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DLN: 93493130023398

Form 990

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Inspection

A F	or th	e 2017 d	calendar year, or tax year beginning 01-01-2017 , and ending 12-3	1-2017					
		applicable	C Name of organization Lake County Visitors Bureau Inc		D Employer identification number				
☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminate						34-1607639			
			Doing business as						
		d return	Number and street (or P O box if mail is not delivered to street address) Room/su	ııte					
□ Ap	plicat	on pending	One Victoria Place City or town, state or province, country, and ZIP or foreign postal code				HIBITE		
			Painesville, OH 44077						
			F Name and address of principal officer	H(a)	Te thie	a group re	turn tor		
			Arthur Shamakian		subordinates?		cum ioi	□Yes ☑No	
			H(b)			subordinat	es	☐ Yes ☐No	
I Ta	x-exe	mpt status	☐ 501(c)(3) ☑ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	1	include				
7 162	obci	torb un	www. Lakevisit.com			exemption		instructions)	
_ 00	CDSI	LE.P WV	W Lakevisit Colli	1.(0)	Group	exemption	number		
K For	n of o	roancrahor	☐ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year o	f format	ion 1987	M State	of legal domicile	
K FOII	11 01 0	rganizatior	Corporation Li Trust Li Association Li Other		1011114	.011 1507	OH	or regar dornicle	
Pa	rt I	Sun	nmary	<u> </u>					
	1	Briefly de	scribe the organization's mission or most significant activities			DE 1982 SAISHEEL TO B			
e		Promote tourism in Lake County Ohio							
€									
Ĕ									
) V	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets							
.	3	Number	Number of voting members of the governing body (Part VI, line 1a)						
Activities & Governance	4						4	8	
		Total number of individuals employed in calendar year 2017 (Part V, line 2a)					5	4	
₹	,		mber of volunteers (estimate if necessary)		_	_	6	•	
Ac	7a	Total un	related business revenue from Part VIII, column (C), line 12				7a	0	
			elated business taxable income from Form 990-T, line 34	180 1081			7b	0	
Ravenue	-			-i-		r Year	1-1	Current Year	
	8	Contribu	tions and grants (Part VIII line 1h)	-	FIIO	i reai			
		Contributions and grants (Part VIII, line 1h)					622,038		
	1	Program service revenue (Part VIII, line 2g)					0		
		Other reserve (Part VIII, column (A), lines 3, 4, and 7d)						15,056	
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						0	
			venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)					637,094	
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)						0	
		Benefits paid to or for members (Part IX, column (A), line 4)				5811		0	
8		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)						135,225	
Expenses	16a	a Professional fundraising fees (Part IX, column (A), line 11e)						0	
		Total fundraising expenses (Part IX, column (D), line 25) ▶0							
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)						386,459	
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)						521,684	
	19	Revenue less expenses Subtract line 18 from line 12					115,410		
568				Begi	nning o	f Current Yo	ear	End of Year	
Par Jan				<u> </u>					
Ass Ba	100000000		sets (Part X, line 16)			629,1	.92	747,748	
Net Assets or Fund Balances		Total liabilities (Part X, line 26)				9,0	06	9,091	
Zű	22	Net asse	ts or fund balances Subtract line 21 from line 20			620,1	.86	738,657	
	t II		ature Block						
unaer knowl	pena edae	alties of p	erjury, I declare that I have examined this return, including accompanying of, it is true, correct, and complete Declaration of preparer (other than offic	schedule	s and s	statements	, and to	the best of my	
any k	nowle	edge		, 15 24	ocu on	an anoissia	icion or w	mich preparer has	
		I k	•		000000-00000		-		
		Signat	*** 2018-05-10 nature of officer Date						
Sign Here			. 300						
			or print name and title						
	-	1							
Paid Preparer				ate 018-05-10		(LIII) P	TIN 00634428		
		_					self-employed		
			Firm's name ► BB Accounting Services LLC Firm's address ► 2491 Palmer Drive			Firm's EIN > 45-4422498			
Use Only			Thole II (140) 320-231-						
	-		Willoughby Hills, OH 44094						
May t	no TP	S dierries	this return with the preparer shown above? (see instructions)				100	as TNo	

Cat No 11282Y

Form 990 (2017)