

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

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

2019

Open to Public Inspection

For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

- Check if applicable
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization LAKE COUNTY VISITORS BUREAU INC		D Employer identification number 34-1607639	
Doing business as		E Telephone number	
Number and street (or P O box if mail is not delivered to street address) Room/suite 105 MAIN STREET	G Gross receipts \$ 1,138,951		
City or town, state or province, country, and ZIP or foreign postal code PAINESVILLE, OH 44077		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list (see instructions)	
Website: WWW.MYLAKEOH.COM		H(c) Group exemption number ▶	
Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1987	M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROMOTE TOURISM IN LAKE COUNTY OHIO

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	5
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	6
6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)		1,124,810
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		14,141
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,138,951
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		194,651
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		661,456
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		856,107
19 Revenue less expenses Subtract line 18 from line 12		282,844
Fund Balances		
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	583,249	764,305
21 Total liabilities (Part X, line 26)	12,115	244
22 Net assets or fund balances Subtract line 21 from line 20	571,134	764,061

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.

Signature of officer NEIL STEIN EXECUTIVE DIREC Type or print name and title	2020-04-27 Date
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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 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	1,124,810			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a - 1f	1g				
	h Total. Add lines 1a-1f ▶		1,124,810			
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f. ▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		14,141	14,141		
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real	6a			
			(ii) Personal	6a		
		b Less rental expenses	6b			
		c Rental income or (loss)	6c			
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a			
			(ii) Other	7a		
		b Less cost or other basis and sales expenses	7b			
		c Gain or (loss)	7c			
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	8a				
		b Less direct expenses	8b			
c Net income or (loss) from fundraising events ▶						
9a Gross income from gaming activities See Part IV, line 19	9a					
	b Less direct expenses	9b				
	c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances						