

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HAMILTON COUNTY TOURISM INC		D Employer identification number 35-1803805
	Doing business as		E Telephone number 317-848-3181
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	37 EAST MAIN STREET		G Gross receipts \$ 5,663,114.
	City or town, state or province, country, and ZIP or foreign postal code CARMEL, IN 46032		
F Name and address of principal officer: BOB DUBOIS 37 EAST MAIN ST, CARMEL, IN 46032		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) (**6**) (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.VISITHAMILTONCOUNTY.COM**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1991** **M** State of legal domicile: **IN**

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE AND ENCOURAGE VISITORS TO HAMILTON COUNTY, INDIANA		
	2 Check this box <input type="checkbox"/> 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	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	34
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,967,142.	Current Year 5,348,348.
	9 Program service revenue (Part VIII, line 2g)	64,670.	314,662.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-291.	104.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,031,521.	5,663,114.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	979,279.	770,441.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,702,617.	1,900,243.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,550,788.	2,762,387.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,232,684.	5,433,071.	
19 Revenue less expenses. Subtract line 18 from line 12	-201,163.	230,043.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,029,377.	End of Year 2,359,394.
	21 Total liabilities (Part X, line 26)	284,437.	384,411.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,744,940.	1,974,983.

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.

Sign Here	Signature of officer	Date			
	BOB DUBOIS, CHAIRMAN Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MIKE POTTER	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00621593
	Firm's name ▶ PEACHIN SCHWARTZ AND WEINGARDT, P.C.	Firm's EIN ▶ 35-1813627	Firm's address ▶ 9775 CROSSPOINT BLVD, STE 100 INDIANAPOLIS, IN 46256		
					Phone no. (317) 574-4280

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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: TO PROMOTE AND ENCOURAGE VISITORS TO HAMILTON 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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 4,965,437. including grants of \$ 770,441.) (Revenue \$ 314,662.) COMMUNITY DEVELOPMENT, ADVERTISING AND PROMOTION OF HAMILTON COUNTY, INDIANA

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

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

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

4e Total program service expenses 4,965,437.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 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? <i>If "Yes," complete Schedule C, Part II</i>		
5 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b 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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d 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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f 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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b 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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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 in 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?	X	

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

		Yes	No
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 34		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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		
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)?		X
b	If "Yes," enter the name of the foreign country 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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
1a	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.		
	1a 13		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		
16b			

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 **BRENDA MYERS - 317-848-3181**
37 E MAIN ST, CARMEL, IN 46032

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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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 for related organizations below 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(1) JEFFERY BROWN VICE CHAIRMAN	2.00	X					0.	0.	0.	
(2) JACKIE DIKOS DIRECTOR	1.00	X					0.	0.	0.	
(3) ANGIE FRAZIER DIRECTOR	1.00	X					0.	0.	0.	
(4) ANDREW NEWPORT DIRECTOR AT LARGE	1.00	X					0.	0.	0.	
(5) TOBY MILES DIRECTOR	1.00	X					0.	0.	0.	
(6) MARK TRUETT DIRECTOR	1.00	X					0.	0.	0.	
(7) JIMIA SMITH DIRECTOR	1.00	X					0.	0.	0.	
(8) SCOTT SPILLMAN DIRECTOR	1.00	X					0.	0.	0.	
(9) GARY MILLER DIRECTOR	1.00	X					0.	0.	0.	
(10) BOB DUBOIS CHAIRMAN	2.00			X			0.	0.	0.	
(11) JEREMY GEISENDORFF DIRECTOR AT LARGE	1.00			X			0.	0.	0.	
(12) JOHN HUGHEY PAST PRESIDENT	1.00			X			0.	0.	0.	
(13) NORMAN BURNS SECRETARY/ TREASURER	2.00			X			0.	0.	0.	
(14) BRENDA MYERS PRESIDENT / CEO	60.00			X			135,835.	0.	0.	
(15) KAREN RADCLIFF CHIEF STRATEGY OFFICER	50.00				X		116,108.	0.	0.	

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b	38,348.					
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	5,300,000.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,000.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 35,738.					
	h Total. Add lines 1a-1f			5,348,348.				
	Program Service Revenue	2 a CONTRACTED SERVICES RE	Business Code	561000	304,979.	304,979.		
b REVENUE - ADVERTISING			511190	9,683.	9,683.			
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				314,662.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			104.			104.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real					
			(ii) Personal					
	b Less: rental expenses	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other					
	b Less: cost or other basis and sales expenses	7b						
	c Gain or (loss)	7c						
	d Net gain or (loss)							
8 a 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								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a	Business Code						
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions				5,663,114.	314,662.	0.	104.	

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	770,441.	770,441.		
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				
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	1,436,720.	1,137,736.	298,984.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	63,569.	54,669.	8,900.	
9 Other employee benefits	292,164.	231,774.	60,390.	
10 Payroll taxes	107,790.	85,760.	22,030.	
11 Fees for services (nonemployees):				
a Management				
b Legal	13,500.		13,500.	
c Accounting	15,668.		15,668.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	11,755.		11,755.	
12 Advertising and promotion	2,181,687.	2,181,687.		
13 Office expenses	73,256.	68,677.	4,579.	
14 Information technology	53,967.	46,412.	7,555.	
15 Royalties				
16 Occupancy	56,535.	48,620.	7,915.	
17 Travel	21,644.	21,644.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	69,292.	69,292.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	49,650.	42,698.	6,952.	
23 Insurance	32,183.	27,677.	4,506.	
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 CONTRACTED SERVICES EXP	114,540.	114,540.		
b DUES & SUBSCRIPTIONS	33,712.	33,712.		
c EQUIPMENT RENT, REPAIR	33,044.	28,418.	4,626.	
d PROPERTY TAXES	1,954.	1,680.	274.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,433,071.	4,965,437.	467,634.	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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	710,596.	1	1,067,590.
	2 Savings and temporary cash investments	74,229.	2	74,259.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	57,893.	4	1,222.
	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		5	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	240,293.	9	306,592.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,461,973.		
	b Less: accumulated depreciation	10b 552,242.	946,366.	10c 909,731.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		2,029,377.	16	2,359,394.
Liabilities	17 Accounts payable and accrued expenses	244,889.	17	322,866.
	18 Grants payable		18	
	19 Deferred revenue	39,548.	19	61,545.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26 Total liabilities. Add lines 17 through 25		284,437.	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,744,940.	27	1,974,983.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,744,940.	32	1,974,983.
33 Total liabilities and net assets/fund balances		2,029,377.	33	2,359,394.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,663,114.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,433,071.
3	Revenue less expenses. Subtract line 2 from line 1	3	230,043.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,744,940.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,974,983.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a 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		X
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
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 B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

HAMILTON COUNTY TOURISM INC

Employer identification number

35-1803805

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(6) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization HAMILTON COUNTY TOURISM INC	Employer identification number 35-1803805
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/> <hr/>	\$ 5,300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HAMILTON COUNTY TOURISM INC	Employer identification number 35-1803805
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization HAMILTON COUNTY TOURISM INC	Employer identification number 35-1803805
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization HAMILTON COUNTY TOURISM INC Employer identification number 35-1803805

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure). 2. Conservation contribution details (table with 2a-2d). 3. Number of easements modified. 4. Number of states. 5. Written policy question. 6. Staff and volunteer hours. 7. Expenses incurred. 8. Section 170(h)(4)(B) requirements. 9. Reporting requirements.

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.

Form with sections 1a, 1b, and 2. 1a: Reporting requirements for public service. 1b: Reporting requirements for public service with amounts. 2: Reporting requirements for financial gain with amounts.

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 |
- 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		41,400.		41,400.
b Buildings		969,360.	181,561.	787,799.
c Leasehold improvements				
d Equipment		216,045.	170,391.	45,654.
e Other		235,168.	200,290.	34,878.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				909,731.

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. (Col. (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. (Col. (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 5,663,114.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 5,433,071.

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.

Series of horizontal lines provided for entering supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **HAMILTON COUNTY TOURISM INC** Employer identification number **35-1803805**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE CENTER FOR THE PERFORMING ARTS ONE CENTER GREEN CARMEL, IN 46032	20-3901164	501(C)3	10,000.	0.			COMMUNITY DEVELOPMENT
CONNER PRAIRIE 13400 ALLISONVILLE RD FISHERS, IN 46038	20-3402627	501(C)3	24,000.	0.			COMMUNITY DEVELOPMENT
CITY OF NOBLESVILLE 16 S 10TH ST NOBLESVILLE, IN 46060	35-6001141	GOVERNMENT	9,000.	0.			ZAGSTER BIKE SHARE PROGRAM
NICKEL PLATE HERITAGE RAILROAD, INC - 107 W SOUTH ST - ARCADIA, IN 46030	27-2835920	501(C)3	269,991.	0.			OPERATING SUPPORT
TOURISM TOMORROW, INC 200 S CAPITOL AVE, STE 300 INDIANAPOLIS, IN 46225	35-1573009	C CORP	100,000.	0.			WHITE RIVER REGIONAL IMPROVEMENTS PROJECT
CITY OF FISHERS #1 MUNICIPAL DRIVE FISHERS, IN 46038	35-1361390	GOVERNMENT	8,000.	0.			COMMUNITY DEVELOPMENT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF WESTFIELD 2728 E 171ST ST WESTFIELD, IN 46074	35-1111142	GOVERNMENT	114,000.	0.			ZAGSTER BIKE SHARE PROGRAM (\$9,000) & COMMUNITY DEVELOPMENT (\$105,000)
CITY OF CARMEL ONE CIVIC SQUARE CARMEL, IN 46032	35-6000972	GOVERNMENT	11,750.	0.			ZAGSTER BIKE SHARE PROGRAM (\$9,000) & COMMUNITY DEVELOPMENT (\$2,750)
NICKEL PLATE ARTS, INC 107 S 8TH ST NOBLESVILLE, IN 46060	45-4264204	501(C)3	177,501.	0.			OPERATING SUPPORT
FISHERS PARKS & RECREATION FOUNDATION - 11565 BROOKS SCHOOL RD - FISHERS, IN 46037	80-0872067	501(C)3	25,000.	0.			OPERATING SUPPORT KINCAID HOUSE

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION HAS A COMMITTEE TO OVERSEE THE ACTIVITIES COVERED BY THE GRANT AND TO MAKE SURE THE GRANT TERMS ARE FOLLOWED.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **HAMILTON COUNTY TOURISM INC** Employer identification number **35-1803805**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (GIFT CERTIFIC)	X	100	35,738.	VALUE LISTED ON CERT
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2019

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

HAMILTON COUNTY TOURISM INC

Employer identification number

35-1803805

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 WAS REVIEWED AND APPROVED BY MEMBERS OF THE BOARD OF DIRECTORS IN A
MEETING BEFORE THE DOCUMENT WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY SETS OUT INFORMATION AND IS GIVEN TO EACH
EMPLOYEE AND BOARD MEMBER

FORM 990, PART VI, SECTION B, LINE 15:

USE PUBLISHED COMPENSATION SCHEDULES FOR OTHER CENTRAL INDIANA NONPROFITS
AND OTHER COMPANIES IN THE INDUSTRY TO KEEP WAGES IN LINE YET COMPETITIVE.

FORM 990, PART VI, SECTION C, LINE 18:

IN PAPER BY REQUEST

FORM 990, PART VI, SECTION C, LINE 19:

