9	b	MEMBERSHIP DUES		1,317,809.	1, 317, 809.					
Program Service Revenue	ر ب	MEMBERSHIP DUES		1,317,809.	1, 317, 803.					
S	ď	· · · · · · · · · · · · · · · · · · ·								
grar		All other program service revenue					 			
ě	g	Total. Add lines 2a-2f		8,984,797.		 	†			
	3	Investment income (including dividends, interother similar amounts)	rest, and	14,986.			14,986.			
	4	Income from investment of tax-exempt bond		NONE			 			
	5	Royalties	(II) Personal	NONE!			 			
	6a b	Gross Rents	(ii) Personal				1			
	ď	Net rental income or (loss)		NONE						
	7a	Gross amount from sales of assets other than inventory	(II) Other	:						
	ь	Less cost or other basis and sales expenses								
	G d	Gain or (loss) L		NONE		•	-			
97	8a	Gross income from fundraising events (not including \$		NONE		·····	,			
Revent		of contributions reported on line 1c). See Part IV, line 18 a								
Other	b	Less direct expenses b					'			
ō	С	Net income or (loss) from fundraising events	. <u></u>	NONE	 		 			
	9 a	Gross income from gaming activities. See Part IV, line 19 a								
	b	Less direct expenses b Net income or (loss) from gaming activities.		NONE			<u> </u>			
	10a	, ,								
	ь	Less cost of goods sold b					1			
		Net income or (loss) from sales of inventory.		NONE			1			
		Miscellaneous Revenue	Business Code							
	11a	MI SCELLANEOUS REVENUE		71,556.			71,556.			
	''а			, , , , , , , , , , , , , , , , , , , ,						
	d	All other revenue								
	e e	Total. Add lines 11a-11d		71,556.						
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d,		2,000						
	•	9c, 10c, and 11e		19, 496, 513.	7,945,689.	1,039,108.	86, 542.			
$\overline{}$										

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Part X 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). (C) Management and (A) Total expenses (D) Fundraising (B) Do not include amounts reported on lines 6b, Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . NONE Grants and other assistance to individuals in the U.S. See Part IV, line 22 NONE Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 NONE Benefits paid to or for members NONE Compensation of current officers, directors, trustees, and key employees 473,000. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . NONE Other salaries and wages 6,443,117. Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). . 562,570 1,147,252 541,854. Fees for services (non-employees) a Management NONE 60,391 119, 159. d Lobbying NONE NONE e Professional fundraising services. See Part IV, line 17 NONE 125,849. 7,042,595. 13 550,713. Information technology..... 190,575. NONE Royalties.......... 1,272,491. 16 356,621. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials NONE Conferences, conventions, and meetings NONE 19 25,646. 20 NONE 22 Depreciation, depletion, and amortization 358, 366. 125,538 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) 128,768. a DUES_AND_SUBSCRIPTIONS_____ **b** OFFICE MAINTENANCE & REPAIRS 190,120. -60,862. c MISCELLANEOUS_____ f All other expenses _____ 19,653,763. 25 Total functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here ▶ 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

