

## Filing Instructions

### Elkhart County Convention & Visitor Bureau, Inc.

#### Exempt Organization Tax Return

**Taxable Year Ended December 31, 2022**

**Date Due:** November 15, 2023

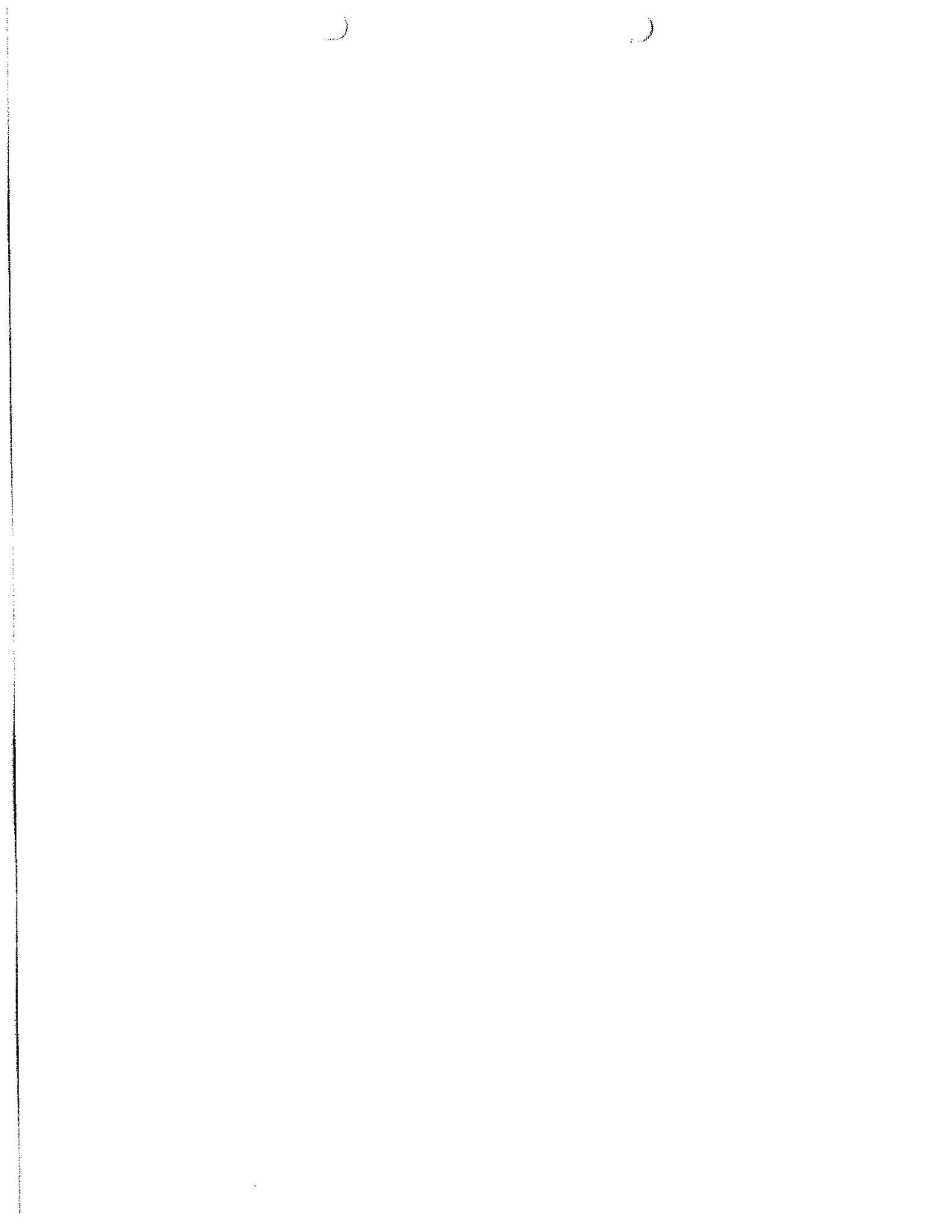
**Remittance:** None is required. Your Form 990 for the tax year ended 12/31/22 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

INSIGHT ACCOUNTING GROUP, PC  
3160 Windsor Ct  
Elkhart, IN 46514

**Important:** Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.



**IRS e-file Signature Authorization  
for a Tax Exempt Entity**

For calendar year 2022, or fiscal year beginning ..... 2022, and ending ..... 20 .....

**2022**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**ELKHART COUNTY CONVENTION & VISITOR  
BUREAU, INC.**

EIN or SSN

**35-1755629**

Name and title of officer or person subject to tax

**JON HUNSBERGER  
EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here: <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b	<b>2,650,407</b>
2a Form 990-EZ check here: <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b	
3a Form 1120-POL check here: <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b	
4a Form 990-PF check here: <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) .....	4b	
5a Form 8868 check here: <input type="checkbox"/>	b Balance due (Form 8868, line 3c) .....	5b	
6a Form 990-T check here: <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) .....	6b	
7a Form 4720 check here: <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) .....	7b	
8a Form 5227 check here: <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) .....	8b	
9a Form 5330 check here: <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) .....	9b	
10a Form 8038-CP check here: <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) .....	10b	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **INSIGHT ACCOUNTING GROUP, PC** to enter my PIN **92655** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date **10/25/23**

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**35155841610**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date **10/25/23**

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

Return of Organization Exempt From Income Tax

Do not enter social security numbers on this form as it may be made public. Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047 2022 Open to Public Inspection

Part I Summary: A For the 2022 calendar year, or tax year beginning... B Check if applicable... C Name of organization... D Employer identification number... E Telephone number... F Name and address of principal officer... G Gross receipts... H(a) Is this a group return for subsidiaries... H(b) Are all subsidiaries included?... J Website: ECGVB.ORG

Part II Signature Block: 1 Briefly describe the organization's mission or most significant activities: THE PROMOTION OF TOURISM IN ELKHART COUNTY, INDIANA. 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). 4 Number of independent voting members of the governing body (Part VI, line 1b). 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a). 6 Total number of volunteers (estimate if necessary). 7a Total unrelated business revenue from Part VIII, column (C), line 12. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11.