IN PAPER BY REQUEST

PART XII, LINE 2C EXPLANATION

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT OVERSEES THE AUDIT. THE
AUDIT COMMITTEE REVIEWS AND APPROVES THE AUDIT REPORT BEFORE PROVIDING
IT TO THE BOARD.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
315	COMPUTER WIRING & BOARDS	12/15/06	SL	7.00		16	10,153.				10,153.	10,153.		0.	10,153.
360	INDESIGN SOFTWARE	09/30/08	SL	3.00		16	261.				261.	261.		0.	261.
383	MAC MINI @ NOBLES VIC SN/ DJDO	12/01/11	SL	5.00		16	628.				628.	628.		0.	628.
384	(D)MAC MINI COMPUTER	11/11/11	SL	5.00		16	599.				599.	599.		0.	599.
399	5 IPADS STAFF	05/03/12	SL	5.00		16	2,955.				2,955.	2,955.		0.	2,955.
400	2 IPADS	05/03/12	SL	5.00		16	1,346.				1,346.	1,346.		0.	1,346.
410	(D)4 MACBOOK PRO 15.4	04/12/13	SL	5.00		16	7,196.				7,196.	7,196.		0.	7,196.
411	(D)240, 120, 4 GB MEMORY	04/12/13	SL	5.00		16	1,650.				1,650.	1,650.		0.	1,650.
412	OPTOMA MOBILE PROJECTOR	05/06/13	SL	5.00		16	555.				555.	555.		0.	555.
415	DESKTOP MUSALL	01/13/14	SL	5.00		16	2,299.				2,299.	2,299.		0.	2,299.
416	LAPTOP 1 OF 2	01/13/14	SL	5.00		16	1,999.				1,999.	1,999.		0.	1,999.
418	POE SWITCH	05/15/14	SL	5.00		16	2,160.				2,160.	2,016.		144.	2,160.
419	NEW SERVER	05/16/14	SL	5.00		16	1,099.				1,099.	1,007.		92.	1,099.
420	LAPTOP IPAD KERSTIENS	05/16/14	SL	5.00		16	1,798.				1,798.	1,648.		150.	1,798.
422	LAPTOP RADCLIFF	07/01/14	SL	5.00		16	1,999.				1,999.	1,800.		199.	1,999.
424	MACBOOK AIR - BURKHARDT	08/05/14	SL	5.00		16	1,390.				1,390.	1,228.		162.	1,390.
436	APPLE COMPUTER - BRENDA	06/12/15	SL	5.00		16	1,306.				1,306.	936.		261.	1,197.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
437	APPLE COMPUTER - SARAH	06/10/15	SL	5.00		16	2,011.				2,011.	1,441.		402.	1,843.
438	IMAC REPLACE - ANGIE	09/15/15	SL	5.00		16	2,349.				2,349.	1,566.		470.	2,036.
439	MACBOOK AIRS - 2	12/31/15	SL	5.00		16	2,442.				2,442.	1,465.		488.	1,953.
445	MAC BOOK AIR BURRIS	03/07/16	SL	5.00		16	1,172.				1,172.	664.		234.	898.
446	MBP & MP AIR KERSTIENS	05/05/16	SL	5.00		16	3,006.				3,006.	1,603.		601.	2,204.
447	SAMSUNG 75" TV	06/14/16	SL	5.00		16	2,098.				2,098.	1,084.		420.	1,504.
448	MBP - BETSY, ASHLEY, KORI, KELLY	08/02/16	SL	5.00		16	7,516.				7,516.	3,633.		1,503.	5,136.
451	APPLE MACBOOK PRO - TINA	02/03/17	SL	5.00		16	1,691.				1,691.	648.		338.	986.
452	APPLE MACBOOK AIR - LAURA	02/03/17	SL	5.00		16	948.				948.	364.		190.	554.
453	APPLE MACBOOK PR 13- KAREN	04/05/17	SL	5.00		16	1,879.				1,879.	658.		376.	1,034.
454	DISPLAY TILT PORT MOUNT - GRAND PARK	04/24/17	SL	5.00		16	1,194.				1,194.	398.		239.	637.
455	2- 55" DISPLAY FHD US LED GRAND PARK	04/24/17	SL	5.00		16	9,998.				9,998.	3,333.		2,000.	5,333.
458	SERVICE/ INSTALLATION GRAND PARK WALL	08/01/17	SL	5.00		16	6,822.				6,822.	1,933.		1,364.	3,297.
459	MACBOOK PRO 13- KARA	08/08/17	SL	5.00		16	1,899.				1,899.	538.		380.	918.
460	MACBOOK PRO 13- CHRIS	08/08/17	SL	5.00		16	1,899.				1,899.	538.		380.	918.
461	MACBOOK PRO 13- LAURA	08/08/17	SL	5.00		16	2,249.				2,249.	638.		450.	1,088.
465	MACBOOK PRO- WHITNEY	11/20/17	SL	5.00		16	1,699.				1,699.	368.		340.	708.
470	MACBOOK PRO 13 - JOHN	01/15/18	SL	5.00		16	1,711.				1,711.	342.		342.	684.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
471	MACBOOK PRO 13 - SANDY	02/02/18	SL	5.00		16	1,699.				1,699.	311.		340.	651.
472	MACBOOK PRO 13 - TIM	02/10/18	SL	5.00		16	1,699.				1,699.	311.		340.	651.
473	MACBOOK PRO - WHITNEY	08/06/18	SL	5.00		16	1,320.				1,320.	110.		264.	374.
474	MACBOOK PRO 13 - BILLMAN	11/02/18	SL	5.00		16	1,699.				1,699.	57.		340.	397.
475	MACBOOK PRO 13 - HCD DIRECTOR	11/02/18	SL	5.00		16	1,712.				1,712.	57.		342.	399.
476	NEW NETWORK SWITCH FOR OFFICE	11/25/18	SL	5.00		16	1,371.				1,371.	23.		274.	297.
477	MACBOOK PRO 13 - SARAH, BRENDA, ANNIE	12/31/18	SL	5.00		16	5,277.				5,277.			1,055.	1,055.
478	MACBOOK PRO - KELLI	12/31/18	SL	5.00		16	2,149.				2,149.			430.	430.
479	MACBOOK PRO FOR KATIE	04/10/19	SL	5.00		16	1,699.				1,699.			255.	255.
480	MACBOOK PRO FOR RACHAEL	05/22/19	SL	5.00		16	1,879.				1,879.			219.	219.
481	27 INCH IMAC FOR JORDAN MUSALL	06/13/19	SL	5.00		16	2,269.				2,269.			265.	265.
482	MACBOOK PRO FOR ASHLEY	06/13/19	SL	5.00		16	1,879.				1,879.			219.	219.
483	MACBOOK PRO FOR BETSY	08/23/19	SL	5.00		16	1,879.				1,879.			125.	125.
484	MACBOOK PRO FOR KORI	08/26/19	SL	5.00		16	1,711.				1,711.			114.	114.
485	MACBOOK PRO FOR KELLEY	09/12/19	SL	5.00		16	1,699.				1,699.			113.	113.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						121,917.				121,917.	60,359.		16,220.	76,579.
	* 990 PAGE 10 TOTAL -						121,917.				121,917.	60,359.		16,220.	76,579.
	FURNITURE & FIXTURES														

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
275	COAT RACKS & (2) CHAIRS, LAMP	04/15/97	SL	10.00		16	1,777.				1,777.	1,777.		0.	1,777.
291	FURNITURE	03/15/02	SL	7.00		16	610.				610.	610.		0.	610.
293	CABINET	05/31/02	SL	7.00		16	358.				358.	358.		0.	358.
297	FILE UPDATE	05/30/03	SL	5.00		16	424.				424.	424.		0.	424.
298	SHELF UNITS FOR STORAGE SPACE	07/15/03	SL	10.00		16	137.				137.	137.		0.	137.
300	POWERWARE UNIT	09/30/04	SL	5.00		16	684.				684.	684.		0.	684.
302	DIGITAL CAMERA	01/31/05	SL	5.00		16	193.				193.	193.		0.	193.
308	FOLDING TABLE	09/30/05	SL	5.00		16	202.				202.	202.		0.	202.
310	OPTOMA 84 PORTABLE SCREEN	09/15/06	SL	7.00		16	399.				399.	399.		0.	399.
312	CL LCD PROJECTOR 719 DLP	05/15/06	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
313	POP UP SHELTER	05/31/06	SL	7.00		16	220.				220.	220.		0.	220.
314	FURNITURE & FIXT	10/30/06	SL	7.00		16	66,490.				66,490.	66,490.		0.	66,490.
316	AV FOR CONFERENCE ROOM	08/15/06	SL	5.00		16	8,547.				8,547.	8,547.		0.	8,547.
317	REFRIGERATOR & ICE MACHINE	10/30/06	SL	7.00		16	2,673.				2,673.	2,673.		0.	2,673.
318	CONFERENCE TELEPHONE	10/30/06	SL	5.00		16	221.				221.	221.		0.	221.
319	EVERPURE FILTER SYSTEM	11/15/06	SL	5.00		16	306.				306.	306.		0.	306.
320	PHONE SET UP & CABLE	12/15/06	SL	5.00		16	387.				387.	387.		0.	387.
321	SECURITY SYSTEM	12/28/06	SL	7.00		16	895.				895.	895.		0.	895.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
322	TELEPHONES & CABLE	12/28/06	SL	5.00		16	3,478.				3,478.	3,478.		0.	3,478.
324	REFRIGERATOR & MICROWAVE	12/13/06	SL	7.00		16	1,025.				1,025.	1,025.		0.	1,025.
325	SIGN DESIGN	02/28/07	SL	7.00		16	1,500.				1,500.	1,500.		0.	1,500.
326	ADDL AUDIO / VIDEO	03/15/07	SL	5.00		16	2,510.				2,510.	2,510.		0.	2,510.
327	MAXON CABINETS & LIGHTS	03/15/07	SL	7.00		16	3,100.				3,100.	3,100.		0.	3,100.
328	BULLETIN BOARDS & HOOKS	03/15/07	SL	7.00		16	193.				193.	193.		0.	193.
329	WINDOW GRAPHICS	03/15/07	SL	7.00		16	840.				840.	840.		0.	840.
330	LAMP, TABLE, & RACKS	05/15/07	SL	7.00		16	336.				336.	336.		0.	336.
332	OUTDOOR SIGN	07/30/07	SL	7.00		16	1,089.				1,089.	1,089.		0.	1,089.
333	XMAS DECOR	12/14/07	SL	5.00		16	1,083.				1,083.	1,083.		0.	1,083.
334	FREESTANDING DESK & WORK AREA	12/14/07	SL	7.00		16	3,383.				3,383.	3,383.		0.	3,383.
335	OFFICE DESIGN PLAN	12/28/07	SL	7.00		16	3,000.				3,000.	3,000.		0.	3,000.
336	CURTAINS - 2ND FLOOR	03/17/08	SL	7.00		16	188.				188.	188.		0.	188.
337	CURTAIN	04/15/08	SL	7.00		16	138.				138.	138.		0.	138.
338	FRAMED ART	04/15/08	SL	7.00		16	245.				245.	245.		0.	245.
339	2ND FLOOR WORKROOM	04/15/08	SL	7.00		16	1,245.				1,245.	1,245.		0.	1,245.
340	FURNITURE 3RD FLOOR	05/09/08	SL	7.00		16	9,500.				9,500.	9,500.		0.	9,500.
341	CARMEL VISIT AREA	05/30/08	SL	39.00	MM	16	18,745.				18,745.	5,087.		481.	5,568.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
342	VISIT CENTER BENCH	05/30/08	SL	7.00		16	450.				450.	450.		0.	450.
343	PHONE SYSTEM - CARMEL VISIT CENTER	05/30/08	SL	5.00		16	892.				892.	892.		0.	892.
344	1ST FLOOR REMODEL	06/04/08	SL	39.00	MM	16	1,341.				1,341.	363.		34.	397.
345	PENDANDT & LIGHTS CVC	06/17/08	SL	7.00		16	173.				173.	173.		0.	173.
346	BOOKSHELF, FILE, LAMP ON 3RD FLOOR	06/17/08	SL	7.00		16	360.				360.	360.		0.	360.
347	WALL GRAPHICS	06/17/08	SL	7.00		16	6,426.				6,426.	6,426.		0.	6,426.
348	VISIT CENTER STOOL	07/15/08	SL	7.00		16	236.				236.	236.		0.	236.
349	BROCHURE RACKS	07/15/08	SL	7.00		16	1,311.				1,311.	1,311.		0.	1,311.
350	LOGO WALL GRAPHICS	08/19/08	SL	39.00	MM	16	617.				617.	163.		16.	179.
351	LOGO FLOOR MATS & RUG	10/01/08	SL	7.00		16	840.				840.	840.		0.	840.
352	SIDEWALK SIGN	12/01/08	SL	5.00		16	236.				236.	236.		0.	236.
353	BUILDING SIGN	12/03/08	SL	7.00		16	250.				250.	250.		0.	250.
354	FURNITURE 1ST & 3RD FLOOR	12/09/08	SL	7.00		16	13,647.				13,647.	13,647.		0.	13,647.
370	PHONE EXPANSION	02/24/09	SL	5.00		16	1,183.				1,183.	1,183.		0.	1,183.
371	FISHERS DESK	03/18/09	SL	7.00		16	2,512.				2,512.	2,512.		0.	2,512.
372	BULLETIN BOARD	03/18/09	SL	7.00		16	382.				382.	382.		0.	382.
373	WALL SYSTEM	03/18/09	SL	7.00		16	298.				298.	298.		0.	298.
374	BULLETIN BOARD	05/20/09	SL	7.00		16	220.				220.	220.		0.	220.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
375	3RD FLOOR HARDWIRE COMPUTER	08/31/09	SL	7.00		16	783.				783.	783.		0.	783.
388	1 VERDE U DESK & 2 AMBER L DESKS	08/18/11	SL	7.00		16	5,887.				5,887.	5,887.		0.	5,887.
389	AMBER RECEPTION DESK	11/15/11	SL	7.00		16	1,507.				1,507.	1,507.		0.	1,507.
390	LEASEHOLD IMPR COMPUTER WIRE	09/15/11	SL	7.00		16	2,781.				2,781.	2,781.		0.	2,781.
403	LEASEHOLD IMPROVE	07/09/12	SL	39.00	MM	16	5,425.				5,425.	904.		139.	1,043.
425	2 OFFICE SUITES - SPORTS	02/11/14	SL	7.00		16	4,679.				4,679.	3,286.		668.	3,954.
426	2 OFFICE SUITES 3RD FLOOR	04/01/14	SL	7.00		16	3,937.				3,937.	2,671.		562.	3,233.
428	CONFERENCE ROOM TABLES	05/15/14	SL	7.00		16	4,063.				4,063.	2,709.		580.	3,289.
429	3RD FLOOR PULL CABLE	05/22/14	SL	7.00		16	880.				880.	576.		126.	702.
430	GOLF CART	09/09/14	SL	5.00		16	9,790.				9,790.	8,485.		1,305.	9,790.
431	DESK UNITS RADICLIFF & BABER	12/04/14	SL	7.00		16	5,176.				5,176.	3,020.		739.	3,759.
440	DESK UNIT EXEC ASSIST	12/10/15	SL	5.00		16	1,396.				1,396.	860.		279.	1,139.
444	DESK & CHAIR	03/02/16	SL	7.00		16	1,579.				1,579.	640.		226.	866.
462	HARDSCAPE GRAND PARK	08/11/17	SL	7.00		16	14,126.				14,126.	2,859.		2,018.	4,877.
463	LEASEHOLD IMP BOARDROOM WATER HEATER	09/18/17	SL	7.00		16	829.				829.	148.		118.	266.
464	LEASEHOLD IMP COUNTER TOP CABINETS CORKBOARD	09/27/17	SL	7.00		16	1,316.				1,316.	235.		188.	423.
466	ADDITIONAL SHELIVING GRAND PARK	12/22/17	SL	7.00		16	650.				650.	93.		93.	186.
467	COMMERCIAL DISPLAY MONITORS	06/30/14	SL	5.00		16	1,869.				1,869.	1,682.		187.	1,869.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						235,168.				235,168.	192,531.		7,759.	200,290.
	* 990 PAGE 10 TOTAL -						235,168.				235,168.	192,531.		7,759.	200,290.
	MACHINERY & EQUIPMENT														
376	SIMPLE VIEW SOFTWARE	03/09/10		36M		HY43	19,000.				19,000.	19,000.		0.	19,000.
386	SIMPLE VIEW WEBSITE DEV	12/01/11		36M		HY43	78,300.				78,300.	78,300.		0.	78,300.
387	MAIL HOST PROG	12/21/11		36M		HY43	1,179.				1,179.	1,179.		0.	1,179.
406	CLOSERWARE / GRANT SOFTWARE	03/27/12		36M		HY43	2,000.				2,000.	2,000.		0.	2,000.
413	QUICKBOOKS 2013	08/15/13		36M		HY43	642.				642.	642.		0.	642.
456	DIGITAL SIGN & SW DEV	04/01/17		36M		HY43	1,120.				1,120.	653.		373.	1,026.
457	SW REMOTE ACCESS VISEX	07/01/17		36M		HY43	1,332.				1,332.	666.		444.	1,110.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						103,573.				103,573.	102,440.		817.	103,257.
	* 990 PAGE 10 TOTAL -						103,573.				103,573.	102,440.		817.	103,257.
	BUILDINGS														
391	STONE HOUSE - 107 S 8T ST NOBLESVILLE	06/07/11	SL	39.00		MM16	130,473.				130,473.	25,370.		3,345.	28,715.
393	HOUSE - 123 S 8TH ST NOBLESVILLE	06/07/11	SL	39.00		MM16	104,379.				104,379.	20,296.		2,676.	22,972.
395	BROWING DAY - ARCH DESIGN	11/30/11	SL	39.00		MM16	21,765.				21,765.	3,953.		558.	4,511.
408	NP BUILDING IMPROVEMENTS	12/19/12	SL	39.00		MM16	599,870.				599,870.	92,288.		15,381.	107,669.
414	NP BUILDING IMPROVEMENTS	06/10/13	SL	39.00		MM16	83,583.				83,583.	11,966.		2,143.	14,109.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
432	LEASEHOLD IMPROVEMENTS	09/09/14	SL	39.00	MM	17	20,742.				20,742.	2,305.		532.	2,837.
449	HEAT PUMP / FURNACE	07/26/16	SL	39.00	MM	16	8,548.				8,548.	529.		219.	748.
	* 990 PAGE 10 TOTAL BUILDINGS						969,360.				969,360.	156,707.		24,854.	181,561.
	LAND														
392	LAND - STONE HOUSE 107 S 8TH ST	06/07/11	L				23,000.				23,000.			0.	
394	LAND - 123 S 8TH ST NOBLESVILLE	06/01/77	L				18,400.				18,400.			0.	
	* 990 PAGE 10 TOTAL LAND						41,400.				41,400.	0.		0.	0.
	* 990 PAGE 10 TOTAL -						1,010,760.				1,010,760.	156,707.		24,854.	181,561.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						1,471,418.				1,471,418.	512,037.		49,650.	561,687.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						1,458,403.			0.	1,458,403.	512,037.			560,377.
	ACQUISITIONS						13,015.			0.	13,015.	0.			1,310.
	DISPOSITIONS/RETIRED						9,445.			0.	9,445.	9,445.			9,445.
	ENDING BALANCE						1,461,973.			0.	1,461,973.	502,592.			552,242.
	ENDING ACCUM DEPR LESS DISPOSITIONS											552,242.			
	ENDING BOOK VALUE											909,731.			