Pa	rt X	Balance Sheet					
			(A) Beginning of year				
	1	Cash - non-interest-bearing	671,951.	1	1,1	.20,	742.
	2	Savings and temporary cash investments	2,800,142.	2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	1,958,381.	4		397,	<u>418.</u>
	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				End of year 1,120,742 2,417,233 397,418 1,046,910 704,692 585,886 71,446 6,344,327 1,563,083 895,132 100,000 5,333,170 7,891,385 -2,678,162 1,131,104	
		of Schedule L	Beginning of year 671, 951. 1 1,120, 742. 2,800, 142. 2 2,417, 233. 3 1,958, 381. 4 397, 418. 5				
ts	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sales or use		8			
ĕ	9	Prepaid expenses and deferred charges	747,422.	9	1,0	146,	<u>910.</u>
	10a	Land, buildings, and equipment. cost basis 10a 3, 845, 277.					
	b	Less accumulated depreciation. Complete					
		Part VI of Schedule D	1,013,569.	10c			
	11	Investments - publicly traded securities				85,	<u>886.</u>
	12	Investments - other securities. See Part IV, line 11 · · · · · · · · · · ·					
	13	investments - program-related. See Part IV, line 11					
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·	<u></u>				
	15	Other assets. See Part IV, line 11					
_	16	Total assets. Add lines 1 through 15 (must equal line 34)					
	17	Accounts payable and accrued expenses	3,080,719.		1,5	63,	<u>083.</u>
	18	Grants payable					
	19	Deferred revenue	834,714.	-		<u> </u>	132.
	20	Tax-exempt bond liabilities					
ies	21	Escrow account liability. Complete Part IV of Schedule D		21			—
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,					
Ē		highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
_	23	Secured mortgages and notes payable to unrelated third parties	NONE		 -	100	
	24	Unsecured notes and loans payable	NOINE			100,	000.
	25	Other liabilities, Complete Part X of Schedule D	3 644 720			3 3 3	170
	26	Total liabilities. Add lines 17 through 25			-		
		Organizations that follow SFAS 117, check here ▶ 💢 and complete	7,300,133.		//	<i> </i>	<u> </u>
S		lines 27 through 29, and lines 33 and 34.					
ances	27	Unrestricted net assets	-865,161,	27	-2.6	578.	162.
3ala	28	Temporarily restricted net assets					
Ā	29	Permanently restricted net assets					
or Fund Bal		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
ţ	30	Capital stock or trust principal, or current funds		30			
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32			
Š	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.
Pa	rt XI	Financial Statements and Reporting					
						Yes	No
1		ounting method used to prepare the Form 990 Cashx Accrual Other					
2a		e the organization's financial statements compiled or reviewed by an independent accoun					X
b	Wer	e the organization's financial statements audited by an independent accountant?	<i></i>		. <u>2b</u>	X	<u> </u>
С		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility					1
		t, review, or compilation of its financial statements and selection of an independent accou			• 2c	X	<u> </u>
3a		result of a federal award, was the organization required to undergo an audit or audits as					
		Single Audit Act and OMB Circular A-133?				⊢ _	X
<u>b</u>	If "Y	es," did the organization undergo the required audit or audits?	<u></u>			<u> </u>	Щ_
					For	n 990	(2008)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ 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.

Open to Public Inspection

Employer Identification number

LA	INC., THE CONVENTION & VISITORS BUREAU	95-3165255
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A the organization answered "Yes" to Form 990, Part IV, line 6.	Accounts. Complete if
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in don	or advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
	used only for charitable purposes and not for the benefit of the donor or donor advisor or other	
	ımpermissible private benefit?	Yes No
Par		rm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or pleasure) Preservation of	an historically importantly land area
		certified historic structure
	Preservation of open space	
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form	of a conservation easement
	on the last day of the tax year.	
		Held at the End of the Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2 b
С		2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	
	the taxable year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, violation	ations, and
	enforcement of the conservation easements it holds?	
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the	e year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year	ear > \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	
	170(h)(4)(B)(i) and $170(h)(4)(B)(ii)$?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	I statements that describes
	the organization's accounting for conservation easements.	Cimilar Appata
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Similar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue stateme art, historical treasures, or other similar assets held for public exhibition, education, or resear provide, in Part XIV, the text of the footnote to its financial statements that describes these item	ent and balance sheet works of ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement a	
	historical treasures, or other similar assets held for public exhibition, education, or research in	n furtherance of public service,
	provide the following amounts relating to these items:	·
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	▶\$
2	If the organization received or held works of art, historical treasures, or other similar assets fo	or financial gain, provide the
	following amounts required to be reported under SFAS 116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	
For F	rivacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.	Schedule D (Form 990) 2008

Par	t III Organizations Maintaining Colle	ctions of Art, Histor	ical Treasures, c	or Other Similar Ass	sets (continued)
3	Using the organization's accession and othe	r records check any o	f the following that	are a significant use	of its collection
J	items (check all that apply)	records, check any o	the following that	are a significant use	or no someonon
а	Public exhibition	ا له	Loan or excha	ange programs	
b	Scholarly research	~ -	Other	ange programo	
c	Preservation for future generations	- L			<u></u>
4	Provide a description of the organization's co		ow they further the	e organization's exem	not purpose in
•	Part XIV.		iovi inoy tarino. III	o organization o onom	.p. p
5	During the year, did the organization solicit	or receive donations of	art, historical trea	sures, or other similar	
·	assets to be sold to raise funds rather than t				· · Yes No
Par	Trust, Escrow and Custodial Arr Part IV, line 9, or reported an arr			n answered "Yes" to	Form 990,
1 a	Is the organization an agent, trustee, custod				
	included on Form 990, Part X?				Yes No
D	If "Yes," explain the arrangement in Part XIV	and complete the folio	wing table		
_	Daguagua balanca		<u> </u>		ount
	Beginning balance				
	Additions during the year				
	Ending balance				
	Did the organization include an amount on I				. Yes No
	If "Yes," explain the arrangement in Part XIV		•••		🗀 '** 🗀 '**
Par			ed "Yes" to Form	n 990. Part IV. line 1	0.
	(a) Cum				
1 a	Beginning of year balance	,,,,,			
b	Contributions		***		
С	Investment earnings or losses				
d	Grants or scholarships				
е	Other expenditures for facilities .				
	and programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the year	ar end balance held as		 -	
	Board designated or quasi-endowment ▶_	%			
b	Permanent endowment ▶ %				
	Term endowment ▶%				
3 a	Are there endowment funds not in the poss	ession of the organizat	tion that are held a	and administered for th	
	organization by				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
	If "Yes" to 3a(ii), are the related organization			• • • • • • • • • • • • • • • • • • • •	3b
4	Describe in Part XIV the intended uses of the			V line 10	
Pai	t VI Investments - Land, Buildings, a		 -		(0.0)
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a	Land	,		+	
b	Buildings			 	
C	Leasehold improvements	1 500 700	·	1 233 512	365 270
d	Equipment	1,598,782.		1,233,512.	365,270. 339,422.
	Other	2,246,495.		1,907,073.	
	I. Add lines 1a-1e. (Column (d) should equal	Form 990 Part X colu	mn (B) line 10(c))		704,692.
. 5.0	and the for foodaming to onotice equal	000, r arex, oolar	(5), 10(0).)		Schedule D (Form 990) 2008

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	
Financial de	rivatives and other financial products			
Closely-held	equity interests			
Other		-		
		· 		
		 		
		· - - - - - - - 		<u>-</u>
	n (b) should equal Form 990, Part X, col (B) line 12)	<u> </u>		
Part VIII				
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
	J			
		+		
		 		
				
		†		
	1,	>		
Part IX	Other Assets. See Form 990, Part X			
		a) Description		(b) Book value
 				
				
	-			
	n (b) should equal Form 990, Part X, col (B) line 15) . Other Liabilities. See Form 990, Part			
Part X	(a) Description of liability	(b) Amount		
Federal inco		(b) Amount		
	PENSION LIABILITY	4,747,284.		
	D COMP LIABILITY	585, 886.		
	——————————————————————————————————————	<u> </u>		
		► 5,333,170.		
In Part XIV uncertain t	/, provide the text of the footnote to the cax positions under FIN 48.	organization's financial sta	itements that reports the organizat	on's liability for

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Schedule D (Fo	om 990) 2008	95-3165255	Page 5
Part XIV	Supplemental Information (continued)		
,			
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	~		
			~

Schedule D (Form 990) 2008

SCHEDULE J (Form 990)

Compensation Information

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Inspection Employer identification number

LA_	NC., THE CONVENTION & VISITORS BUREAU 95-316525	55		
Part				
	,		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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	1		
	If here dies a standard and the conservation of all and a supplier and a supplier and a supplier and an arrangement of	ľ		
D	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or	1		
	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.			
	X Compensation committee X Written employment contract			
	x Independent compensation consultant x Compensation survey or study	l.		
	Form 990 of other organizations X Approval by the board or compensation committee	- 1		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
а	Receive a severance payment or change of control payment?	4a		х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		Х	
	Participate in, or receive payment from, an equity-based compensation arrangement?			х
	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	1		
•	compensation contingent on the revenues of			
а		5a]	x
	Any related organization?	5b		X
U	Any related organization?	100	 	
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
6				
	compensation contingent on the net earnings of.			١.,
а	The organization?			X
b	Any related organization?	6 b	\vdash	X
_	If "Yes" to line 6a or 6b, describe in Part III.		1	
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 67 if "Yes," describe in Part III	7	1	-
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			
	1 - 4 - 111		1	1

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.

		(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	(i)	109,232.	34,941.	NONE	NONE	22,306.	166,479.	NONE
JAMES LABADIE	(ii)		24 004			10.000	100 400	NONE
	(i)	106,484.	74,904.	NONE	NONE	18,098.	199,486.	NONE
JEFFREY LEUNG	(ii)	134,892.	44,776.	NONE	NONE	22,306.	201,974.	NONE
KATHLEEN MCADAMS	(i) (ii)	1547555-	44 ,//8-	NONE	NONE	557556.	2017.773.	NONE
KATHLEEN MCADAMS	(i) L	145,391.	28,000.	NONE	NONE	14,827.	188, 218.	NONE
KATHRYN SCHLOESSMAN	(ii)	13262210						
KATIMIN DOMEDESTRIN	(i)	292,000.	172,000.	9,000.	NONE	15,047.	488,047.	NONE
MARK LIBERMAN	(ii)							
	(i)	131,078.	15,000.	NONE	NONE	7 <u>.898.</u>	153,976.	NONE
MAXIMO VILLAR	(ii)							
	(0)	248,500.	98,000.	8,400.	NONE	22,481.	<u>377, 381.</u>	<u>NONE</u>
MICHAEL C. R. COLLINS	(ii)							
	(i)	175,250.	72,000.	8,400.	NONE	<u>14,856.</u>	<u>270, 506.</u>	NO NE
MICHAEL KROUSE	(ii)						075 500	
	(6)	180,750.	64,000.	8,400.	NONE	22,379.	275, 529.	NONE
PATRICIA MACJENNETT	(ii)	107 700		NOVE	- NOVE	7 010	173,610.	NONE
	(i)	137,700.	28,000.	NONE	NONE	7,910.	<u>-</u>	NOINE
ROBERT THIBAULT	(ii)	167 000	60,000.	8,400.	NONE	14,859.	250, 259.	NONE
STEFAN DIETRICH	(i) (ii)	167,000.	<u>-</u>	<u>0,400.</u>	NONE			
SIEFAN DIEIRICH	(i)							
	(ii)			·				
	(1)							
	(ii)		-					
	(i) L							
	(ii)							
	(i) _							
	(ii)							
	(0)		 					
	(ii)							edule J (Form 990) 2001

Part III Supp	lemental Info	rmation			3 3103233					•
	art to provide	the information, i	explanation, or d	descriptions req	uired for Part	I, lines 1a, 1b,	4c, 5a, 5b, 6a	, 6b, 7, and 8.	Also complete	this part
SCH J PART	I Q. 4B							-		
_QUESTION_R	EGARDING C	MPENSATION	· 							
YEAR END	6/3	30/2009					_			
OTHER ASSE	<u></u>	585,886								
ACCRUED EXI	> 	_585,886	· 							
_COMP_EXPENS	SE	(98,246)		-						
EARNINGS(Loss)	(98,246)								
		. 								
					·					
			_		·					
	 -									
										
	. 	. 			· 					
						- 			. 	
						·	_		 _	
		. 							. 	
										<u></u>
									. 	

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the Organization

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

THE CONVENTION & VISITORS BUREAU LA INC.

Employer Identification number

95-3165255 Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

(A)	(B) (C)							(D)	(E)	(F)	
Name and Title	Average hours	Position (check all that apply)						Reportable	Reportable	Estimated	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
ALAN ROTHENBERG, ESQ.									•		
DIRECTOR	2.	<u>X</u>			L_		_	NONE		NON	
BRAD_GLUCKSTEIN	. 🚽										
DIRECTOR	2,	X	ļ					NONE	:	NON	
BRUCE_GORELICK	. 🗐	1	ŀ								
DIRECTOR	2.	X	<u> </u>				_	NONE		NON	
CANDY SPELLING]										
DIRECTOR	2.	Х						NONE		NON	
CATHY BRADLEY BERG]						1				
DIRECTOR	2.	Х						NONE		NON	
CHRISTINA NOONAN]										
OFFICER	2.	Х					L.	NONE		NON	
CLAY ANDREWS		1				İ					
DIRECTOR	2.	X						NONE	1	NON	
DAVID_HOROWITZ DIRECTOR	2.	l _x						NONE		NON	
DAVID S. AIKENHEAD, ESQ.		1 **-	一	 				NONE			
LEGAL COUNSEL	2.	l _x					į	NONE		NON	
DON LUIS CAMACHO		 	\vdash		T						
DIRECTOR	2.	x						NONE		NON	
HON. JANICE HAHN		1	\vdash				ļ —	1			
CHAI R	2.	l _x						NONE	}	пои	
HON. TOM LABONGE		1									
MEMBER	·-] 2.	x						NONE		NON	
IRENE HIRANO		1	Τ								
DIRECTOR	2.	l _x						NONE		NON	
JAMIE D. MCCOURT		1		T							
DIRECTOR	2.	_x						NONE		NON	
JAVIER CANO		1									
DIRECTOR	2.	x						NONE		NON	
JAYME_WILSON		Τ.	T		Γ		T				
DIRECTOR	2.	x						NONE		NON	
JEFF KING		<u> </u>	T		\vdash						
DIRECTOR	2.	x						NONE		иои	
	<u></u>	 ^	1	t	T		T	THE REAL PROPERTY.		1,00	
DI RECTOR	2.	x			1		1	NONE		NON	
DIRECTOR	 	+^-	+	+	 	\vdash	\vdash	INOINE	 	1,01	

