

NP-20

State Form 51062
(R7 / 8-13)

Check if: Change of Address
Amended Report
Final Report: Indicate Date
Closed

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year
Beginning 01 01 2015 and Ending 12 31 2015
MM/DD/YYYY MM/DD/YYYY

Due on the 15th day of the 5th month following the end of the tax year.
NO FEE REQUIRED.

Name of Organization

ELKHART COUNTY CONVENTION VISITORS
BUREAU INC

Telephone Number

574 262 8161

Address

County

Indiana Taxpayer Identification Number

74151608

219 CARAVAN DRIVE

City

State

ZIP Code

Federal Identification Number

35 1755629

ELKHART, IN 46514

Printed Name of Person to Contact

Contact's Telephone Number

DIANA LAWSON

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than \$1,000 as defined under Section 513 of the Internal Revenue Code, you must also file Form IT-20NP.

Current Information

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. 27
3. Attach a schedule, listing the names, titles and addresses of your current officers.
4. Briefly describe the purpose or mission of your organization below.

THE PROMOTION OF TOURISM, CONVENTIONS, AND OTHER RELATED EVENTS FOR ELKHART COUNTY, INDIANA.

Email Address:

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

Diana Lawson

EXECUTIVE DIRECTOR

7.5.16

Signature of Officer or Trustee

Title

Date

Name of Person(s) to Contact

Daytime Telephone Number

Important: Please submit this completed form and/or extension to:
Indiana Department of Revenue, Tax Administration
P.O. Box 6481
Indianapolis, IN 46206-6481
Telephone: (317) 232-0129

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption. Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the Indiana Department of Revenue, Tax Administration, P.O. Box 6481, Indianapolis, IN 46206 6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.



FORM NP-20

LIST OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 1

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
KIM CLARKE 219 CARAVAN DRIVE ELKHART, IN 46514	SEC/TREAS
ELEANOR BILLEY 219 CARAVAN DRIVE ELKHART, IN 46514	VICE PRES
LEVI KING 219 CARAVAN DRIVE ELKHART, IN 46514	PRESIDENT
BRIAN HOFFER 219 CARAVAN DRIVE ELKHART, IN 46514	DIRECTOR
JAMES SIEGMANN 219 CARAVAN DRIVE ELKHART, IN 46514	DIRECTOR
DAN BEARSS 219 CARAVAN DRIVE ELKHART, IN 46514	DIRECTOR
BETH RONZONE 219 CARAVAN DRIVE ELKHART, IN 46514	COMMISSION PRESIDENT
DIANA LAWSON 219 CARAVAN DRIVE ELKHART, IN 46514	EXECUTIVE DIRECTOR