Table with columns: Net Assets or Fund Balances, Revenue, Expenses, and Signature Block. Rows include: 8 Contributions and grants (Part VIII, line 1h); 9 Program service revenue (Part VIII, line 2g); 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d); 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e); 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12); 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3); 14 Benefits paid to or for members (Part IX, column (A), line 4); 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10); 16a Professional fundraising fees (Part IX, column (A), line 11e); 16b Total fundraising expenses (Part IX, column (D), line 25); 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e); 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25); 19 Revenue less expenses. Subtract line 18 from line 12; 20 Total assets (Part X, line 16); 21 Total liabilities (Part X, line 26); 22 Net assets or fund balances. Subtract line 21 from line 20.

Sign Here: Signature of officer: JON HUNTSBERGER, EXECUTIVE DIRECTOR. Date: Preparer's name: LEANNE K MCKEE CPA, FIRM'S NAME: INSIGHT ACCOUNTING GROUP, PC, FIRM'S ADDRESS: 3160 WINDSOR CT, ELKHART, IN 46514. Preparer's signature: LEANNE K MCKEE CPA. Date: 10/25/23. Check if self-employed: P01077568. Firm's EIN: 20-3708395. Phone no: 574-262-8886. May the IRS discuss this return with the preparer shown above? See instructions. Form 990 (2022)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 2,474,089 including grants of \$ ) (Revenue \$ 2,590,804 ) RECEIVED INNKEEPERS TAX AND VACATION PLANNER INCOME. USED THESE FUNDS TO PROMOTE TOURISM, CONVENTIONS, AND OTHER RELATED EVENTS FOR ELKHART COUNTY, INDIANA.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) N/A

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) N/A

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,474,089

Part IV Checklist of Required Schedules

1	2	3	4	5	6	7	8	9	10	11	a	b	c	d	e	f	g	h	12a	b	13	14a	b	15	16	17	18	19	20a	b	21
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	2	3	4	5	6	7	8	9	10	11	a	b	c	d	e	f	g	h	12a	b	13	14a	b	15	16	17	18	19	20a	b	21
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	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	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable: a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then complete Schedule D, Parts XI and XII as optional	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Did the organization maintain an office, employees, or agents outside of the United States?	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Did the organization attach a copy of its audited financial statements to this return? If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II				

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		<b>X</b>
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a		<b>X</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		<b>X</b>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		<b>X</b>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		<b>X</b>
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		<b>X</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		<b>X</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
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? If "Yes," complete Schedule R, Part VI		<b>X</b>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country	4a	
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f	X
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 990	17	



**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	<b>7</b>		
Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
<b>1b</b>	<b>7</b>		
Enter the number of voting members included on line 1a, above, who are independent.			
<b>2</b>			<input checked="" type="checkbox"/>
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?			
<b>3</b>			<input checked="" type="checkbox"/>
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			
<b>4</b>			<input checked="" type="checkbox"/>
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
<b>5</b>			<input checked="" type="checkbox"/>
Did the organization become aware during the year of a significant diversion of the organization's assets?			
<b>6</b>			<input checked="" type="checkbox"/>
Did the organization have members or stockholders?			
<b>7a</b>			<input checked="" type="checkbox"/>
Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			
<b>7b</b>			<input checked="" type="checkbox"/>
Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
<b>8</b>			
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>8a</b>		<input checked="" type="checkbox"/>	
The governing body?			
<b>8b</b>		<input checked="" type="checkbox"/>	
Each committee with authority to act on behalf of the governing body?			
<b>9</b>			<input checked="" type="checkbox"/>
Is there any officer, director, 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 on Schedule O.			

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>			<input checked="" type="checkbox"/>
Did the organization have local chapters, branches, or affiliates?			
<b>10b</b>			
If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
<b>11a</b>		<input checked="" type="checkbox"/>	
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
<b>11b</b>			
Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b>		<input checked="" type="checkbox"/>	
Did the organization have a written conflict of interest policy? If "No," go to line 13.			
<b>12b</b>		<input checked="" type="checkbox"/>	
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
<b>12c</b>		<input checked="" type="checkbox"/>	
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.			
<b>13</b>		<input checked="" type="checkbox"/>	
Did the organization have a written whistleblower policy?			
<b>14</b>		<input checked="" type="checkbox"/>	
Did the organization have a written document retention and destruction policy?			
<b>15</b>			
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?			
<b>15a</b>		<input checked="" type="checkbox"/>	
The organization's CEO, Executive Director, or top management official.			
<b>15b</b>			<input checked="" type="checkbox"/>
Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
<b>16a</b>			<input checked="" type="checkbox"/>
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
<b>16b</b>			
If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 **IN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records

**JON HUNSBERGER** **3421 CASSOPOLIS ST., SUITE 100** **ELKHART** **IN 46514** **574-262-8161**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) LEVI KING BOARD PRESIDENT	1.00	X	0.00	0	0
(2) BRITTANY SHORT BOARD MEMBER	1.00	X	0.00	0	0
(3) LARRY APP SECRETARY/TREASURER	1.00	X	0.00	0	0
(4) DAN BEARSS BOARD VICE PRESIDENT	1.00	X	0.00	0	0
(5) BRIAN HOFFER BOARD MEMBER	1.00	X	0.00	0	0
(6) ARVIS DAWSON BOARD MEMBER	1.00	X	0.00	0	0
(7) DAN SHOU BOARD MEMBER	1.00	X	0.00	0	0
(8) JON HUNSBERGER BOARD MEMBER	1.00	X	0.00	0	0
EXECUTIVE DIRECTOR	40.00	X	0.00	95,577	12,852
(9)					
(10)					
(11)					