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

Schedule J-2 (Form 990) 2008

NONE

NONE

NONE

JOHN_GRAY_

DIRECTOR KATHY_FAULK_

DIRECTOR

DIRECTOR

LARKIN ARNOLD, ESQ.

NONE

NONE

NONE

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the Organization

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

LA INC., THE CONVENTION & VISITORS BUREAU

Employer Identification number

95-316525<u>5</u> Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and Title	Average hours per week	Posit	ion (k all t	that ap		Reportable	Reportable	Estimated
	pei week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
LARRY KURZWEIL										
DIRECTOR	2.	х				<u> </u>		NONE		NON
MARIA_ELENA_DURAZO										
DIRECTOR	2.	X	_	Ш		<u> </u>	<u> </u>	NONE		NON
MEHDI_EFTEKARI							ŀ			
DIRECTOR	2.	X					<u> </u>	NONE		NON
MICHAEL CZARCINSKI								1		
DIRECTOR	2.	<u> </u>						NONE		NON
NOELIA RODRIGUEZ	_	l					1			
DIRECTOR	2.	X	\vdash			 	-	NONE		иои
RICHARD J. WELCH, ESQ.		1								2021
DIRECTOR	2.	X					├	NONE		NON
SEAN DEE		١						NONE		NON
DIRECTOR	2.	X					┝	NONE		NON
STAN_WASHINGTON	_	,,	1					NONE		NON
DIRECTOR	2.	X	<u> </u>				-	NONE		NON
STEVEN_HALL	2.	x						NONE		NON
DIRECTOR	۷٠.	+^-	╁─	\vdash			\vdash	NONE		NON
WILLIAM_LUDDY DIRECTOR	2.	x						NONE		NON
MARK LIBERMAN	۷٠	+^	1			1	1	NONE	-	NON
PRESIDENT	50.			×				_473,000.		15,047
MICHAEL C. R. COLLINS				^	\vdash		†	473,000.		13/01/
EX. VICE PRESIDENT	50.			x				354,900.		22,481
MICHAEL KROUSE		1		Ť				33.7.200		
SR. VP SALES	50.			x		ļ		255,650.		14,856
PATRICIA MACJENNETT				1						
SR. VP MARKETING	50.	Ì		x				253,150.		22,379
STEFAN DIETRICH		 -	1	<u> </u>						
CFO	50.			x				235,400.		14,859
BARBARA KIRKLIGHTER				Γ						
DIRECTOR	_ 50	<u>.</u>	l	l	х			107,000.		8,359
CAROL MARTI NEZ			Γ							
ASSOC VP	50.	_l.	l		х			123,020.		7,715
DI ANE KRUEGER		T								
AVP HR	50		L	L	х	<u>L</u> _	\perp	113,635.		7,715
JAMES LABADIE										
SALES DIRECTOR	50.	_L	L	L	х		<u> </u>	144,173.		22,306
JEFFREY LEUNG]									
SALES DIRECTOR	50.		L		x	<u></u>	\perp	181,388.		18,098
KATHLEEN MCADAMS				Γ						
SALES DIRECTOR	50				х	1.		179,668.	<u> </u>	_22,306

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

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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

LA INC., THE CONVENTION & VISITORS BUREAU

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

Name of the Organization Employer Identification number

95-3165255

(A)	(B)			((;)			(D)	(E)	(F)
Name and Title	Average hours per week	Posit	lon (hat app	oly)	Reportable	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee		Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
KATHRYN SCHLOESSMAN		†								
PRESIDENT	50.				х			173,391.		14,827.
MAXI MO VILLAR										
DIRECTOR AMERICAS	50.		<u></u>		Х		$ldsymbol{ld}}}}}}$	146,078.		7,898.
MICHAEL MCDOWELL						!	1			
DIRECTOR CULTURAL AFFAIRS	50.	<u> </u>			Х			128,627.		7,876.
ROBERT_THIBAULT										
MARKETING DIRECTOR	50.	1			X		├—	165,700.		7,910.
VICKI HIGGINS	5.0				.,			101 500		7 716
SR. DIRECTOR	50.			 	Х			121,500.		7,715.
	· · · · · · · · · · · · · · · · · · ·	†····								
										
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

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.

2008
Open to Public Inspection

Name of the organization Employer identification number 95-3165255 LA INC., THE CONVENTION & VISITORS BUREAU FORM 990 PART VI SECTION A Q. 10 GOVERNING BODY AND MANAGEMENT THE CFO REVIEWS AND APPROVES FORM 990 FOR THE GOVERNING BODY.

Schedule O (Form 990) 2008	Page 2
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.	

Name of the organization	Employer Identification number
LA INC., THE CONVENTION & VISITORS BUREAU	95-3165255
FORM OOD DARE UT CECTIO D O 15	
FORM 990 PART VI SECTIO B Q. 15	
POLICIES	
THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE PRESIDENT'S	
COMPENSATION.	
**	

Schedule O (Form 990) 2008	Page 2
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, A	ND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	
~	

Schedule O (Form 990) 2008	Page 2
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 ACCO	PRDANCE
_WITH_SFAS_158: <1,864,199>	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

I OMB No 1545-0047

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 33, 34, 35, 36, or 37.

► See separate instructions.

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					
indication of itoland in the prompt of gamentone					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chanty status (if section 501(c)(3))	(F) Direct controlling entity
Name, address, and EIN of related organization LASEC 95-4541188		Legal domicile (state or foreign country)	Exempt Code section	Public chanty status	Direct controlling
(A) Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country) CA	Exempt Code section	Public chanty status (if section 501(c)(3))	Direct controlling entity
Name, address, and EIN of related organization	Primary activity SPORTS/ENTERT	Legal domicile (state or foreign country) CA	501(C)(3)	Public chanty status (if section 501(c)(3)) 509(A)(2)	Direct controlling entity N/A
Name, address, and EIN of related organization	Primary activity SPORTS/ENTERT	Legal domicile (state or foreign country) CA	501(C)(3)	Public chanty status (if section 501(c)(3)) 509(A)(2)	Direct controlling entity N/A
Name, address, and EIN of related organization	Primary activity SPORTS/ENTERT	Legal domicile (state or foreign country) CA	501(C)(3)	Public chanty status (if section 501(c)(3)) 509(A)(2)	Direct controlling entity N/A
Name, address, and EIN of related organization	Primary activity SPORTS/ENTERT	Legal domicile (state or foreign country) CA	501(C)(3)	Public chanty status (if section 501(c)(3)) 509(A)(2)	Direct controlling entity 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
г алт ш	IUCITION OF CONTRACTOR OF THE PROPERTY OF THE

(A) Name, address, and EIN of related organization	(8) Primary activity	ry activity Legal Direct controlling Predominant Share of total income Share of end- domicile entity income (related, investment, foreign unrelated)		mary activity Legal domicile entity (state or foreign		(G) Share of end-of-year assets	(H) Disprepartients attocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen	(J) neral or inaging artner?
		country)		 		Yes	No		Yes	s 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 entity (C corp., S corp., or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Pa	Part V Transactions With Related Organizations			•
No	ote. Complete line 1 if any entity is listed in Parts II, III, or IV.		Ye	s 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?			
а		1	а	
b		1	b X	
c			С	
ď			d	
e			е	
•				T
f	Sale of assets to other organization(s)	1	f	
g.			g	
h			h	T
	Lease of facilities, equipment, or other assets to other organization(s)		i	1
•	Lease of facilities, equipment, of other assets to other organization(a)			1
	Lease of facilities, equipment, or other assets from other organization(s)	[1	ı [-
1		1	k	1
k	Performance of services or membership or fundraising solicitations by other organization(s)	⊢	1	\top
			m	+
m		· · · · · · ⊢	n	1
n	Sharing of paid employees	· · · · · · · · · · · · · · · · · · ·		+
		1		
0		· · · · · · · · -	p x	+-
р	Reimbursement paid by other organization for expenses	· · · · · · · - - '	P ^	+-
q		· · · · · · · · [r	+-
<u>r</u>	Other transfer of cash or property from other organization(s)			
	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 tra-	(C)	Jus.	
	(A) Transaction Name of other organization(s) type (a-r)	Amount in	volved	
	γρο(α-1)			
/45		Í		
<u>(1)</u>				
(2)				
<u>(2)</u>				
<u>(3)</u>				
<u>(4)</u>)			
(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)	Are all sec 501 organa	D) partners tion (c)(3) zations?	(E) Share of end-of-year assets	(F) Disproportional discontinuity		of Schedule K-1 (Form 1065)		(H) General or managing partner?	
			Yes	No	_	Yes	No		Yes	s 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 SERVIC	ES 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	AUDITI NG	128,649.
TOTAL COMP	ENSATION	1,872,693.

FORM 990, PART VIII - CONTRIBUTIONS

		FED ERATED		FUNDRAISING	RELATED	GOVERNMENT	ALL OTHER
NAME AND ADDRESS	DATE	CAMPAIGNS	MEMBERSHIP DUES	EVENTS	ORGANIZATIONS	GRANTS	CONTRI BUTIONS
CITY OF LOS ANEGELES						10,425,174.	
200 N. SPRING STREET							
LOS ANGELES, CA 90012							
TOTALS						10,425,174.	
		===========	8225665555555	==========	=======================================		=======================================

05/13/2010 18 27.48 LACVB 43 STATEMENT 3

Description of Property															
DEPRECIATION															<u>.</u>
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	Me- thod	Conv	Life	ACRS class	M A 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	НΥ	5.000		5		190, 233
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Less Retired Assets									1						
Subtotals	• • • • • •	3,845,277.				3,845,277.	2,783,047.	3,140,585.							357, 538
Listed Property	1	1	г-					1							
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Less Retired Assets									1				1		
Subtotals									ļ						
TOTALS	<u> </u>	3,845,277.				3,845,277.	2,783,047.	3,140,585.	<u> </u>						357, 538
AMORTIZATION	Date	Cost	<u> </u>				 	Ending							·
	placed in	or					Accumulated	Ending Accumulated							Current-year
Asset description	service	basis					amortization	amortization	Code	Lıfe	\dashv			}	amortization
							<u> </u>				\dashv			}	
									-		\dashv			}	
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	1	1												1	

*Assets Retired JSA 8X9024 1 000

Form 8868

(Rev. A'pril 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the T Internal Revenue Se		► File a separate application for each return.			
		Automatic 3-Month Extension, complete only Part I and check this box			▶ X
If you are fill Do not complete	ing for ar e <i>Part II u</i>	n Additional (Not Automatic) 3-Month Extension, complete only Part II (on paniess you have already been granted an automatic 3-month extension on a pri	ige 2 of this eviously file	form). d Form 8	868.
Part I Auton	natic 3-	Month Extension of Time. Only submit original (no copies needed).			
A corporation re	equired t	o file Form 990-T and requesting an automatic 6-month extension - check this	box and co	mplete	
Part I only			. 		▶ 📖
All other corpo		including 1120-C filers), partnerships, REMICs, and trusts must use Form turns.	7004 to re	quest ar	n extension of
one of the retuelectronically if returns, or a co	urns note (1) you mposite	Generally, you can electronically file Form 8868 if you want a 3-month at ed below (6 months for a corporation required to file Form 990-T). Howe want the additional (not automatic) 3-month extension or (2) you file Form or consolidated From 990-T. Instead, you must submit the fully completed at the electronic filing of this form, visit www.irs.gov/efile and click on e-file for	ever, you case is 990-BL, to nd signed p	annot file 6069, or age 2 (P	e Form 8868 r 8870, group Part II) of Form
Type or	Name of	Exempt Organization	Employe	r identific	ation number
print	LA	INC., THE CONVENTION & VISITORS BUREAU	95-3	316525	5
File by the	Number,	street, and room or suite no. If a P.O. box, see instructions.			
due date for filing your		SOUTH HOPE STREET, 18TH FLOOR			
return. See instructions.	-	n or post office, state, and ZIP code. For a foreign address, see instructions			
		ANGELES, CA 90071			
X Form 990	return te	o be filed (file a separate application for each return): Form 990-T (corporation)	orm 4720		
Form 990-	Bi	' ' '	orm 5227		
Form 990-i			orm 6069		
Form 990-F			orm 8870		
 If the organi If this is for a for the whole gr	ization do a Group I roup, che	pes not have an office or place of business in the United States, check this box Return, enter the organization's four digit Group Exemption Number (GEN)	and attach		▶ ☐ If this is
· · ·		nembers the extension will cover.			
until for the org	ganization calendar		on named a	above. Th	ne extension is
► [X]	tax year	beginning 07/01, 2008, and ending	06/30	2009	- ·
2 If this tax y	year is fo	r less than 12 months, check reason: Initial return Final return	Change	in acco	unting period
3a If this app	olication	is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax	ς less any	$\neg \neg \neg$	
		dits. See instructions.		3a \$	NONE
		s for Form 990-PF or 990-T, enter any refundable credits and estimated tax	payments		
		prior year overpayment allowed as a credit.		3ь \$	NONE
		tract line 3b from line 3a. Include your payment with this form, or, if require			
instruction		or, if required, by using EFTPS (Electronic Federal Tax Payment Sys	tem) See		
		to make an electronic fund with decured with this Free 2000 Free 2000	<u> </u>	3c \$	
for payment ins		to make an electronic fund withdrawal with this Form 8868, see Form 8453-	EO and Fon	лі об/9-t	:0
		perwork Reduction Act Notice, see Instructions.		Form 88	68 (Rev. 4-2009)
,					(2003)