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

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

Attachment
Sequence No. 179

Name(s) shown on return HAMILTON COUNTY TOURISM INC	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 35-1803805
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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.

1 Maximum amount (see instructions)	1	1,020,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,550,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	48,301.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2019	17	532.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	48,833.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29 for depreciation calculations.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and availability questions.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table with 2 columns: Yes, No. Includes rows 37-41 for policy and use questions.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization calculations.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20____

2019

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

HAMILTON COUNTY TOURISM INC

35-1803805

Name and title of officer

**BOB DUBOIS
CHAIRMAN**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, 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 <u>5,663,114.</u>
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 VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **PEACHIN SCHWARTZ AND WEINGARDT, P.C.** to enter my PIN **06295**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2019 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.

Officer's signature ▶ ******* THIS IS NOT A FILEABLE COPY ***** Date ▶ _____

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.

35175601959
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization 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 ▶ _____

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

NP-20

State Form 51062 (R10 / 8-19)

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year
Beginning 01 / 01 /2019 and Ending 12 / 31 /2019

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

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

Name of Organization: HAMILTON COUNTY TOURISM INC
Telephone Number: 317 848 3181
Address: 37 EAST MAIN STREET
County: 29
City: CARMEL State: INDIANA Zip Code: 46032
Federal Employer Identification Number: 35 1803805
Printed Name of Person to Contact: BOB DUBOIS
Contact's Telephone Number: 317 848 3181

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.
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.

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.

BOB DUBOIS

CHAIRMAN

Signature of Officer or Trustee

Title

Date

317-848-3181

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.

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.

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

NAME AND ADDRESS	TITLE
JEFFERY BROWN 37 EAST MAIN STREET CARMEL, IN 46032	VICE CHAIRMAN
JACKIE DIKOS 37 EAST MAIN STREET CARMEL, IN 46032	DIRECTOR
ANGIE FRAZIER 37 EAST MAIN STREET CARMEL, IN 46032	DIRECTOR
ANDREW NEWPORT 37 EAST MAIN STREET CARMEL, IN 46032	DIRECTOR AT LARGE
TOBY MILES 37 EAST MAIN STREET CARMEL, IN 46032	DIRECTOR
MARK TRUETT 37 EAST MAIN STREET CARMEL, IN 46032	DIRECTOR
JIMIA SMITH 37 EAST MAIN STREET CARMEL, IN 46032	DIRECTOR
SCOTT SPILLMAN 37 EAST MAIN STREET CARMEL, IN 46032	DIRECTOR
GARY MILLER 37 EAST MAIN STREET CARMEL, IN 46032	DIRECTOR
BOB DUBOIS 37 EAST MAIN STREET CARMEL, IN 46032	CHAIRMAN
JEREMY GEISENDORFF 37 EAST MAIN STREET CARMEL, IN 46032	DIRECTOR AT LARGE
JOHN HUGHEY 37 EAST MAIN STREET CARMEL, IN 46032	PAST PRESIDENT

NORMAN BURNS
37 EAST MAIN STREET
CARMEL, IN 46032

SECRETARY/ TREASURER

BRENDA MYERS
37 EAST MAIN STREET
CARMEL, IN 46032

PRESIDENT / CEO

KAREN RADCLIFF
37 EAST MAIN STREET
CARMEL, IN 46032

CHIEF STRATEGY OFFICER