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
<b>1b Subtotal</b>							<b>95,577</b>		<b>12,852</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>95,577</b>		<b>12,852</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: **0**

	Yes	No
<b>3</b> Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		<b>X</b>

**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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization: **0**

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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>					
1a	Federated campaigns				
1b	Membership dues				
1c	Fundraising events				
1d	Related organizations				
1e	Government grants (contributions)				
1f	All other contributions, gifts, grants, and similar amounts not included above				
1g	Noncash contributions included in lines 1a-1f	60,000			
1g	Total, Add lines 1a-1f	60,000			
<b>Program Service Revenue</b>					
2a	ROOM TAX REVENUE	721000	2,403,125		
2b	TRAVEL GUIDE INCOME	721000	174,921		
2c	GROUP MARKETING CO-OP	721000	12,758		
2d					
2e					
2f	All other program service revenue				
2g	Total, Add lines 2a-2f	2,590,804			
<b>Other Revenue</b>					
3	Investment income (including dividends, interest, and other similar amounts)	403			403
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
6a	Gross rents				
6b	Less: rental expenses				
6c	Rental income or (loss)				
6d	Net rental income or (loss)				
7a	Gross amount from sales of assets other than inventory				
7b	Less: cost or other basis and sales exps.	800			
7c	Gain or (loss)	-800			
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
8b	Less: direct expenses				
8c	Net income or (loss) from fundraising events				
9a	Gross income from gaming activities. See Part IV, line 19				
9b	Less: direct expenses				
9c	Net income or (loss) from gaming activities				
10a	Gross sales of inventory, less returns and allowances				
10b	Less: cost of goods sold				
10c	Net income or (loss) from sales of inventory				
<b>Miscellaneous Revenue</b>					
11a					
11b					
11c					
11d	All other revenue				
11e	Total, Add lines 11a-11d				
12	Total revenue. See instructions	2,650,407	2,590,004	0	403

**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).

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	95,577			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	482,394			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,434			
9 Other employee benefits	87,239			
10 Payroll taxes	44,742			
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	2,135			
d Lobbying				
e Professional fundraising services. See Part IV, line 11				
f Investment management fees				
g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	158,258			
12 Advertising and promotion	483,011			
13 Office expenses	13,531			
14 Information technology	152,482			
15 Royalties				
16 Occupancy	192,419			
17 Travel	48,105			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,698			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,880			
23 Insurance	6,134			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PARTNER PROJECT EXP - VC	242,711			
b EPIC ART - 2022	124,040			
c TRAVEL GUIDE EXPENSES	102,298			
d QGT - DEVELOPMENT	49,858			
e All other expenses	125,143			
25 Total functional expenses. Add lines 1 through 24e	2,474,089	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year	(B) End of year
1	Cash—non-interest-bearing	2,325,002	2,545,480
2	Savings and temporary cash investments		
3	Pledges and grants receivable, net		
4	Accounts receivable, net		
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		
7	Notes and loans receivable, net		
8	Inventories for sale or use		
9	Prepaid expenses and deferred charges	64,054	42,512
10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	428,708	
b	Less: accumulated depreciation	146,277	
11	Investments—publicly traded securities		
12	Investments—other securities. See Part IV, line 11		
13	Investments—program-related. See Part IV, line 11		
14	Intangible assets		
15	Other assets. See Part IV, line 11		
16	Total assets. Add lines 1 through 15 (must equal line 33)	2,699,430	2,870,423
17	Accounts payable and accrued expenses		
18	Grants payable		
19	Deferred revenue		
20	Tax-exempt bond liabilities		
21	Escrow or custodial account liability. Complete Part IV of Schedule D		
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		
23	Secured mortgages and notes payable to unrelated third parties		
24	Unsecured notes and loans payable to unrelated third parties		
25	Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		
26	Total liabilities. Add lines 17 through 25	156,398	151,073
27	Net assets without donor restrictions		
28	Net assets with donor restrictions		
29	Capital stock or trust principal, or current funds and complete lines 29 through 33. Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/>		
30	Paid-in or capital surplus, or land, building, or equipment fund	81,800	81,000
31	Retained earnings, endowment, accumulated income, or other funds	2,461,232	2,638,350
32	Total net assets or fund balances	2,543,032	2,719,350
33	Total liabilities and net assets/fund balances	2,699,430	2,870,423

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>2,650,407</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>2,474,089</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>176,318</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>2,543,032</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>2,719,350</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <b>MOD CASH</b> If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2c</b>	If "Yes" to line 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE D (Form 990)**

Department of the Treasury Internal Revenue Service

Name of the organization

**ELKHART COUNTY CONVENTION & VISITOR BUREAU, INC.**

35-1755629

Employer identification number

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2022**  
Open to Public Inspection

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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 donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose? Yes  No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply):  
 Preservation of a historically important land area  
 Preservation of land for public use (for example, recreation or education)  
 Protection of natural habitat  
 Preservation of open space

- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | 2a                                     | 2b   | 2c   | 2d   |
|--|--|--|--|
| Total number of conservation easements | Total acreage restricted by conservation easements | Number of conservation easements on a certified historic structure included in (a) | Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register |

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds? Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)? Yes  No

- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

	(i) Revenue included on Form 990, Part VIII, line 1	(iii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:		
a Revenue included on Form 990, Part VIII, line 1	\$	\$
b Assets included in Form 990, Part X	\$	\$



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
  - e  Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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 Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on 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 XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
  - b Permanent endowment %
  - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		258,684	21,833	236,851
d Equipment		29,055	22,313	6,742
e Other		140,969	102,131	38,838
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>282,431</b>

**Part VII Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)

**Part VIII Investments - Program Related.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SBA LOAN	
(3) MISCELLANEOUS LIABILITIES	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b> Total revenue, gains, and other support per audited financial statements		<b>1</b>	
<b>2</b> Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b> Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b> Donated services and use of facilities	<b>2b</b>		
<b>c</b> Recoveries of prior year grants	<b>2c</b>		
<b>d</b> Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b> Add lines 2a through 2d		<b>2e</b>	
<b>3</b> Subtract line 2e from line 1		<b>3</b>	
<b>4</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b> Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b> Add lines 4a and 4b		<b>4c</b>	
<b>5</b> Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b> Total expenses and losses per audited financial statements		<b>1</b>	
<b>2</b> Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b> Donated services and use of facilities	<b>2a</b>		
<b>b</b> Prior year adjustments	<b>2b</b>		
<b>c</b> Other losses	<b>2c</b>		
<b>d</b> Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b> Add lines 2a through 2d		<b>2e</b>	
<b>3</b> Subtract line 2e from line 1		<b>3</b>	
<b>4</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b> Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b> Add lines 4a and 4b		<b>4c</b>	
<b>5</b> Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	

**Part XIII Supplemental Information.**

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Dotted lines for supplemental information input.

**Part XIII Supplemental Information (continued)**

Schedule D (Form 990) 2022: ELKHART COUNTY CONVENTION & VISITOR 35-1755629

SCHEDULE O  
(Form 990)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

2022

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Open to Public  
Inspection

Name of the organization: ELKHART COUNTY CONVENTION & VISITOR  
BUREAU, INC.

Employer identification number  
35-1755629

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
A DRAFT OF FORM 990 IS EMAILED TO ALL BOARD MEMBERS PRIOR TO FILING THE  
RETURN. ALSO, COPIES OF THE 990'S ARE PROVIDED TO EACH BOARD MEMBER AS  
PART OF THEIR "BOARD BOOKS".

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
CONFLICTS OF INTEREST ARE MONITORED AND ENFORCED VIA EACH BOARD MEMBER'S  
ANNUAL COMPLETION OF A DISCLOSURE QUESTIONNAIRE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
THE BOARD OF DIRECTORS HIRES AN OUTSIDE PROFESSIONAL FIRM TO DETERMINE  
COMPENSATION FOR THE EXECUTIVE DIRECTOR BASED ON THE INDUSTRY AND  
GEOGRAPHIC AREA. THE ONLY ANNUAL CHANGES (IF ANY) HAVE BEEN THE RESULT OF  
COST OF LIVING INCREASES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA ADVERTISEMENT OF BOARD OF  
DIRECTORS MEETINGS. ALSO THROUGH THE ECCVB.ORG WEBSITE.

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

ELKHART COUNTY CONVENTION & VISITOR BUREAU, INC.

Identifying number 35-1755629

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description of property, Cost (business use only), Elected cost, and Dollar limitation for tax year.

Table with 5 columns: Line number, Description of property, Total elected cost of section 179 property, Tentative deduction, and Carryover of disallowed deduction.

Table with 5 columns: Line number, Description of property, Special depreciation allowance, Property subject to section 168(f)(1) election, and Other depreciation.

Table with 5 columns: Line number, Description of property, MACRS deductions for assets placed in service in tax years beginning before 2022, and MACRS deductions for assets placed in service during the tax year.

Table with 5 columns: Line number, Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction.

Table with 5 columns: Line number, Class life, 40-year, 30-year, 12-year, and S/L.

Table with 5 columns: Line number, Description of property, Total amount from line 28, Total amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

35-1755629

## Federal Asset Report

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date in Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>5-year GDS Property:</b>											
86	Lenovo Idea Pad	4/01/22	1,532			X	0	5	HY 200DB	0	1,532
87	Workstation	5/06/22	1,027			X	0	5	HY 200DB	0	1,027
88	Monitor	8/01/22	179			X	0	5	HY 200DB	0	179
			<u>2,738</u>				<u>0</u>			<u>0</u>	<u>2,738</u>
<b>Prior MACRS:</b>											
60	Maple Tronics Computers	7/07/15	0			X	0	5	HY 200DB	0	0
64	Ipad and Ipad Accessories	8/01/18	635			X	0	5	MQ200DB	635	0
65	Lenovo IdeaPad	10/23/18	2,237			X	0	5	MQ200DB	2,237	0
	Sold/Scrapped: 3/15/22										
66	LHI on 3421 Cassopolis St Building	9/01/19	258,684				258,684	39	MMS/L	15,200	6,633
67	Office Furniture	9/01/19	78,002				78,002	7	HY 200DB	43,890	9,747
68	Brochure Rack	9/01/19	8,435				8,435	7	HY 200DB	4,746	1,054
69	Storage Racks	9/01/19	5,000				5,000	7	HY 200DB	2,813	625
70	Misc Furnishings	9/01/19	5,000				5,000	7	HY 200DB	2,813	625
71	Appliances (refrig/dishwasher/bev ref)	9/01/19	4,635				4,635	7	HY 200DB	2,608	579
72	TV	9/01/19	11,840				11,840	7	HY 200DB	6,662	1,479
73	Clear Poly Podium	9/01/19	682				682	7	HY 200DB	384	85
74	Security System (monitors/cameras)	9/01/19	2,160				2,160	5	HY 200DB	1,538	249
75	Wifi Access Ports	9/01/19	2,340				2,340	5	HY 200DB	1,666	270
76	Signage	9/01/19	13,655				13,655	5	HY 200DB	9,722	1,573
77	24 Hour Area map	9/01/19	1,257				1,257	5	HY 200DB	895	145
85	HP Laser Printer	10/06/21	5,529			X	0	5	MQ200DB	5,529	0
			<u>400,091</u>				<u>391,690</u>			<u>101,338</u>	<u>23,064</u>
<b>Other Depreciation:</b>											
10	WC BROCHURE RACKS	8/21/91	2,800				2,800	7	MO200DB	2,800	0
12	Office File Cabinet	8/15/95	453				453	7	MO200DB	453	0
13	3 FILE CABINETS	12/31/95	1,677				1,677	7	MO200DB	1,677	0
14	OAK BROCHURE RACKS	1/13/97	1,300				1,300	7	MO200DB	1,300	0
16	LATERAL FILE CABINET	2/20/97	467				467	7	MO200DB	467	0
17	LATERAL FILE CABINET	2/20/97	468				468	7	MO200DB	468	0
19	FILE CABINETS	1/01/98	798				798	7	MO200DB	798	0
78	3 computer workstations - Maple Tronics	1/21/19	5,412				5,412	5	MO S/L	3,157	1,083
79	Lenovo IdeaPad Miix 520-121KB	2/26/19	1,469				1,469	5	MO S/L	833	293
80	32" Viewsonic LED monitor	3/12/19	1,080				1,080	5	MO S/L	612	216
81	4 computer workstations	12/12/19	5,821				5,821	5	MO S/L	2,425	1,165
82	Ipad	12/20/19	698				698	5	MO S/L	279	140
83	2 iphones	12/20/19	1,760				1,760	5	MO S/L	704	352
84	Mac Computer	3/31/20	3,913				3,913	5	MO S/L	1,370	782
89	1 computer workstations	12/12/19	1,455				1,455	5	MO S/L	606	49
	Sold/Scrapped: 3/15/22										
	<b>Total Other Depreciation</b>		<u>29,571</u>				<u>29,571</u>			<u>17,949</u>	<u>4,080</u>
	<b>Total ACRS and Other Depreciation</b>		<u>29,571</u>				<u>29,571</u>			<u>17,949</u>	<u>4,080</u>
	<b>Grand Totals</b>		432,400				421,261			119,287	29,882
	Less: Dispositions and Transfers		3,692				1,455			2,843	49
	Less: Start-up/Org Expense		0				0			0	0
	<b>Net Grand Totals</b>		<u>428,708</u>				<u>419,806</u>			<u>116,444</u>	<u>29,833</u>

Asset	Description	Date	In Service	Cost	Basin	IN	IN	IN	Federal	Difference
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88	Monitor	4/01/22	1,532	1,532	0	0	0	306	1,532	1,226
87	Workstation	5/06/22	1,027	1,027	0	0	205	1,027	822	143
86	Lenovo Idea Pad	8/01/22	179	179	0	0	36	179	143	0

88	Monitor	8/01/22	179	179	0	0	0	0	0	0
87	Workstation	8/01/22	179	179	0	0	0	0	0	0
86	Lenovo Idea Pad	8/01/22	1,532	1,532	0	0	0	0	0	0

85	HP Laser Printer	7/07/15	5,203	5,203	0	5,203	0	0	0	0
84	Ipad and Ipad Accessories	8/01/18	635	635	0	518	0	0	0	-72
83	Maple Tritons Computers	10/23/18	2,237	2,237	1,778	0	30	0	0	-30

66	LIH on 3421 Cassopolis St Building	9/01/19	258,684	258,684	15,200	6,633	6,633	6,633	6,633	0
67	Office Furniture	9/01/19	78,002	78,002	43,890	9,747	9,747	9,747	9,747	0
68	Storage Racks	9/01/19	8,435	8,435	4,746	1,054	1,054	1,054	1,054	0
69	Brochure Rack	9/01/19	5,000	5,000	2,813	625	625	625	625	0
70	Misc Furnishings	9/01/19	5,000	5,000	2,813	625	625	625	625	0
71	Appliances (refrig/dishwasher/bov ref)	9/01/19	4,635	4,635	2,608	579	579	579	579	0
72	TV	9/01/19	11,840	11,840	6,662	1,479	1,479	1,479	1,479	0
73	Clear Poly Podium	9/01/19	682	682	384	85	85	85	85	0
74	Security System (monitors/cameras)	9/01/19	2,160	2,160	1,538	249	249	249	249	0
75	WiFi Access Ports	9/01/19	2,340	2,340	1,666	270	270	270	270	0
76	Signage	9/01/19	13,655	13,655	9,722	1,573	1,573	1,573	1,573	0
77	24 Hour Area map	9/01/19	1,257	1,257	895	145	145	145	145	0
85	HP Laser Printer	10/06/21	5,529	5,529	276	2,101	2,101	2,101	2,101	0

10	WC BROCHURE RACKS	8/21/91	2,800	2,800	0	0	0	0	0	0
12	Office File Cabinet	8/15/95	453	453	0	0	0	0	0	0
13	3 FILE CABINETS	12/31/95	1,677	1,677	1,677	0	0	0	0	0
14	OAK BROCHURE RACKS	1/13/97	1,300	1,300	1,300	0	0	0	0	0
16	LATERAL FILE CABINET	2/20/97	467	467	467	0	0	0	0	0
17	LATERAL FILE CABINET	2/20/97	468	468	468	0	0	0	0	0
19	FILE CABINETS	1/01/98	798	798	798	0	0	0	0	0
78	3 computer workstations - Maple Tritons	1/21/19	5,412	5,412	3,157	1,083	1,083	1,083	1,083	0
79	Lenovo IdealPad Mix 520-12IKH	2/26/19	1,469	1,469	1,469	293	293	293	293	0
80	32" Viewsonic LED monitor	3/12/19	1,080	1,080	612	216	216	216	216	0
81	4 computer workstations	12/12/19	5,821	5,821	2,425	1,165	1,165	1,165	1,165	0
82	Ipad	12/20/19	698	698	279	140	140	140	140	0
83	2 Iphones	12/20/19	1,760	1,760	704	352	352	352	352	0
84	Mac Computer	3/31/20	3,913	3,913	1,370	782	782	782	782	0
89	1 computer workstations	12/12/19	1,455	1,455	606	49	49	49	49	0

Other Depreciation:											
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10	WC BROCHURE RACKS	8/21/91	2,800	2,800	0	0	0	0	0	0	0
12	Office File Cabinet	8/15/95	453	453	0	0	0	0	0	0	0
13	3 FILE CABINETS	12/31/95	1,677	1,677	1,677	0	0	0	0	0	0
14	OAK BROCHURE RACKS	1/13/97	1,300	1,300	1,300	0	0	0	0	0	0
16	LATERAL FILE CABINET	2/20/97	467	467	467	0	0	0	0	0	0
17	LATERAL FILE CABINET	2/20/97	468	468	468	0	0	0	0	0	0
19	FILE CABINETS	1/01/98	798	798	798	0	0	0	0	0	0
78	3 computer workstations - Maple Tritons	1/21/19	5,412	5,412	3,157	1,083	1,083	1,083	1,083	0	0
79	Lenovo IdealPad Mix 520-12IKH	2/26/19	1,469	1,469	1,469	293	293	293	293	0	0
80	32" Viewsonic LED monitor	3/12/19	1,080	1,080	612	216	216	216	216	0	0
81	4 computer workstations	12/12/19	5,821	5,821	2,425	1,165	1,165	1,165	1,165	0	0
82	Ipad	12/20/19	698	698	279	140	140	140	140	0	0
83	2 Iphones	12/20/19	1,760	1,760	704	352	352	352	352	0	0
84	Mac Computer	3/31/20	3,913	3,913	1,370	782	782	782	782	0	0
89	1 computer workstations	12/12/19	1,455	1,455	606	49	49	49	49	0	0

Total ACRS and Other Depreciation											
		29,571	29,571	17,949	4,080	4,080	4,080	4,080	4,080	0	0
		432,400	432,400	118,661	29,894	29,894	29,894	29,894	29,882	-12	-12
		3,692	3,692	2,384	79	79	79	79	49	-30	-30
		0	0	0	0	0	0	0	0	0	0
		428,708	428,708	116,277	29,815	29,815	29,815	29,833	29,833	18	18

Grand Totals											
		437,603	437,603	118,661	29,894	29,894	29,894	29,882	29,882	-12	-12
		3,692	3,692	2,384	79	79	79	49	49	-30	-30
		0	0	0	0	0	0	0	0	0	0
		433,911	433,911	116,277	29,815	29,815	29,815	29,833	29,833	18	18

Less: Dispositions											
		0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0

Less: Start-up/Org Expense											
		0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0

Net Grand Totals											
		433,911	433,911	116,277	29,815	29,815	29,815	29,833	29,833	18	18



35-1755629

**AMT Asset Report**

FYE: 12/31/2022

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConvMeth	Prior	Current
<b>5-year GDS Property:</b>								
86	Lenovo Idea Pad	4/01/22	1,532	X	0	5 HY 200DB	0	1,532
87	Workstation	5/06/22	1,027	X	0	5 HY 200DB	0	1,027
88	Monitor	8/01/22	179	X	0	5 HY 200DB	0	179
			<u>2,738</u>		<u>0</u>		<u>0</u>	<u>2,738</u>
<b>Prior MACRS:</b>								
60	Maple Tronics Computers	7/07/15	0	X	0	5 HY 200DB	0	0
66	LHI on 3421 Cassopolis St Building	9/01/19	258,684		258,684	39 MMS/L	15,200	6,633
67	Office Furniture	9/01/19	78,002		78,002	7 HY 200DB	43,890	9,747
68	Brochure Rack	9/01/19	8,435		8,435	7 HY 200DB	4,746	1,054
69	Storage Racks	9/01/19	5,000		5,000	7 HY 200DB	2,813	625
70	Misc Furnishings	9/01/19	5,000		5,000	7 HY 200DB	2,813	625
71	Appliances (refrig/dishwasher/bev ref)	9/01/19	4,635		4,635	7 HY 200DB	2,608	579
72	TV	9/01/19	11,840		11,840	7 HY 200DB	6,662	1,479
73	Clear Poly Podium	9/01/19	682		682	7 HY 200DB	384	85
74	Security System (monitors/cameras)	9/01/19	2,160		2,160	5 HY 200DB	1,538	249
75	Wifi Access Ports	9/01/19	2,340		2,340	5 HY 200DB	1,666	270
76	Signage	9/01/19	13,655		13,655	5 HY 200DB	9,722	1,573
77	24 Hour Area map	9/01/19	1,257		1,257	5 HY 200DB	895	145
85	HP Laser Printer	10/06/21	5,529	X	0	5 MQ200DB	5,529	0
			<u>397,219</u>		<u>391,690</u>		<u>98,466</u>	<u>23,064</u>
<b>Other Depreciation:</b>								
10	WC BROCHURE RACKS	8/21/91	0		0	0 HY	0	0
12	Office File Cabinet	8/15/95	0		0	0 HY	0	0
13	3 FILE CABINETS	12/31/95	0		0	0 HY	0	0
14	OAK BROCHURE RACKS	1/13/97	0		0	0 HY	0	0
16	LATERAL FILE CABINET	2/20/97	0		0	0 HY	0	0
17	LATERAL FILE CABINET	2/20/97	0		0	0 HY	0	0
19	FILE CABINETS	1/01/98	0		0	0 HY	0	0
64	Ipad and Ipad Accessories	8/01/18	0		0	0 HY	0	0
65	Lenovo IdeaPad	10/23/18	0		0	0 HY	0	0
	Sold/Scrapped: 3/15/22							
78	3 computer workstations - Maple Tronics	1/21/19	0		0	0 HY	0	0
79	Lenovo IdeaPad Miix 520-121KB	2/26/19	0		0	0 HY	0	0
80	32" Viewsonic LED monitor	3/12/19	0		0	0 HY	0	0
81	4 computer workstations	12/12/19	0		0	0 HY	0	0
82	Ipad	12/20/19	0		0	0 HY	0	0
83	2 iPhones	12/20/19	0		0	0 HY	0	0
84	Mac Computer	3/31/20	0		0	0 HY	0	0
89	1 computer workstations	12/12/19	0		0	0 HY	0	0
	Sold/Scrapped: 3/15/22							
	<b>Total Other Depreciation</b>		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		<u>399,957</u>		<u>391,690</u>		<u>98,466</u>	<u>25,802</u>
	<b>Less: Dispositions and Transfers</b>		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>399,957</u>		<u>391,690</u>		<u>98,466</u>	<u>25,802</u>

**Bonus Depreciation Report**

35-1755629

FYE: 12/31/2022

Form 990, Page 1

Asset	Property Description	Date in Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
60	Maple Tronics Computers	7/07/15	635	0	0	0	0	0
64	Ipad and Ipad Accessories	8/01/18	635	0	0	0	635	0
65	Lenovo IdeaPad	10/23/18	2,237	0	0	0	2,237	0
85	HP Laser Printer	10/06/21	5,529	0	0	0	5,529	0
86	Lenovo Idea Pad	4/01/22	1,532	0	0	1,532	0	0
87	Workstation	5/06/22	1,027	0	0	1,027	0	0
88	Monitor	8/01/22	179	0	0	179	0	0
<b>Grand Total</b>			<b>11,139</b>	<b>0</b>	<b>0</b>	<b>2,738</b>	<b>8,401</b>	<b>0</b>
	<b>Less: Dispositions and Transfers</b>		<b>2,237</b>			<b>0</b>	<b>2,237</b>	<b>0</b>
	<b>Net Grand Total</b>		<b>8,902</b>		<b>0</b>	<b>2,738</b>	<b>6,164</b>	<b>0</b>

35-1755629

**Depreciation Adjustment Report**

FYE: 12/31/2022

**All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b>MACRS Adjustments:</b>						
Page 1	1	66	LHI on 3421 Cassopolis St Building	6,633	6,633	0
Page 1	1	67	Office Furniture	9,747	9,747	0
Page 1	1	68	Brochure Rack	1,054	1,054	0
Page 1	1	69	Storage Racks	625	625	0
Page 1	1	70	Misc Furnishings	625	625	0
Page 1	1	71	Appliances (refrig/dishwasher/bov ref)	579	579	0
Page 1	1	72	TV	1,479	1,479	0
Page 1	1	73	Clear Poly Podium	85	85	0
Page 1	1	74	Security System (monitors/cameras)	249	249	0
Page 1	1	75	Wifi Access Ports	270	270	0
Page 1	1	76	Signage	1,573	1,573	0
Page 1	1	77	24 Hour Area map	145	145	0
Page 1	1	85	HP Laser Printer	0	0	0
Page 1	1	86	Lenovo Idea Pad	1,532	1,532	0
Page 1	1	87	Workstation	1,027	1,027	0
Page 1	1	88	Monitor	179	179	0
				<u>25,802</u>	<u>25,802</u>	<u>0</u>

**Future Depreciation Report** FYE: 12/31/23

Asset Description Date in Service Cost Tax AMT

**Prior MACRS:**

60	Maple Tronics Computers	7/07/15	0	0	0
64	Ipad and Ipad Accessories	8/01/18	635	0	0
66	Lft on 3421 Cassopolis St Building	9/01/19	258,684	6,633	6,633
67	Office Furniture	9/01/19	78,002	6,961	6,961
68	Brochure Rack	9/01/19	8,435	753	753
69	Storage Racks	9/01/19	5,000	446	446
70	Misc Furnishings	9/01/19	5,000	446	446
71	Appliances (refrig/dishwasher/bev ref)	9/01/19	4,635	414	414
72	TV	9/01/19	11,840	1,057	1,057
73	Clear Poly Podium	9/01/19	682	61	61
74	Security System (monitors/cameras)	9/01/19	2,160	249	249
75	Wifi Access Ports	9/01/19	2,340	269	269
76	Signage	9/01/19	13,655	1,573	1,573
77	24 Hour Area map	9/01/19	1,257	144	144
85	HP Laser Printer	10/06/21	5,529	0	0
86	Lenovo Idea Pad	4/01/22	1,532	0	0
87	Workstation	5/06/22	1,027	0	0
88	Monitor	8/01/22	179	0	0
			<u>400,592</u>	<u>19,006</u>	<u>19,006</u>

**Other Depreciation:**

10	WC BROCHURE RACKS	8/21/91	2,800	0	0
12	Office File Cabinet	8/15/95	453	0	0
13	3 FILE CABINETS	12/31/95	1,677	0	0
14	OAK BROCHURE RACKS	1/13/97	1,300	0	0
16	LATERAL FILE CABINET	2/20/97	467	0	0
17	LATERAL FILE CABINET	2/20/97	468	0	0
19	FILE CABINETS	1/01/98	798	0	0
78	3 computer workstations - Maple Tronics	1/21/19	5,412	1,082	0
79	Lenovo IdealPad Mix 520-121KB	2/26/19	1,469	294	0
80	32" Viewsonic LED monitor	3/12/19	1,080	216	0
81	4 computer workstations	12/12/19	5,821	1,164	0
82	Ipad	12/20/19	698	140	0
83	2 iPhones	12/20/19	1,760	352	0
84	Mac Computer	3/31/20	3,913	783	0
			<u>28,116</u>	<u>4,031</u>	<u>0</u>

**Total ACRS and Other Depreciation**

28,116	4,031	0
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**Total Other Depreciation**

28,116	4,031	0
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**Grand Totals**

428,708	23,037	19,006
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Asset	Description	Date In Service	Cost	IN
<b>Prior MACRS:</b>				
60	Maple Tronics Computers	7/07/15	5,203	0
64	Ipad and Ipad Accessories	8/01/18	635	45
66	LHI on 3421 Cassopolis St Building	9/01/19	258,684	6,633
67	Office Furniture	9/01/19	78,002	6,961
68	Brochure Rack	9/01/19	8,435	753
69	Storage Racks	9/01/19	5,000	446
70	Misc Furnishings	9/01/19	5,000	446
71	Appliances (refrig/dishwasher/bev ref)	9/01/19	4,635	414
72	TV	9/01/19	11,840	1,057
73	Clear Poly Podium	9/01/19	682	61
74	Security System (monitors/cameras)	9/01/19	2,160	249
75	Wifi Access Ports	9/01/19	2,340	269
76	Signage	9/01/19	13,655	1,573
77	24 Hour Area map	9/01/19	1,257	144
85	HP Laser Printer	10/06/21	5,529	1,261
86	Lenovo Idea Pad	4/01/22	1,532	491
87	Workstation	5/06/22	1,027	329
88	Monitor	8/01/22	179	57
			<u>405,795</u>	<u>21,189</u>

**Other Depreciation:**

10	WC BROCHURE RACKS	8/21/91	2,800	0
12	Office File Cabinet	8/15/95	453	0
13	3 FILE CABINETS	12/31/95	1,677	0
14	OAK BROCHURE RACKS	1/13/97	1,300	0
16	LATERAL FILE CABINET	2/20/97	467	0
17	LATERAL FILE CABINET	2/20/97	468	0
19	FILE CABINETS	1/01/98	798	0
78	3 computer workstations - Maple Tronics	1/21/19	5,412	1,082
79	Lenovo IdeaPad Miix 520-121KB	2/26/19	1,469	294
80	32" Viewsonic LED monitor	3/12/19	1,080	216
81	4 computer workstations	12/12/19	5,821	1,164
82	Ipad	12/20/19	698	140
83	2 iPhones	12/20/19	1,760	352
84	Mac Computer	3/31/20	3,913	783
	<b>Total Other Depreciation</b>		<u>28,116</u>	<u>4,031</u>
	<b>Total ACRS and Other Depreciation</b>		<u>28,116</u>	<u>4,031</u>
	<b>Grand Totals</b>		<u>433,911</u>	<u>25,220</u>

Tax Return History

2022

Form **990** **EILKHART COUNTY CONVENTION & VISITOR BUREAU, INC.** Employer Identification Number **35-1755629**

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	144,896	60,000	344,761	384,085	60,000	
Membership dues	2,419,323	2,708,380	1,711,097	2,248,757	2,590,804	
Program service revenue		-2,134			-800	
Capital gain or loss	1,612	1,167	482	349	403	
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	2,565,831	2,767,413	2,056,340	2,633,191	2,650,407	
Total revenue						
Grants and similar amounts paid						
Benefits paid to or for members	122,620	113,391	137,118	79,259	95,577	
Compensation of officers, etc.	569,556	620,139	641,862	588,157	624,809	
Other compensation	24,080	54,269	10,770	87,895	160,393	
Professional fees	123,016	181,051	167,012	162,301	192,419	
Occupancy costs	2,959	23,642	44,795	40,081	29,880	
Depreciation and depletion	1,695,024	1,605,712	685,730	808,002	1,371,011	
Other expenses	2,537,255	2,598,204	1,687,287	1,765,695	2,474,089	
Total expenses	28,576	169,209	369,053	867,496	176,318	
Excess or (Deficit)						
Total exempt revenue	2,565,831	2,767,413	2,056,340	2,633,191	2,650,407	
Total unrelated revenue	2,420,935	2,707,413	1,711,579	2,249,106	2,590,407	
Total excludable revenue	1,139,646	1,310,505	1,833,600	2,699,430	2,870,423	
Total Assets	2,372	4,022	158,064	156,398	151,073	
Total Liabilities	1,137,274	1,306,483	1,675,536	2,543,032	2,719,350	
Net Fund Balances						

35-1755629

**Federal Statements**

FYE: 12/31/2022

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 195					1
INTEREST INCOME - OTHER SOURC	208					1
TOTAL	<u>\$ 403</u>					

**Federal Statements**

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total	Program	Management &	Fund
	Expenses	Service	General	Raising
RESEARCH/PROFESSIONAL FEES	\$ 158,258	\$ 158,258	\$ 0	\$ 0
TOTAL	\$ 158,258	\$ 158,258	\$ 0	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total	Program	Management &	Fund
	Expenses	Service	General	Raising
DUES/SUBSCRIPTIONS	\$ 33,407	\$ 33,407	\$ 0	\$ 0
TG GRANT ASSISTANCE PROGR	19,531	19,531	0	0
PROFESSIONAL/CONTINUING E	19,368	19,368	0	0
POSTAGE	15,253	15,253	0	0
PRINTING	13,260	13,260	0	0
NEW PRODUCT DEVELOPMENT	11,469	11,469	0	0
COMMUNITY RELATIONS/EVEN	5,510	5,510	0	0
OGT - MARKETING	4,094	4,094	0	0
CONTRACT LABOR	3,251	3,251	0	0
TOTAL	\$ 125,143	\$ 125,143	\$ 0	\$ 0