Form 8	368 (Rev. 4-2009)			Page 2
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete or	nly Part II and check this box		► [x]
Note	Only complete Part II if you have already been granted an automatic 3-month e	extension on a previously filed	Form 886	8.
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page			
Раг	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original (no cop	ies need	led).
Туре	Name of Exempt Organization	Employer identifi		
print	LA INC., THE CONVENTION & VISITORS BUREAU	95-316525	5 _	
File by	the Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only		
extend due de	ed 333 SOUTH HOPE STREET, 18TH FLOOR			
filing U	City, town or post office, state, and ZIP code. For a foreign address, see instructions		北级的新鲜	
retum. Instruc				
Chec	k type of return to be filed (File a separate application for each return):			
\mathbf{x}	Form 990 Form 990-PF	Form 1041-A	Fo	rm 6069
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)	Form 4720	Fo	rm 8870
	Form 990-EZ Form 990-T (trust other than above)	Form 5227		
STO	Pl Do not complete Part II if you were not already granted an automatic 3-m		usly filed	Form 8868.
	e books are in the care of MR. STEFAN DIETRICH			~~~~
	lephone No. ▶ 213 236-2380 FAX No. ▶			
	he organization does not have an office or place of business in the United States	check this hoy		▶□
	his is for a Group Return, enter the orga <u>niz</u> ation's four digit Group Exemption Num			
	ne whole group, check this box			
	ith the names and EINs of all members the extension is for.	is box P and attac	/II (3	
	I request an additional 3-month extension of time until05/17/2010			
		and ending 06/30/2		
	For calendar year, or other tax year beginning			inting period
	· · · · · · · · · · · · · · · · · · ·	Chang	e in accou	many period
	State in detail why you need the extension	ann may nominy		
	INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCUR	ATE TAX RETURN		
	HAS NOT YET BEEN RECEIVED FROM THIRD PARTIES.			·
R a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter t	he tentative tay less any		
U.	nonrefundable credits. See instructions.	the terrative tax, less arry	8a \$	NONE
ь.	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refunda	ble credits and estimated	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	NONE
b	tax payments made. Include any prior year overpayment allowed as a cred			
	previously with Form 8868.	all allo ally allount paid		
٠ _		- a le annihad dannak	8b \$	NONE
С	Balance Due. Subtract line 8b from line 8a. Include your payment with this for			
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment		8c \$	NONE
Lindad	Signature and Verification			adaa aad ballat
	penalties of perjury, I declare that I have examined this form, including accompanying schedules in correct, and complete, and that I am authorized to prepare this form.	and statements, and to the best of	ny knowie	euge and belæi,
	210	1.0 404	. 210	1
Signa	ure × title ▶ 2/4	THE CITY Date	X 219	(Rev. 4-2009)
	BDO SEIDMAN, LLP	•	Form 8868	(Rev. 4-2009)
	3200 BRISTOL ST. 4TH FLOOR			
	COSTA MESA, CA 92626			
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