## COMMITTEE ON NATURAL RESOURCES 113<sup>th</sup> Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Subcommittee on Public Lands and Environmental Regulation Legislative Hearing on **H.R.** (Bishop), To amend the Federal Lands Recreation Enhancement Act to improve consistency and accountability in the collection and expenditure of Federal recreation fees, and for other purposes. April 4, 2014

\* \* \* \* \*

For Witnesses Representing Organizations:

- 1. Name: Todd Davidson
- 2. Name of Organization(s) You are Representing at the Hearing:

Western States Tourism Policy Council\* (WSTPC) and Southeast Tourism Society\*\* (STS)

\* The Western States Tourism Policy Council (WSTPC) is a consortium of eleven Western state tourism offices, including Arizona, California, Colorado, Idaho, Hawaii, Montana, Nevada, New Mexico, Oregon, Utah, and Wyoming. Its creation was inspired by the 1995 White House Conference on Travel and Tourism, which urged greater regional attention to the interrelationships between Federal lands, the environment and tourism. Our mission is to foster and encourage a positive environment for travel and tourism by serving as a forum to identify, research, analyze, and advocate the travel and tourism related issues of public policy and opinion in the Western United States.

\*\*The Southeast Tourism Society (STS) is a not-for-profit membership association that works to elevate the talents and strategies of travel and tourism organizations and individual professionals within its twelve state region. STS's mission is to strengthen the economic vitality of the region by uniting all segments of the travel and tourism industry through collaboration, education, advocacy, networking, and recognition. Established in 1983, STS is an engaged network of more than 800 members from twelve states: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia.

3. Business Address:

250 Church Street SE, Suite 100 Salem, OR 97301

- 4. Business Email Address: Information redacted for privacy
- 5. Business Phone Number: Information redacted for privacy

Name/Organization: Todd Davidson/Travel Oregon

Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Legislative Hearing on **H.R.** (Bishop), To amend the Federal Lands Recreation Enhancement Act to improve consistency and accountability in the collection and expenditure of Federal recreation fees, and for other purposes. April 4, 2014

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing. N/A

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing. N/A

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Chief Executive Officer of Travel Oregon; Immediate Past-Chair and current member, U.S. Travel and Tourism Advisory Board; Past Chair and current member, Western States Tourism Policy Council; Past Chair and current member, National Council of State Tourism Directors

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that you have received in the current year and previous four years, including the source and the amount of each grant or contract. None

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed. None

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed. None

None

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

In my capacity as CEO of Travel Oregon, Immediate Past Chair of the U.S. Travel and Tourism Advisory Board, and as officer within the WSTPC, a member organization representing 11 western states, I see the FLREA discussion from the local, state, regional and national level from the vantage point of user groups, gateway communities and federal land managers. More important, my family and I take advantage of the recreation and visitation opportunities on federal lands in the West.

## Witnesses Representing Organizations

Name/Organization: Todd Davidson/Travel Oregon

Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Legislative Hearing on **H.R.** (Bishop), To amend the Federal Lands Recreation Enhancement Act to improve consistency and accountability in the collection and expenditure of Federal recreation fees, and for other purposes. April 4, 2014

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Past Chair, WSTPC Current Chair, WSTPC Policy Committee

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

No grants received.

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

N/A

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

N/A

1. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

See attached

efi	ile Gl	RAPHIC prii	nt - DO	NOT PROCESS	As Filed Data -				DLN	l: 93	492136006291
					Short Fo	orm				С	MBNo 1545-1150
	90	90-EZ		Return of O	rganization Exe	empt Fron	n Ind	come Ta	X		0000
	nJi				01(c), 527, or 4947(a)(1	-					2009
60					black lung benefit trus						
					s of donor advised funds ile Form 990 All other o						Open to Public
Depar	tment of t	he Treasury	\$500,	,000 and total asset	ts less than \$1,250,000	) at the end of	the ye	ar may use	this forr	n	Inspection
		le Service			e to use a copy of this re				urement	s.	
		applicable	r year, or	<b>tax year beginning</b> C Name of organization	· · · · · · · · · · · · · · · · · · ·	and ending 06	-30-20	10	D Empl	over	identification number
_		change	Please use IRS	Western States Touri					-	-	
	lame ch	nange	label or	Number and street (	or P O box, if mail is not de	livered to street a	ddress)	Room/suite	E Telepl	)3397 10ne i	
	nıtıal ret		print or type.	11914 Grason Lane						(20	2) 251-6845
	erminat		See Specific	City or town state o	r country, and ZIP + 4				F Group	•	<u> </u>
_	Amended return						Numb				
· A	phicatio	on penaing	tions.								
♦ Se	ection				nonexempt charitabl A (Form 990 or 990-EZ)			counting me her (specify		Ca	ash 🔽 Accrual
							но	Check 🕨 🔽	ıf the	orqa	nızatıon
		■ <u>N/A</u>			(Insert no ) 4947(a)(1	<b>Г</b> 537	· ı	s <b>not</b> require	ed to att	ach	
		<u> </u>					-				90-EZ, or 990-PF)
					(a)(3) supporting organ required, but if the organ						
					If \$500,000 or more, file For				►\$		65,500
Pa	art I	Revenue	, Exper	nses, and Chang	ges in Net Assets o	or Fund Bala	ance	<b>5</b> (See the Ir	structio	ons f	or Part I )
	1	Contributions	s, gifts, g	rants, and sımılar ar	mounts received .		•		Ĺ	1	
	2	Program serv	lice revei	nue including govern	nment fees and contract	:s	•		Ĺ	2	
	3	Membership	dues and	assessments .					· L	3	65,500
	4	Investmentı	ncome					• •	•	4	
	5a	Gross amoun	it from sa	ale of assets other th	han inventory		5a				
Цe	Ь	Less costor	<sup>r</sup> other ba	asıs and sales exper	nses		5b		0		
evenue	c	Gaın or (loss	) from sa	le of assets other th	an inventory (Subtract	lıne 5b from lın	e 5a)		· .[	5c	
å	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from <b>gaming,</b> check here 🕨 🦵									
	a	a Gross revenue (not including \$ _of contributions									
		reported on li	ıne 1)			•	6a		0		
	Ь	Less direct	expenses	s other than fundrais	ing expenses	•	6b		0		
	с	Net income o	or (loss) f	rom special events	and activities (Subtract	lıne 6b from lıı	ne 6a)		•	6c	0
	7a	Gross sales (	ofinvento	ory, less returns and	allowances		7a				
	Ь	Less cost of	goods so	old			7b		0		
	c	Gross profit o	or (loss) f	from sales of invent	ory (Subtract line 7b fro	mline 7a) 🔒			•	7c	
	8	Other revenu	ıe (descri	ıbe 🕨					)	8	
	9	Total revenue	<b>e.</b> A dd lın	nes 1, 2, 3, 4, 5c, 6c	.,7c, and 8		-	<b>Þ</b>	· [	9	65,500
	10	Grants and s	ımılar am	ounts paid (attach s	schedule)					10	
	11	Benefits paid	to or for	members					F	11	
	12	Salaries, oth	er compe	ensation, and employ	vee benefits				. [	12	
5	13	Professional	fees and	other payments to ,	ndependent contractors				.	13	92,850
Expenses	14	Occupancy, I	rent, utili	ties, and maintenan	ce		-		. †	14	
бхр Д	15	Printing, publ	lications,	, postage, and shipp	ıng				F	15	
ш	16	Other expens							、	16	15,722
	17			ines 10 through 16				(	▶ ′ ∣	17	108,572
5	18	•		-	line 17 from line 9) .				. †	18	-43,072
SSets	19				of year (from line 27, co				F		
et As				oorted on prior year's					.	19	76,806
Net	20				nces (attach explanation	ı) <b>.</b> .			F	20	
	21	=			r Combine lines 18 thr	•	_		•	21	33,734
Pa	rt II			•	line 25, column (B) are		r mor	e, file Form 9	90 inst		
								,e . e.m s			
			(See th	he instructions for P	art II )	(A	)Beg	ınnıng of yea	ar 🗌	(	<b>B)</b> End of year
22	Cash	, savings, and	investme	ents		· ·		86,0	599 <b>22</b>		87,590
23	Land	and buildings	• •			· ·			23		
24	Othe	r assets (desc	rıbe 🕨 🔄			)			24		
		assets .	• •			·			599 <b>25</b>	+	87,590
26	Total	l <b>iabilities</b> (des	scribe 🕨	<u>S</u>		) [		9,8	393 <b>26</b>		53,856
27					B) <b>must</b> agree with line				306 <b>27</b>		33,734
For	Privac	y Act and Pap	erwork R	eduction Act Notice	e, see the separate instr	<b>uctions.</b> Cat	No :	L0642I		Fo	rm <b>990-EZ</b> (2009)

Part III Statement	of Program Service Accomplishments (See the instructions for Part III )		Expenses
What is the organization's p Organization was created to and promotional strategies	(Required for section 501 (c)(3) and 501(c)(4) organizations and section		
Describe what was achieved describe the services provi program title		47 (a)(1) trusts , cional for others )	
28 Hosted and participated promoting tourism in the We focused on planning strateg Sustainable Tourism and pr establishing a new national (Grants \$ )	28a		
29	If this amount includes foreign grants, check here 🛛 🕨 🦵	204	
(Grants \$ )	If this amount includes foreign grants, check here 🏾 . 🔹 🕨 🦵	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here 🛛 🕨 🦵	30a	
<b>31</b> O ther program services	(attach schedule)		
(Grants \$ )	31a		
32 Total program service ex	r <b>penses</b> (add lines 28a through 31a) 🛛	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Form **990-EZ** (2009)

Form	990-EZ (2009)			Page <b>3</b>
Ра	<b>tt V</b> Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>b</b> 37a			
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 🕨, section 4912 🕨, section 4955 🕨			
Ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40Ь		
с	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of 🕨 Aubrey C King Telephone no	► <u>(20</u>	2)251	6845
	11914 Grason Lane Located at ► Bowle, MD ZIP + 4	2(	071540	12
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
D	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		No
	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
с	At any time during the calendar year, did the organization maintain an office outside of the US?	42c		No
	If "Yes," enter the name of the foreign country 🕨			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here	•	•••	▶┌
		ļ	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
	Form 990-EZ.	44		No
45	5 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.			

Form **990-EZ** (2009)

## Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

# All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes." was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	( <b>b)</b> Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances		
NONE						
<b>50(f)</b> Total number of other employees paid over \$100,000						

# 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation		
ΝΟΝΕ				
51(d) Total number of other independent contractors each receiving over \$100,000				

Please					atements, and to the best of my knowledge on of which preparer has any knowledge 05-11	
Sign Here	Signature of officer		Date			
	Aubrey C King Exec D Type or print name ar					
Paid	Preparer's signature Richard A	Hall CPA	Date	Check If self- empolyed I	Preparer's identifying number (See instructions)	
Preparer's Use Only	Firm's name (or yours )	RICHARD A HALL PC			EIN 🕨	
	address, and ZIP + 4	1420 BEVERLY RD STE 135				
		Phone no 🕨 (703) 821-5434				
May the IRS	S discuss this return v	with the preparer shown above? S	See instructions		🕨 🖓 Yes 🖓 No	

#### Software ID:

#### Software Version:

**EIN:** 93-1033972

Name: Western States Tourism Policy Council

#### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances
Aubrey Kıng 11914 Grason Lane Bowıe, MD 207154012	Exec Director 3 00	0		
Caryl McConkie 333 Willoughby Ave 9th Floor Juneau, AK 99801	Secretary 1 50	0		
Diane Shober 1520 Etchepare Circle Cheyenne, WY 82007	Treasurer 1 50	0		
Betsy Baumgart 301 South Park Avenue Helena, MT 596200533	Vice-Chair 150	0		
Mıke Cerlettı 491 Old Santa Fe Traıl Santa Fe,NM 87501	Chairman 1 50	0		

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# **TY 2009 Other Expenses Schedule**

Name: Western States Tourism Policy Council

**EIN:** 93-1033972

**Software ID:** 09000047

Software Version: 2009v1.7

Description	Amount
Parking, Taxi's & Tolls	108
Entertainment/Decorations	180
Dues & Memberships	1,500
Consultant Travel & Mileage	2,775
Consultant Meals	128
Conferences, Conventions, and Meetings	
Board Meals	2,896

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# **TY 2009 Other Liabilities Schedule**

Name:	Western	States	<b>Tourism Policy</b>	/ Council
		0.0000		

**EIN:** 93-1033972

**Software ID:** 09000047

**Software Version:** 2009v1.7

Description	Beginning of Year Amount	End of Year Amount
Refundable Sponsorships		10,000
Deferred Revenue		34,000
Accounts Payable and Accrued Expenses	9,893	9,856

efi	le Gl	RAPHIC prin	t - DO NOT PROCESS As Filed Data -			D	LN: 93	3492136016302
			Short Forn	n			c	OMBNo 1545-1150
	90	90-EZ	Return of Organization Exem		n Inco	me Tax		0040
			Under section 501(c), 527, or 4947(a)(1) of					2010
2			<ul> <li>(except black lung benefit trust or</li> <li>F Sponsoring organizations of donor advised funds, organizations t</li> </ul>				s, and	
			certain controlling organizations as defined in section 512(b) ( All other organizations with gross receipts less than \$200,000 and to	13) must file	Form 990	(see instructions)		Open to Public
		he Treasury	year may use this for	m			or the	Inspection
			The organization may have to use a copy of this return and the organization of the	to satisfy sta	-			
			year, or tax year beginning 07-01-2010 , and C Name of organization	ending vo	-30-2011	D Employer id	entifica	tion number
ΓA	ddress	change	Western States Tourism Policy Council			93-1033972		
	ame ch	-	Number and street (or P O box, if mail is not delivered to street	address) Roc	m/suite	E Telephone nur	nber	
	ntial ret		11914 Grason Lane			(202)	251-684	45
	erminat	ted d return	City or town, state or country, and ZIP + 4			F Group Exempt		
		on pending	Bowie, MD 20715			Number 🕨	lion	
		<b>.</b>						
		ting method 🖡	Cash 🔽 Accrual Other (specify) 🕨					organization is <b>not</b>
		-	only one)— 501(c)(3) 501(c)(6) 4047(a)(1	.) or <b>Г</b> 527		required to at (Form 990, 9	ttach S	chedule B
			nızatıon ıs not a section 509(a)(3) supporting organızatı			ceipts are norn	nally <b>n</b> e	<b>ot</b> more than
			EZ or Form 990 return is not required though Form 990 of file a return, be sure to file a complete return	-N (e-post	:card) ma	y be required (	see in	structions) But if the
			line 9 to determine gross receipts, If gross receipts are \$200,000 or i	more, or if to	otal assets	(Part II, line 25, c	olumn (I	B) below) are \$500,000 or
_	-	Form 990 instead				► \$		110,500
Pa	art I		, Expenses, and Changes in Net Assets or F organization used Schedule O to respond to any questi			See the instruc		
	1		, gifts, grants, and similar amounts received				1	
	2	Program serv	ice revenue including government fees and contracts				2	
	3	Membership o	mbership dues and assessments					110,500
	4	Investment ır						,
	5a	Gross amoun	It from sale of assets other than inventory					
a	b		other basis and sales expenses		5b			
enne			from sale of assets other than inventory (Subtract line	5b from lin			5c	
Reve	6		undraising events		,			
ш	a	-	m gaming (attach Schedule G if greater than \$15,000)		6a			
	b		from fundraising events (not including \$ <u>0</u> of contributions)	ons from fu		a events	-	
			ne 1) (attach Schedule G if the sum of such gross incom			-		
	с	Less directe	expenses from gaming and fundraising events	•	6c		D	
	d	Net income o	r (loss) from gaming and fundraising events (Add lines 6	a and 6b a	ind subtr	act line 6c)	6d	0
	7a	Gross sales c	f inventory, less returns and allowances	•	7a			
	Ь	Less cost of	goods sold		7b		D	
	c	Gross profit o	r (loss) from sales of inventory (Subtract line 7b from lir	ne7a) .	•		7c	
	8	Other revenu	e (describe in Schedule O )				8	
	9	Total revenue	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	110,500
	10	Grants and si	mılar amounts paıd (lıst ın Schedule O )				10	
	11	Benefits paid	to or for members				11	
	12	Salaries, othe	r compensation, and employee benefits		•		12	
с 6	13	Professional f	ees and other payments to independent contractors				13	91,075
Expense	14	Occupancy, r	ent, utilities, and maintenance				14	
÷.	15	Printing, publ	ications, postage, and shipping				15	
	16	Other expens	es (describe in Schedule O )				16	18,903
	17	Total expense	es. Add lines 10 through 16				17	109,978
9	18	Excess or (de	ficit) for the year (Subtract line 17 from line 9)				18	522
etAssets	19	Net assets or	fund balances at beginning of year (from line 27, colum	n (A )) (mu	st agree	with		
t Ås			gure reported on prior year's return)				19	33,734
Net	20		s in net assets or fund balances (explain in Schedule O)	)			20	
	21	_	fund balances at end of year Combine lines 18 through			•	21	34,256
For			erwork Reduction Act Notice, see the separate instruction		: No 10	6421		orm <b>990-EZ</b> (2010)

orm	990-EZ	(2010)
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Form 990-EZ (2010)					Page 2
Part II Balance Sheets					
Check if the organization used	Schedule O to respond to	any question in th	ıs Part II	•	<u></u>
(See the instruct	tions for Part II)	Г	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .		F	( <b>R</b> ) Beginning of year 87,590	22	46,193
23 Land and buildings				23	,
24 Other assets (describe in Schedule O	)			24	500
25 Total assets	,	F	87,590		46,693
26 Total liabilities (describe in Schedule	0)	· · · F	53,856		12,437
27 Net assets or fund balances (line 27 o	•	th line 21)	33,734		34,256
Part III Statement of Program				1 1	Expenses
Check if the organization used			ıs Part III 🛛 . 🦵	1 1	equired for section 501
What is the organization's primary exempt					(3) and 501(c)(4) ganizations and section
Organization was created to cooperatively and promotional strategies for the Western		ordinated travel an	ıd tourısm, marketıng		47(a)(1) trusts,
Describe what was achieved in carrying ou		t purposes In a cle	ear and concise manner.	opt	tional for others)
describe the services provided, the numbe		• •			
program title					-
<b>28</b> Sponsor of 2010 AINTA Conference wh tourism on their homelands The organizati					
stronger collaboration with the National Pa	rk Service Office of Sustain	nable Tourism and	provided support for the		
2009 Travel Promotion Act that was signe promoting global tourism	d into law in 2010 establis	hing a new nationa	l tourism office and		
	s amount includes foreign g	grants, check here	· · · <b>• -</b>	28a	
29					
(Grants \$ ) If thi	s amount includes foreign g	grants, check here		29a	
30			,		
(Grants \$ ) If thi	s amount includes foreign g	grants, check here		30a	
<b>31</b> Other program services (describe in Sc		· · · · ·	· · · · ·	1000	
	s amount includes foreign g	grants, check here	· · · ► 🗖	31a	
32 Total program service expenses (add lin				32	
Part IV List of Officers, Directors, Tru				structio	
Check if the organization used				•	<u></u>
(a) Name and address	(b) Title and average hours per week	(c) Compensati (If not paid,			(e) Expense account and
	devoted to position	enter -0)	deferred compens		
See Additional Data Table					
See Additional Data Table					

Form	n 990-EZ (2010)			Page <b>3</b>
Ра	<b>Other Information</b> (Note the statement requirements in the instructions for Part V.)			
	Check if the organization used Schedule O to respond to any question in this Part V $\ldots$ . $\Box$			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed			
	description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501 (c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? (see instructions)	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 37a			
b	Did the organization file Form 1120-POL for this year?	37Ь		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities <b>39b</b> 0	, I		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 🕨, section 4912 🗣, section 4955 🗣			
Ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40Ь		
с	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of Aubrey C King Telephone no	► <u>(</u> 20	2)251-	-6845
	11914 Grason Lane         Located at          Bowle, MD         ZIP + 4	► <u>20</u>	071540	12
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
с	At any time during the calendar year, did the organization maintain an office outside of the U S $^{2}$	42c		No
	If "Yes," enter the name of the foreign country 🕨			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶□
			Yes	No
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
	Form 990-EZ.	44a		No
Ь	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ	44b		No
с	Did the organization receive any payments for indoor tanning services during the year?			
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44c		No

 44d
 No

 Form
 990-EZ (2010)

Form	990-EZ (2010)			Page <b>4</b>
			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ	45		No
45a	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,' Form 990 and Schedule R must be completed instead of Form990-EZ</i>	45a		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		No
Ра	<b>rt VI</b> Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable true All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must 47-49b and 52.		-	stions

	Check if the organization used Schedule O to respond to any question in this Part VI				
			Yes	No	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47			
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48			
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a			
b	If "Yes," was the related organization a section 527 organization?	49b			

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

NONE	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
	NE				

**50(f)** Total number of other employees paid over \$100,000

Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 51 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000 . . . . . . 🕨 .

Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts 52 ∏ Yes ∏ No

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 Aubrey C King Exec D Type or print name ar			20: Dat	12-05-14 te
Paid	Preparer's signature Richard A	Hall CPA	Date	Check If self- employed 🕨 🦵	Preparer's taxpayer identification number (See instructions)
Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 RICHARD A HALL PC 1420 BEVERLY RD STE 135 MCLEAN, VA 221013732			EIN I Phone no I (703) 821-5434	
May the IR	S discuss this return v	with the preparer shown above? S	See instructions		<b>► T</b> Yes <b>T</b> No

# Software ID: 10000105 Software Version: 2010v3.2 EIN: 93-1033972 Name: Western States Tourism Policy Council

#### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Todd Davidson 670 Hawthorne SE 240 Salem,OR 97301	Member 2 00	0		
Monique Jacobsen 491 Old Santa Fe Trail Santa Fe, NM 87501	Member 2 00	0		
Larry Friedman 401 N Carson Street Carson City, NV 89701	Member 2 00	0		
Jeri Duran PO Box 200533 Helena, MT 596200533	Member 2 00	0		
Mıke McCartney 1801 Kalakaua Avenue Honolulu, HI 96815	Member 2 00	0		
Al White 1625 Broadway Ste 2700 Denver, CO 80202	Member 2 00	0		
Caroline Beteta 980 9th Street Suite 480 Sacramento, CA 95814	Member 2 00	0		
Sherry Henry 1110 W Washington Street Phoenix, AZ 85007	Member 2 00	0		
Aubrey Kıng 11914 Grason Lane Bowie, MD 207154012	Executive Direc 12 00	0		
Karen Ballard 700 W State Street Boise, ID 83720	Secretary/Treas 2 00	0		
Diane Shober 1520 Etchepare Circle Cheyenne, WY 82007	Vice-Chair 2 00	0		
Leigh von der Esch Council Hall/Capitol Hill Salt Lake City, UT 84114	Chair 2 00	0		

efile GRAPHIC pr	int - DO NOT PROCESS	As Filed Data -		DLN: 93492136016302
SCHEDULE O				OMB No 1545-0047
(Form 990 or 990-EZ)	Supplementa	I Information to	o Form 990 or 990-EZ	2010
Department of the Treasury Internal Revenue Service		ide information for res 90 or to provide any ad ▶ Attach to Form 990		Open to Public Inspection
Name of the organization         Em           Western States Tourism Policy Council         Final States		Employer	identification number	
			93-1033	972

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	Refundable Sponsorships - Beginning \$10000 Refundable Sponsorships - Ending \$0

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1003	Total Liabilities 1003	Deferred Revenue - Beginning \$34000 Deferred Revenue - Ending \$0

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1001		Accounts Payable and Accrued Expenses - Beginning \$9856 Accounts Payable and Accrued Expenses - Ending \$12437

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1011	Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$0 Prepaid Expenses and Deferred Charges - Ending \$500

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	Parkıng, Taxı's & Tolls \$341

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	Dues & Memberships \$500

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	Consultant Meals \$1052

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	Website \$3500

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Consultant Travel & Mileage \$4359

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	Board Meals \$5776

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$3375

Part 1       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)         Check it the organization used Schedule O to respond to any question in this Part 1         Image: Check it the organization used Schedule O to respond to any question in this Part 1         Image: Check it the organization used Schedule O to respond to any question in this Part 1         Image: Check it the organization used Schedule O to respond to any question in this Part 1         Image: Check it the organization used Schedule O to respond to any question in this Part 1         Image: Check it the organization used Schedule O to respond to any question in this Part 1         2       2         3       102,000.         4       3         5       5         5       5         6       6         6       6         7       6         6       6         6       6         7       6         6       6         7       6         6       6         6       6         7       6         6       6         7       6         7       7         7	<b>g</b> . 41	\$	•	Short Form	_	OMB No 1545-1150
A For the 2011 calendar year, or tax year beginning       JUL 1, 2011       and ending       JUL 30, 2012         Baseline       Channe of capmanation       DEmployer identification number         Matersontump       MESTERN STATES TOURISM POLICY COUNCIL       93-1033972         Hand ream       Number and stret (or P.O. Dov, if mails not didward to stret address)       Room/suite       Filephone number         How change       DISTING Council and the council and 2P+4       F. Group Sternpton       Paceline         How change       BOISE, ID 83702       Hom council and the council and 2P+4       F. Group Sternpton         Inscreenprise       BOISE, ID 83702       Hom council and the councol and the council and the council and the	Form	<b>. 99</b>	0-EZ	Return of Organization Exempt From Income Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)		2011
A For the 2011 calendar year, or tax year beginning       JUL 1, 2011       and ending       JUL 30, 2012         Baseline       Channe of capmanation       DEmployer identification number         Matersontump       MESTERN STATES TOURISM POLICY COUNCIL       93-1033972         Hand ream       Number and stret (or P.O. Dov, if mails not didward to stret address)       Room/suite       Filephone number         How change       DISTING Council and the council and 2P+4       F. Group Sternpton       Paceline         How change       BOISE, ID 83702       Hom council and the council and 2P+4       F. Group Sternpton         Inscreenprise       BOISE, ID 83702       Hom council and the councol and the council and the council and the	•			organizations as defined in section 51(20)(13) must file Form 900 All other organizations with gross receipts less than \$ assets less than \$500,000 at the end of the year may use this form The organization most baye for use a court of the year may use this form	200,000 and to	tal Open to Public
9       Celevity       Demployer identification number         2       Advance store       Wantier and steel (or P.O. box, if mails inot delivered to street address)       Point Steel (Steel (St					$\mathbf{N}$ 30.	2012
Windstein       Windstein       Windstein       Year Diagram       Year Dia	<b>B</b> C	beck if	51			
Impact and the service of th						
Immension       208 - 780 - 5139         Immension       Color town, Balle of country, and 2019 + 4         Immension       BOISE, ID       83702         Immension       Boise, ID       84702         Immension       Boise, ID       Boise, ID       Boise, ID         Immension       Boise, ID       Boise, ID       Boise, ID         Immension       Boise, ID       Boise, ID       Boise, ID       Boise, ID         Immension       Boise, ID       Boise, ID       Boise, ID       Boise, ID       Boise, ID         Immension       Boise, ID       Boise, ID<						
□       Available setup       F Group Exemption         □       BOISE, ID 83702       F Group Exemption         □       BOISE, ID 83702       F Group Exemption         □       Available setup       Cash (X) Acronal       Dthe (specify)         □       F Group Exemption       F Group Exemption         1       Website: ►       F WWW, WSTPC • ORG       F Group Exemption         1       Trex-exemption mone) - C Stit(X)[X] Stit(C) (G (msertino)       4947(a)(1) or Stit C)       Stit(X) Sti		Initial	return	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		
Impact of partial part is a point of the stand sthe stand sthe stand of the stand of the stand stand sthe stand						
G       Accounting Method       Cash       XI Accounting Other (specify)       If Clear ► (X) The organization is no request to bach Schedule B         1       Website:       ► WMW. WSTPC.ORG       If the organization is no request to bach Schedule B       If clear ► (X) The organization is no request to bach Schedule B         1       Tax-examp status (check only one)       _ S01(c)(3) XI solici) (6 (40000000000000000000000000000000000		Amen				•
I       Weishe:       WMW.WSTPC.ORG       request to attach Schedule B         J       Tax-exempt status (theck only one) — 50 (1()(3) ≤ 1501(c) ( 5 )        Status (theck only one) — 50 (1()(3) ≤ 1501(c) ( 6 )        (form 980, 990-FZ, or						
J       Tax-exempt status (theck only one)			•			-
K       Check Image: The organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are form 990-E2 or form 610 form 610 form 990-E2 or form 610 form 900-E2 or form 610 form 610 form 900-E2 or form 610 form 9						
SS0,000. A Form 990-E2 or form 990 return is not required though Form 990-N (a-postcard) may be required (see instructions). But if the organization chooses to life a return, be sure to life a complete return.       Image: State is the image: Sta						
a refurn, be sure to like a complete refur. A ded hines 5b, 6c, and 7b, to like 9 to determine gross receipts. If gross receipts are \$200,000 or more, for 1 total assets (Part II, Ine 25, column (B) belwy are \$500,000 or more, file Form 990-EZ Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule 0 to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received Control from sale of assets other than inventor (Control to any question in this Part I Controbutions, gifts, grants, and similar amounts received Control from sale of assets other than inventor (Control to any question in this Part I) Control to assets on a set of the than inventor (Control to any question in this Part I) Control to assets on a set of the than inventor (Control to any question in this Part I) Control to assets on a set of assets on the than inventor (Control to any grass income from fundrasing events (not including grass and grass receives (from the Sale (from		-				
L       Add Intes 5b, 6c, and 7b, to line 91 o determine gross receipts are \$200,000 or more, or if total assets (Part II, inte 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-62       S       102,000.         Part I       Reverue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I).       Image: Column (8) below) are \$500,000 or more, or if total assets (part II, incombutions, gifts, and smith amounts received       Image: Column (8) below) are \$500,000 or more, or if total assets (part II, incombutions, gifts, and smith amounts received       Image: Column (8) below) are \$500,000 or more, or if total assets (part II, incombutions, gifts, and smith amounts received         Image: Column (8) below) are sponded to any question in this Part I       Image: Column (8) below) are \$500,000 or more, or if total assets (part II, incombutions, gifts, and smith amounts received       Image: Column (8) below) are \$500,000 or more, or if total assets (part II, incombutions, gifts, and smith amounts received         Image: Column (8) below) are sponded to any question in this Part I       Image: Column (8) below are \$500,000 or more, or if total assets (part II, incombutions, gifts, and amounts received       Image: Column (8) below are \$500,000 or more, or if total assets (part II, incombutions, gifts, and and total assets (part II, incombution, gate and total assets (part II, incombution, gate and total assets (part II, incombution, gate and incombution, gate and incombution, gate and assets (part II, incombution, gate and total assets (part II, incombution, gate and total assets (part II, incombution, gate and indraising events (gat III,						
Imp 25, column (8) below) are \$50,000 or more, the Form 390 instead of Form 990-EZ       \$ 102,000.         Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule 0 to respond to any question in this Part I       Image: Contributions, gifts, grants, and similar amounts received         1       Contributions, gifts, grants, and similar amounts received       1         2       Program service reveaue including government fees and contracts       3         3       Membership dues and assessments       3         4       investment income       5         5       Gross mount from sale of assets other than inventory. Subtract inergs (20m inegation)       5         6       Gaming and fundrasing events       6         6       Gaming and fundrasing events (and fundrasing even			-		11.	
Part 1       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)         Check if the organization used Schedule 0 to respond to any question in this Part 1       Image: Colspan="2">Image: Colspan="2" Image: Colspan="2" Image			column (B)	below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	102,000.
1       Contributions, guits, grants, and similar amounts received       1         2       Program service revenue including government fees and contracts       3       102,000.         3       Investment income       3       102,000.         4       Investment income       4         5       6 Gam or (loss) from sale of assets other than inventory (Subtract ane 25) (3m investa)       5a         6       Gamong and fundrasing events       6a         6       Gamong and fundrasing events       6a         7       Gross income from gaming (attach Schedule G if dreater than inventory (Subtract ane 25) (3m investa)       6c         6       Gamong and fundrasing events (not including servents (add lines 6chedule G if the sum of such gross income and contributions exceeds \$15,000)       6c         9       Gross income from gaming and fundrasing events (add lines 6a and 6b and subtract line 6c)       6d         7       Gross soft of (loss) from sale of inventory (Subtract line 7b from line 7a)       8         9       Total revenue (describe in Schedule 0)       11         11       12       10         12       10       10         13       90,000.0       10         14       11       11         15       11       12         16       11			Rever	nue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions for Pa	
1       Order of the system of the stand standard sta			Check if	the organization used Schedule O to respond to any question in this Part I		X
3       Membershy dues and assessments       3       102,000.         4       Investment income       3       102,000.         5       Gross samount from sale of assets other than inventory.       5       5         6       Gam or (loss) from sale of assets other than inventory.       5       5         6       Gam or (loss) from sale of assets other than inventory.       5       5         6       Gaming and fundrasing events       6       6         6       Gaming and fundrasing events (not includings)       of contributions         7       for on fundrasing events reported on line 1) (attach Schedule G if the sum of such gross income and contributions sceeds \$15,000)       6       6         6       ets: direct expenses from gaming and fundrasing events       6       6       6         7       a       diventor (loss) from sale of assets of inventory. (Subtract line 7b from line 7a)       6       6         7       a       c       for and the sub and a sub and and the sub and subtract line 6c)       7a         7       a       for an end remue (describe in Schedule 0)       8       9       102,000.         9       for an end and the rapaments to independent contractors       13       90,000.       10         10       Grants and sinder amounts pad illowing th		1	Contributio	ons, gifts, grants, and similar amounts received	1	
4       Investment income       4         5a       Gross amount from sale of assets other than inventor (Subtract line 5b (Om Initia)       5a       5b         5a       Gross income and sale of assets other than inventor (Subtract line 5b (Om Initia)       5c       5c         6       Gaming and fundraising events       5b       5c       5c         6       Gross income from gaming (attach Schedule 6 if dreater than       of contributions       6d         7       Gross succeed from fundraising events (not indudings       of contributions       6d         7       Gross succeed from gaming and fundraising events       6c       6d         7       Gross sates of the whentory, is servet stad lines 6a and 6b and subtract line 6c)       6d         7       Gross sates of inventory, is servet stad allowances       7a       7a         7       Gross sates of inventory (Subtract line 7b from line 7a)       8d       8       9       1002,000.         10       Grants and similar amounts paid (list in Schedule 0)       10       11       12         11       Stares, other compensation, and employee benefits       12       9       0,000.         13       Professional fles and other payments to independent contractors       12       13       90,000.         14       10 <t< td=""><td>~<b>^</b></td><td>2</td><td>Program s</td><td>ervice revenue including government fees and contracts</td><td></td><td>100.000</td></t<>	~ <b>^</b>	2	Program s	ervice revenue including government fees and contracts		100.000
5a       Gross amount from sale of assets other than inventory. CEIVED       5a       5b         b       Less: cost or other bass and sales expenses       5b       5c         c       Gain or (loss) from sale of assets other than inventory. (Subtract line 5b from linesa)       5c         a       Gross income from gaming (attach Schedule 6 if breater than       5c         b       Gross income from fundraising events (not induding s       of contributions         from fundraising events (not induding s       of contributions         gross income and contributions exceeds \$15,000)       6b         c       6c       6c         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sold       7a       7b         c       fors income and contributions seles of inventory (Subtract line 7b from line 7a)       8       9       102,000.0         9       Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       102,000.0       10         10       Grains and similar amounts paid (list in Schedule 0)       11       11       12         11       Es add other payments to independent contractors       13       90,000.0       14       15         12       Salaries, other compensation, and employee benefits <td>E</td> <td>3</td> <td>Membersh</td> <td>ip dues and assessments</td> <td></td> <td>102,000.</td>	E	3	Membersh	ip dues and assessments		102,000.
b       Less: cost or other bass and sales expenses       50         G       Gam or (loss) from sale of assets other than inventory (Subtract line 50 f/3m line)5a       5c         6       Gaming and fundraising events       6a         a       Gross income from fundraising events (and induding s       of contributions         b       Gross income from fundraising events (not induding s       of contributions         c       Gross income from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a         7a       Coss proting (list in Schedule 0)       7b         9       Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9         10       Grants and similar amounts paid (list in Schedule 0)       10         11       Escience       11         12       Salaries, other compensation, and employee benefits       12         13       Professional ees and other payments to independent contractors       13       90, 0000.         16       Other expenses (describe in Schedule 0)       15       15         16       Other expenses (describe in Schedule 0)       13       90, 0000.         16       Other expenses (describe in Schedule 0)       13       90, 0000.      <					4	
6       Gaming and fundraising events       Stopping         a       Gross income from gaming (attach Schedule G if dreater than		5a	Gross amo	unt from sale of assets other than inventory in the sale of assets other than inventory in the sale of assets other than inventory in the sale of a sale of		
6       Gaming and fundraising events       Stopping         a       Gross income from gaming (attach Schedule G if dreater than	_			or other basis and sales expenses		
Gross income from gaming (attach Schedule 6 if freater than	ப		Gain or (10	ss) from sale of assets other than inventory (Subtract line 50 from inespai)	<u> </u>	
c       Less: direct expenses from gaming and fundraising events       6c       6d         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a       6d         b       Less: cost of goods sold       7a       7a         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       8         9       Total revenue (describe in Schedule 0)       8       9       102,000.         10       Grants and similar amounts paid (list in Schedule 0)       10       10         11       Escience       11       11         12       Salaries, other compensation, and employee benefits       11       12         13       Portogesional fees and other payments to independent contractors       13       90,000.         14       Occupancy, rent, utilities, and maintenance       14       15         16       Other expenses (describe in Schedule 0)       SEE SCHEDULE O       16       7,492.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       4,508       18       4,508         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19<		_	-			
c       Less: direct expenses from gaming and fundraising events       6c       6d         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a       6d         b       Less: cost of goods sold       7a       7a         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       8         9       Total revenue (describe in Schedule 0)       8       9       102,000.         10       Grants and similar amounts paid (list in Schedule 0)       10       10         11       Escience       11       11         12       Salaries, other compensation, and employee benefits       11       12         13       Portogesional fees and other payments to independent contractors       13       90,000.         14       Occupancy, rent, utilities, and maintenance       14       15         16       Other expenses (describe in Schedule 0)       SEE SCHEDULE O       16       7,492.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       4,508       18       4,508         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19<	Шş			GDEN. UT 6a		
c       Less: direct expenses from gaming and fundraising events       6c       6d         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a       6d         b       Less: cost of goods sold       7a       7a         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       8         9       Total revenue (describe in Schedule 0)       8       9       102,000.         10       Grants and similar amounts paid (list in Schedule 0)       10       10         11       Escience       11       11         12       Salaries, other compensation, and employee benefits       11       12         13       Portogesional fees and other payments to independent contractors       13       90,000.         14       Occupancy, rent, utilities, and maintenance       14       15         16       Other expenses (describe in Schedule 0)       SEE SCHEDULE O       16       7,492.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       4,508       18       4,508         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19<	NP			me from fundraising events (not including \$ of contributions		
c       Less: direct expenses from gaming and fundraising events       6c       6d         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a       6d         b       Less: cost of goods sold       7a       7a         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       8         9       Total revenue (describe in Schedule 0)       8       9       102,000.         10       Grants and similar amounts paid (list in Schedule 0)       10       10         11       Escience       11       11         12       Salaries, other compensation, and employee benefits       11       12         13       Portogesional fees and other payments to independent contractors       13       90,000.         14       Occupancy, rent, utilities, and maintenance       14       15         16       Other expenses (describe in Schedule 0)       SEE SCHEDULE O       16       7,492.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       4,508       18       4,508         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19<	<b>K</b>					
c       Less: direct expenses from gaming and fundraising events       6c       6d         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a       6d         b       Less: cost of goods sold       7a       7a         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       8         9       Total revenue (describe in Schedule 0)       8       9       102,000.         10       Grants and similar amounts paid (list in Schedule 0)       10       10         11       Escience       11       11         12       Salaries, other compensation, and employee benefits       11       12         13       Portogesional fees and other payments to independent contractors       13       90,000.         14       Occupancy, rent, utilities, and maintenance       14       15         16       Other expenses (describe in Schedule 0)       SEE SCHEDULE O       16       7,492.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       4,508       18       4,508         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19<	C M		gross inco	me and contributions exceeds \$15,000) 6b		
7a       Gross sales of inventory, less returns and allowances       7a       7a         b       Less; cost of goods sold       7c         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       102,000.       8         10       Grants and similar amounts paid (list in Schedule 0)       10         11       11       11         12       Salaries, other compensation, and employee benefits       11         13       Professional fees and other payments to independent contractors       13       90,000.         14       Occupancy, rent, utilities, and maintenance       14       15         15       Other expenses (describe in Schedule 0)       15       15         16       Other expenses (describe in Schedule 0)       SEE SCHEDULE O       16       7, 492.         16       Other expenses Add lines 10 through 16       17       97, 492.       18       4, 508.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       34, 256.       20       0.         19       Net assets or fund balances at end of year. Combine lines 18 through 20       21       38, 764.	92	c	Less: direc	t expenses from gaming and fundraising events 6c		
b       Less: cost of goods sold       7b         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       102,000.         10       Grants and similar amounts paid (list in Schedule 0)       10       10         11       Benefits paid to or for members       11       12         12       Salaries, other compensation, and employee benefits       12       13         13       Professional fees and other payments to independent contractors       13       90,000.         14       Occupancy, rent, utilities, and maintenance       14       15         16       Other expenses (describe in Schedule 0)       15       15         16       Other expenses (describe in Schedule 0)       SEE SCHEDULE O       16       7,492.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       4,508.       19         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       34, 256.       20       0.         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       0.       20       0. </td <td></td> <td>d</td> <td>Net incom</td> <td>e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td> <td><u>6d</u></td> <td></td>		d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<u>6d</u>	
c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       102,000.         10       Grants and similar amounts paid (list in Schedule 0)       10       10         11       Benefits paid to or for members       11       11         12       Salaries, other compensation, and employee benefits       12       13         13       Professional fees and other payments to independent contractors       13       90,000.         14       Occupancy, rent, utilities, and maintenance       14       15         15       Frinting, publications, postage, and shipping       15       15         16       Other expenses (describe in Schedule 0)       SEE SCHEDULE O       16       7, 492.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       4, 508.       19         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       34, 256.         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       0       0         21       38, 764.       21       38, 764.       38, 764.		7a				
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9       Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       102,000.         10       Grants and similar amounts paid (list in Schedule 0)       10       10         11       Benefits paid to or for members       11       11         12       Salaries, other compensation, and employee benefits       12       13         13       Professional fees and other payments to independent contractors       13       90,000.         14       Occupancy, rent, utilities, and maintenance       14       15         15       Printing, publications, postage, and shipping       15       15         16       Other expenses (describe in Schedule 0)       SEE SCHEDULE O       16       7,492.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       4,508.       18         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       34,256.       20       0.         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       0.       21       38,764.		C				
10       Grants and similar amounts paid (list in Schedule 0)       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       90,000.         14       Occupancy, rent, utilities, and maintenance       14         15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule 0)       SEE SCHEDULE O       16       7,492.         17       97,492.       18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       4,508.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       34,256.         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       0.         21       38,764.				•		102 000
11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       90,000         14       0ccupancy, rent, utilities, and maintenance       14         15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule 0)       SEE SCHEDULE O         17       97,492.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19         20       Other changes in net assets or fund balances (explain in Schedule 0)       20         21       38, 764						102,000.
12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       90,000.         14       Occupancy, rent, utilities, and maintenance       14       14         15       Printing, publications, postage, and shipping       15       15         16       Other expenses (describe in Schedule 0)       SEE SCHEDULE O       16       7,492.         17       97,492.       16       7,492.       17       97,492.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       4,508.       18       4,508.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       34,256.       20       0.         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       0.       21       38,764.						
13       Professional fees and other payments to independent contractors       13       90,000.         14       0ccupancy, rent, utilities, and maintenance       14         15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule 0)       SEE SCHEDULE O         17       Total expenses Add lines 10 through 16       17         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19         20       Other changes in net assets or fund balances (explain in Schedule 0)       20         21       38, 764	~					
13       Printing, publications, postage, and simpling         16       Other expenses (describe in Schedule 0)         17       Total expenses Add lines 10 through 16         18       Excess or (deficit) for the year (Subtract line 17 from line 9)         19       Net assets or fund balances at beginning of year (from line 27, column (A))         (must agree with end-of-year figure reported on prior year's return)         20       Other changes in net assets or fund balances (explain in Schedule 0)         21       38, 764	sec					90.000.
13       Printing, publications, postage, and simpling         16       Other expenses (describe in Schedule 0)         17       Total expenses Add lines 10 through 16         18       Excess or (deficit) for the year (Subtract line 17 from line 9)         19       Net assets or fund balances at beginning of year (from line 27, column (A))         (must agree with end-of-year figure reported on prior year's return)         20       Other changes in net assets or fund balances (explain in Schedule 0)         21       38, 764	per	1				
16       Other expenses (describe in Schedule 0)       SEE SCHEDULE O       16       7,492.         17       Total expenses Add lines 10 through 16       17       97,492.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       4,508.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       34,256.         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       0         21       38,764.       38,764.	ŭ	1				
17Total expensesAdd lines10 through 161797,492.18Excess or (deficit) for the year (Subtract line 17 from line 9)184,508.19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1934,256.20Other changes in net assets or fund balances (explain in Schedule 0)20021Net assets or fund balances at end of year. Combine lines 18 through 202138,764.						7,492.
19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1934,25620Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20200		17			▶ 17	97,492.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	s	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	18	4,508.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	set	19				
21 Net assets or fund balances at end of year. Combine lines 18 through 20	i As					
21 Net assets or fund balances at end of year. Combine lines 18 through 20	Net					0.
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	990-EZ (2011) WESTERN STATES TOURISM PO			<u>93-10339</u>	72 Page 2
Pa	art II Balance Sheets. (see the instructions for Part II.)				
	Check if the organization used Schedule O to res	pond to any quest		(D) [	
	Or the second se		(A) Beginning of year	···	nd of year
22	Cash, savings, and investments		46,193		48,751.
23	Land and buildings		<u></u>	23	
24	Other assets (describe in Schedule O) SEE SCHEDULE O	′ <u>–</u>	500		<u> </u>
25	Total assets	、	46,693		$\frac{48,751}{9,987}$
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE O	′ <u>–</u>	12,437		38,764.
27	<u>Net assets or fund balances (line 27 of column (B) must agree with line 21)</u>	ate (see the instruc	34,256		
	Check if the organization used Schedule O to res				kpenses for section
W/ha	at is the organization's primary exempt purpose? SEE SCHEDULE O			501(c)(3)	and 501(c)(4)
_					ons and section ) trusts; optional
	The the organization's program service accomplishments for each of its three largest program Ner, describe the services provided, the number of persons benefited, and other relevant inform		nses in a clear and concise	for others	
28	SEE SCHEDULE O				······
20					
				-	
	(Grants \$ ) If this amount includes foreign c	urants, check here	·····	<b>28</b> a	
29					
20					
	• <u>••••••</u> •••••			-	
	(Grants \$ ) If this amount includes foreign c	rants check here	<b></b>	29a	
30			····		
		<del>_</del>			
	(Grants \$ ) If this amount includes foreign of	rants, check here	►	30a	
31	Other program services (describe in Schedule O)	<u>,</u>	····		
•	(Grants \$ ) If this amount includes foreign of	rants, check here	►	31a	
32	Total program service expenses (add lines 28a through 31a)			▶ 32	
Pa	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each or	ne even if not compensated (		for Part IV )
Pa	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res			see the instructions	for Part IV )
Pa	art IV List of Officers, Directors, Trustees, and Key E		tion in this Part IV	see the instructions ( (d) Health benefits,	
	art IV List of Officers, Directors, Trustees, and Key E	(b) Title and average hou per week devoted to	tion in this Part IV	(d) Health benefits, contributions to employee benefit	(e) Estimated amount of other
	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	pond to any quest (b) Title and average hou	LION IN this Part IV	(d) Health benefits, contributions to	(e) Estimated amount of other
	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	(b) Title and average hou per week devoted to	LION IN THIS Part IN UIS (C) Reportable compensation (Forms W-2/1099-MISC)	see the instructions (d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other
LF	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and address	(b) Title and average houper week devoted to position	LION IN THIS Part IN UIS (C) Reportable compensation (Forms W-2/1099-MISC)	see the instructions (d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other compensation
LE	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to res         (a) Name and address         SIGH VON DER ESCH, COUNCIL	(b) Title and average hou per week devoted to position CHAIR	tion in this Part IV (c) Reportable compensation (Forms w-2/1099-MISC) (if not paid, enter -0-) 0.	see the instructions (d) Health benefits, contributions to employee benefit plans, and deferred compensation 0	(e) Estimated amount of other compensation 0.
LE HA DI	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to res         (a) Name and address         SIGH VON DER ESCH, COUNCIL         ALL/CAPITOL HILL, SALT LAKE CITY,	(b) Title and average hou per week devoted to position CHAIR 2.00	tion in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	see the instructions (d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation 0.
LE HA DI CI	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to res         (a) Name and address         CIGH VON DER ESCH, COUNCIL         ALL/CAPITOL HILL, SALT LAKE CITY,         ANE SCHOBER, 1520 ETCHEPARE	ch) Title and average houper week devoted to position	tion in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	see the instructions (d) Health benefits, contributions to employee benefit plans, and deferred compensation 0.	(e) Estimated amount of other compensation 0. 0.
LE HA DI CI	Art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and address CIGH VON DER ESCH, COUNCIL ALL/CAPITOL HILL, SALT LAKE CITY, ANE SCHOBER, 1520 ETCHEPARE RCLE, CHEYENNE, WY 82007	pond to any quest (b) Title and average hou per week devoted to position CHAIR 2.00 VICE-CHAIR 2.00 TREASURER 2.00	tion in this Part IV UTS (C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	see the instructions (d) Health benefits, contributions to employee benefit plans, and deferred compensation 0	(e) Estimated amount of other compensation 0. 0.
LE HA DI CI KA 70	Art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and address CIGH VON DER ESCH, COUNCIL ALL/CAPITOL HILL, SALT LAKE CITY, ANE SCHOBER, 1520 ETCHEPARE RCLE, CHEYENNE, WY 82007 AREN BALLARD	cpond to any quest (b) Title and average hou per week devoted to position CHAIR 2.00 VICE-CHAIR 2.00 TREASURER	tion in this Part IV UTS (C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	see the instructions (d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0.	(e) Estimated amount of other compensation 0. 0.
LE HA DI CI KA 70 AU	Art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and address LIGH VON DER ESCH, COUNCIL ALL/CAPITOL HILL, SALT LAKE CITY, ANE SCHOBER, 1520 ETCHEPARE RCLE, CHEYENNE, WY 82007 REN BALLARD O W. STATE STREET, BOISE, ID 83702	pond to any quest (b) Title and average hou per week devoted to position CHAIR 2.00 VICE-CHAIR 2.00 TREASURER 2.00	tion in this Part IV UTS (C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	see the instructions (d) Health benefits, contributions to employee benefit plans, and deferred compensation 0.	(e) Estimated amount of other compensation 0. 0.
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Form	990-EZ(2011) WESTERN STATES TOURISM POLICY COUNCIL 93-1033			Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requiremen	ts in t	he	
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in th			X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each	1 1		
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a	;	X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	<u>35c</u>		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.			v
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	0.0-		x
	in a prior year and still outstanding at the end of the tax year covered by this return?	<u>38a</u>		
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a N/A			
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities  39a N/A 39b N/A	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
40 a	section 30 f(c)(3) organizations. Effer another of tax imposed on the organization during the year duot. section 4911 $\blacktriangleright$ N/A ; section 4912 $\blacktriangleright$ N/A ; section 4955 $\blacktriangleright$ N/A			
ь	Section 4911 Section 4912 Section 4912 Section 4912 Section 4958 excess benefit transaction during the			
U	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?	1		
	If "Yes," complete Schedule L, Part I	40b	N/	A
с	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
-	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed.  NONE		1 2 0	
42 a	The organization's books are in care of KAREN BALLARD Telephone no. 208-78			)
	Located at ► 700 W. STATE STREET, BOISE, ID ZIP+4 ►	<u> </u>	4	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Voc	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	163	X
	account)?	420		
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c		x
G	If "Yes," enter the name of the foreign country:			1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
40	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b_		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No, " provide an explanation			
	In Schedule O	44d	L	<u> </u>
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	Ļ	X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section		1	1
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	4 <u>5</u> b	L	<u> </u>
		Form 9	90-EZ	(2011)

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Form 990-EZ (		morm ray bo		DIGTI		02 10220	70	Page 4
<u> </u>	2011) WESTERN STATES	TOURISM PO	DICY_COU	JNCIL		<u>93-10339</u>		No
46 Did the o	rganization engage, directly or indirectly, in po	itical campaign activitie	es on behalf of or i	in opposition	to candidates for pu	Iblic office?		
	complete Schedule C, Part I					1	46	x_
Part VI	Section 501(c)(3) organizations	and section 49	47(a)(1) non	exempt o	charitable trus	sts only. All s	ection 50 <sup>-</sup>	l (c)(3)
	organizations and section 4947(a)(1) non	exempt charitable tr	usts must answ	er question	is 47-49b and 52,	and complete th	e tables	·
<u> </u>	for lines 50 and 51 Check if the organiza	tion used Schedule	O to respond to	any questi	on in this Part VI			
45 D.1.1					<b>0</b>		Yes	No
	rganization engage in lobbying activities or hav	• •			ar? If "Yes," complete		47	
	panization a school as described in section 170 rganization make any transfers to an exempt n			E		-4	48 19a	
	vas the related organization a section 527 orga		yamzallon				19b	
	this table for the organization's five highest co		(other than office	ers, directors.	, trustees and key en			more
	0,000 of compensation from the organization.		-		,			
	(a) Name and address of each employe		(b) Title and ave	rage hours	(C) Reportable	(d) Health benefits,	(e) Estin	nated
	paid more than \$100,000		per week dev	J	compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred	amount o	
	N/A	<u></u>	positio	on		compensation	compens	
			-					
			ļ				ļ	
			4					
<u></u>	· · · · · · · · · · · · · · · · · · ·							
<u> </u>			-					
			4					
f Total nur	nber of other employees paid over \$100,000		Þ					
51 Complete	e this table for the organization's five highest c	ompensated independe	nt contractors wh	o each receiv	ved more than \$100,	000 of compensat	ion from th	e
	tion. If there is none, enter "None." N/A						<u> </u>	
(a) Name an	d address of each independent contractor paid	more than \$100,000		(b) Type of	fservice	(c) C	ompensatio	<u>pn</u>
							<u> </u>	
					<u> </u>			
	······································							
							<del></del>	
	nber of other independent contractors each re-				▶			
	rganization complete Schedule A? Note: All se	ction 501(c)(3) organiz	ations and 4947(a	a)(1) nonexe	mpt	. –		<b>_</b>
Charitabl Under penalties of	e trusts must attach a completed Schedule A of perjury, I declare that I have examined this return, inc parer (other than officer) is based on all information of	luding accompanying sche	dules and statements	s, and to the be	ist of my knowledge and	Delief, it is true, corre	Yes _	No
Declaration of pre	parer (other than officer) is based on all information of	which preparer has any kno	wiedge			NOSTICI	12-	
Sign	Signature of officer	Chr.d.		. <u>-</u>		Date / J	13	
Here	KAREN BALLARD, TREA	SURER				,		
	Type or print name and title	BONEN						
	Print/Type preparer's name	Preparer's signature		Date	Check	I IF PTIN		
Paid					self- emplo	yed		
Preparer	LEANN M. SANNES	LEANN M. S	ANNES	08/15	/13	P012	58277	7
Use Only		LLP				▶ 45-025		
		I ST. STE.	800		Phone no.	208-34	4-715	50
·	BOISE, ID 8	3702						
May the IRS d	scuss this return with the preparer shown abo	ve? See instructions				► 🛛	<u>Yes</u>	No

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Form 990-EZ (2011)

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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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.	-EZ	OMB No 1545-0047
Name of the organizatio	WESTERN STATES TOURISM POLICY COUNCIL		r identification number
••••••••••••••••••••••••••••••••••••••			AMOUNT :
DESCRIPTION		<u> </u>	
CONFERENCES,	CONVENTIONS, AND MEETINGS		5,992.
DUES & MEMBE	RSHIP	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1,500.
TOTAL TO FOR	<u>M 990-EZ, LINE 16</u>		7,492.
FORM 990-EZ,	PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF	YEAR	END OF YEAR
PREPAID EXPE	NSES AND DEFERRED CHARGES	500.	0.
		<del></del>	
FORM 990-EZ,	PART II, LINE 26, OTHER LIABILITIES:		
DESCRIPTION	BEG. OF	YEAR	END OF YEAR
ACCCOUNTS PA	YABLE AND ACCRUED EXPENSES 12	,437.	9,987.
	PART III, PRIMARY EXEMPT PURPOSE - TO COOPEN		
AND IMPLEMEN	IT COORDINATED TRAVEL AND TOURISM, MARKETING	AND PRO	OMOTIONAL
STRATEGIES F	OR THE WESTERN UNITED STATES.	<del>_</del>	
FORM 990-EZ	PART III, LINE 28, PROGRAM SERVICE ACCOMPLI	SHMENT	S :
SPONSOR OF 2	2012 AINTA CONFERENCE IN BILLINGS MONTANA WHI	СН	
FOCUSED ON H	PROVIDING TOOLS AND STRATEGIES TO HELP		
ATTENDEES GE	NOW TOURISM IN THEIR HOMELANDS. THE		
ORGANIZATION	CONTINUES FOCUSING ON PLANNING STRATEGIES FOCUSING FOCUSING ON PLANNING STRATEGIES FOCUSING FOCUSING FOCUSING FOCUSING ON PLANNING STRATEGIES FOCUSING	OR DEV	ELOPING A
STRONGER COI	LABORATION WITH THE NATIONAL PARK SERVICE OF	FICE O	F
- <u></u>	TOURISM AND THE WESTERN GOVERNOR'S ASSOCIATION		
INITIATIVE.			
	Production Ant Nation and the Instructions for Form 900 or 900 F7		

SCHEDULE O

(Form 990 or 990-EZ)

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Department of the Treasury Internal Revenue Service Name of the organization

# 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.



WESTERN STATES TOURISM POLICY COUNCIL

Employer identification number 93 - 1033972

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#### FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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

Schedule O (Form 990 or 990-EZ) (2011)

				0 M B N - 1 5 4 5 00 4
orm 99(	Return of Organization Exempt From I	ncome	Тах	OMBNo 1545-004
orm 331	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue ( benefit trust or private foundation)	ode (excep	t black lung	2010
partment of the T ernal Revenue Se	Image: A state of the second secon	te reporting	requirement	Open to Public Inspection
For the 20	D10 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010			
Check if app	C Name of organization		D Employe	er identification number
Address char			58-155	57360
Name chang	je		E Telepho	ne number
Initial return	Number and street (of PO box in mains not delivered to street address)	Room/suite	(404) 3	64-9847
Terminated	555 SUN VALLEY DR		G Gross ros	counte d 971 901
Amended rea	ROSWELL, GA 30076		G Gloss led	ceipts \$ 871,801
Application p	F Name and address of principal officer			affiliates? 🔽 Yes 🔽 No
	BILL HARDMAN	n(a) is this	a group return for a	amilates ( Yes (* No
	555 SUN VALLEY DR ROSWELL,GA 30076		affiliates includ	, , .
		-	o," attach a l 1p exemption	list (see instructions)
Tax-exemp	t status 🔽 501(c)(3) 🔽 501(c)(6) ┥ (Insert no) 🔽 4947(a)(1) or 🔽 527	H(c) Grou	ip exemption	
Website:	WWW SOUTHEASTTOURISM ORG			
_	nization 🔽 Corporation 🗍 Trust 🗍 Association 🗍 Other 🍉	L Year of fo	rmation 1983	M State of legal domicile
Part I	Summary			
	heck this box 🏹 if the organization discontinued its operations or disposed of umber of voting members of the governing body (Part VI, line 1a)	more than 2	1	at assets 3
<b>3</b> N (	• •			- 1
2 CI 3 No 4 No 5 To	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a) .			3
3 No 4 No 5 To 6 To	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a)			3
3 No 4 No 5 To 6 To 7a To	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a) . otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12			3
3 No 4 No 5 To 6 To 7a To	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a)	· · ·		3
3 No. 4 No. 5 To. 6 To. 7a To. b No. 8	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a) . otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12	· · ·		3 9 4 9 5 9 6 9 7a 9 7b 9 Current Year
3 No. 4 No. 5 To. 6 To. 7a To. b No. 8	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a) . otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12 et unrelated business taxable income from Form 990-T, line 34	· · ·	• • • • • • • • • • • • • • • • • • •	3
3 Nu 4 Nu 5 To 6 To 7a To b No 8 9 10	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a) . otal number of volunteers (estimate if necessary)	· · ·	• Year 367,14 446,939 5,50	3
3 Nu 4 Nu 5 To 6 To 7a To 8 9 10 11	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a) . otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12 et unrelated business taxable income from Form 990-T, line 34 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d ) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	· · ·	• • • • • • • • • • • • • • • • • • •	3
3 Nu 4 Nu 5 To 6 To 7a To b Nu 8 9 10 11 12	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a)	· · ·	• Year 367,14 446,939 5,50	3
3 Nu 4 Nu 5 To 6 To 7a To b No 8 9 10 11 12 13	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a)	· · ·	• Year 367,14 446,939 5,50 74,65	3
3 No 4 No 5 To 6 To 7a To b No 8 9 10 11 12 13 14	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a)	· · ·	• Year 367,14 446,939 5,50 74,65	3
3 Nu 4 Nu 5 To 6 To 7a To b No 8 9 10 11 12 13 14 15	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a)	· · ·	• Year 367,14 446,939 5,50 74,65	3
3 Nu 4 Nu 5 To 6 To 7a To 8 9 10 11 12 13 14 15	umber of voting members of the governing body (Part VI, line 1a)	· · ·	• 7 • 7 • 7 • 7 • 7 • 7 • 7 • 7 • 7 • 7	3
3 Nu 4 Nu 5 To 6 To 7a To b No 8 9 10 11 12 13 14 15 16a b	umber of voting members of the governing body (Part VI, line 1a)	· · ·	• Year • Year 367,14 446,93 5,50 74,65 894,24 472,13	3
3 Nu 4 Nu 5 Ta 6 Ta 7a Ta b Na 8 9 10 11 12 13 14 15 16a b 17	umber of voting members of the governing body (Part VI, line 1a)	· · ·	• • • • • • • • • • • • • • • • • • •	3
3 Nu 4 Nu 5 To 6 To 7a To b No 8 9 10 11 12 13 14 15 16a b 17 18	umber of voting members of the governing body (Part VI, line 1a)	· · ·	• Year 367,14 446,93 5,50 74,65 894,24 472,13 472,13 445,10 917,24	3
3 Nu 4 Nu 5 To 6 To 7a To b No 8 9 10 11 12 13 14 15 16a b 17 18 19	umber of voting members of the governing body (Part VI, line 1a)	 	• 74,655 • 74,757 • 74,655 • 74,757 • 74,7577 • 74,7577 • 74,7577 • 74,7577 • 74,7577 • 74,7577	3
7a + c         b No         8         9         10         11         12         13         14         15         16a         b         17         18         19	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a) . otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12 et unrelated business taxable income from Form 990-T, line 34 . Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue —add lines 8 through 11 (must equal Part VIII, column (A), line 12)	 	A 7 2,1 3: 445,10: 917,24 445,10: 917,24 - 23,000	3
3 Nu 4 Nu 5 To 6 To 7a To b No 8 9 10 11 12 13 14 15 16a b 17 18 19	umber of voting members of the governing body (Part VI, line 1a)	 	• 74,655 • 74,757 • 74,655 • 74,757 • 74,7577 • 74,7577 • 74,7577 • 74,7577 • 74,7577 • 74,7577	3
7a + c         b No         8         9         10         11         12         13         14         15         16a         b         17         18         19         20         21	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a) . otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12 et unrelated business taxable income from Form 990-T, line 34 . Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 1h) Notestiment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	 	• Year 367,14 446,93 5,50 74,65 894,24 472,13 472,13 445,10 917,24 -23,00 g of Current Year 219,18	3

Sign Here	Signature of officer BILL HARDMAN PRESIDENT			2011-06-27 Date	
	Type or print name and title				
	Print/Type preparer's name JOHN LESLIE	Preparer's signature JOHN LESLIE	Date 2011-06-27	Check if self- employed	PTIN
Paid Preparer	Firm's name 🖡 LANEY BOTELER & KILLINGER				Firm's EIN
Use Only	Firm's address 🖡 100 ASHFORD CTR N STE 3	10			Phone no 🕨 (770) 394- 8000
	ATLANTA, GA 303384862				
May the IF	RS discuss this return with the prepare	shown above? (see instructions) .			🕶 Yes 🔽 No

Part III       Statement of Program Service Accomplishments Check if Schedule 0 contains a response to any question in this Part III	9 age <b>2</b>
TO PROMOTE TOURISM TO THE SOUTHEASTERN UNITED STATES ACROSS THE UNITED STATES AND ABROAD         2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?         1f "Yes," describe these new services on Schedule O         3       Did the organization cease conducting, or make significant changes in how it conducts, any program services?         services?       .         .       . </th <th></th>	
<ul> <li>2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?</li></ul>	
<ul> <li>the prior Form 990 or 990-EZ?</li></ul>	
<ul> <li>the prior Form 990 or 990-EZ?</li></ul>	
<ul> <li>3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?</li></ul>	
<ul> <li>services?</li></ul>	
<ul> <li>4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported</li> <li>4a (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )</li> <li>PROMOTED TOURISM TO THE SOUTHEASTERN UNITED STATES ACROSS THE UNITED STATES AND ABROAD</li> </ul>	
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported         4a       (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )         PROMOTED TOURISM TO THE SOUTHEASTERN UNITED STATES ACROSS THE UNITED STATES AND ABROAD	
PROMOTED TOURISM TO THE SOUTHEASTERN UNITED STATES ACROSS THE UNITED STATES AND ABROAD	
4b         (Code         ) (Expenses \$         including grants of \$         ) (Revenue \$         )	
4b       (Code       ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
4c(Code) (Expenses \$including grants of \$) (Revenue \$)	
4d Other program services (Describe in Schedule O)	
(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e Total program service expenses▶\$ Form 990 (	2010)

Page	3
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Par	t 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>	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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? If "Yes, " complete Schedule C, Part II	4		
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>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> " <i>Yes," complete Schedule D, Part I</i>	6		No
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>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
9	Did the organization report an amount in Part X, line 21, 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>	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. 🕏	11a	Yes	
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> .	11b		No
с	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> . 🕏	11c		No
	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> 🕏	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 🕏	11e	Yes	
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>	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 😨	12a	Yes	
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A ), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If</i> " <i>Yes," complete Schedule F, Parts II and IV</i>	15		No
16	Did the organization report on Part IX, column (A ), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Parts III and IV</i> .	16		No
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 (see instructions)</i>	17		No
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>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form	20b		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A ), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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> .	23	Yes	
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-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\cdot$ .	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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</i> " <i>Yes," complete Schedule L, Part I</i>	25Ь		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
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>	30		No
31	Dıd the organızatıon lıquıdate, termınate, or dıssolve and cease operations? <i>If "Yes," complete Schedule N,</i> Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
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>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19 <sup>7</sup> <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

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Form	990 (2010)			Page <b>5</b>
Ра	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		.Г	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .			
	<b>1a</b> 1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable <b>1b</b> 0			
_		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i>			
	Statements filed for the calendar year ending with or within the year covered by this			
_	return	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2Ь	Yes	
	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 <sup>9</sup>	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Зb		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	-			
_	If "Yes," enter the name of the foreign country 🕨 See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$ . $$ .	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
~	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<b></b>
-		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
_	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
لم	file Form 8282?       .	7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	.9		
••	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them )			
17-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	124		
U	year <b>12b</b>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		·

orm	990 (2010)			Page <b>6</b>
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7 a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or char O. See instructions. Check if Schedule O contains a response to any question in this Part VI			
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
Ia	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
ŀ	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
,	Does the organization have members or stockholders?	6		No
a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a 		No
	A re any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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 in Schedule O	9		No
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
			Yes	No
0a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
1a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
3	Does the organization have a written whistleblower policy?	13		No
4	Does the organization have a written document retention and destruction policy?	14		No
5	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O $$ (See instructions )			
Ба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		No
b	taxable entity during the year?	IUd		
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			L
7	List the States with which a copy of this Form 990 is required to be filed GA			
.8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you make these available. Check all that apply			
.9	☐ O wn website ☐ A nother's website ☑ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table			

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 SUZANNE MOON 6

555 SUN VALL	EY DR
RO SWELL, GA	30076
(404) 364-984	17

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	<b>(B)</b> A verage hours	<b>(C)</b> Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Cfficel		Highest compensitied emptoyee Key emptoyee		from the organization (W- 2/1099-MISC)	from related organızatıons (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) BILL HARDMAN PRESIDENT &	40 00	х		х				133,050	0	22,735
(2) ROB VARLEY CHAIRMAN		х		х				0	0	0
(3) SUSAN BRYANT THOMAS VICE CHAIR		х		х				0	0	0
(4) KELLY MILLER TREASURER		х		х				0	0	0
(5) KAREN TREVINO SECRETARY		х		х				0	0	0
(6) PATTI CULP DIRECTOR		х						0	0	0
(7) DAWN HATHCOCK DIRECTOR		х						0	0	0
(8) TERRY COOK DIRECTOR		х						0	0	0
(9) MONTINE MCNULTY DIRECTOR		х						0	0	0
(10) JOE DAVID RICE DIRECTOR		х						0	0	0
(11) STEPHANIE GROSSKREUTZ DIRECTOR		х						0	0	0
(12) DAN ROWE DIRECTOR		х						0	0	0
(13) CHRIS THOMPSON DIRECTOR		х						0	0	0
(14) PETER BOWDEN DIRECTOR		х						0	0	0
(15) KYM HUGHES DIRECTOR		х						0	0	0
(16) KAY BERGGREN DIRECTOR		х						0	0	0

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

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

Part viii Section A. Officers, Directors, Hustees, key Employees, and Highest Compensated Employees (continued)										
<b>(A)</b> Name and Title	<b>(B)</b> A verage hours		<b>()</b> tion ( hat a	(che		II		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organızatıon (W- 2/1099-MISC)	from related organızatıons (W- 2/1099- MISC)	compensation from the organization and related organizations
(17) MIKE COOPER DIRECTOR		х						0	0	0
(18) PAT REED DIRECTOR		x						0	0	0
(19) PAUL ARRIGO DIRECTOR		x						0	0	0
(20) KYLE EDMISTON DIRECTOR		x						0	0	0
(21) JIM HUTCHINSON DIRECTOR		x						0	0	0
(22) RICHARD FORESTER DIRECTOR		x						0	0	0
(23) NEAL MCCOY DIRECTOR		x						0	0	0
(24) MARY BETH WILKERSON DIRECTOR		x						0	0	0
(25) BERKELEY YOUNG DIRECTOR		x						0	0	0
(26) MARY JAEGER-GALE DIRECTOR		x						0	0	0
(27) BENNISH BROWN		x						0	0	0
DIRECTOR (28) SUSAN COHEN		x						0	0	0
DIRECTOR (29) AMY DUFFY		x						0	0	0
DIRECTOR (30) STEVE MORSE		x						0	0	0
DIRECTOR (31) DAVID PERELLA		x						0	0	0
DIRECTOR (32) SUSAN WHITAKER		x						0	0	0
DIRECTOR (33) ALISA BAILEY		x						0	0	0
DIRECTOR (34) CINDY BROUILLARD							-	0	0	
DIRECTOR (35) KEVIN COSTELLO		X								0
DIRECTOR (36) KAY BESS		X					-	0	0	0
DIRECTOR (37) TIM BRADY		X						0	0	0
DIRECTOR (38) JUSTIN GAULL		X						0	0	0
DIRECTOR (39) MARK BROWNING		X						0	0	0
DIRECTOR (40) LEON DOWNEY		X						0	0	0
DIRÉCTOR		x						0	0	0
(41) JOHN HUDAK DIRECTOR		x						0	0	0
(42) BETTY HUSKINS DIRECTOR		x						0	0	0
(43) TRENT MERCER DIRECTOR		x						0	0	0
(44) HANNAH PARAMORE DIRECTOR		x						0	0	0
(45) JUDY RANDALL DIRECTOR		x						0	0	0
(46) BILL SYRETT DIRECTOR		x						0	0	0
(47) CHARLOTTE TALLENT DIRECTOR		x						0	0	0
(48) SCOTT TEMPLETON DIRECTOR		x						0	0	0
(49) JEROME TRAHAN SR DIRECTOR		x				1		0	0	0
(50) MICHAEL WEAVER DIRECTOR		x				1		0	0	0
(51) LEAH WOOLFORD DIRECTOR		x						0	0	0
1b Sub-Total	<u> </u>	<u> </u>		<u> </u>			►			
c Total from continuation sheets	to Part VII, Sec	tion A		•	•	►				
d Total (add lines 1b and 1c) .		• •	•	•				133,050		22,735

	,			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►1

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

#### Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation			
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►					

Part	-	Statement of Reven						age D
Pall	<u>, 1, 1, 1</u>	Statement of Reven	ue		(A)	(B)	(C)	(D)
					Total revenue	Related	Unrelated	
						or exempt	business revenue	excluded
						function		from
						revenue		tax under
						i e i e i u e		sections
								512,
								513, or
								514
nts	1a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	Ь	Membership dues	. 1b	365,738				
am, s	с	Fundraising events	1c					
<u>a</u> tt	d	Related organizations	. 1d					
Ťš,	е	Government grants (contributions)	1e					
r s		All other contributions, gifts, grants		725				
êć.	-	similar amounts not included abov	e					
d t	g	Noncash contributions included in I	ines 1a-1f \$					
S E	h	Total. Add lines 1a-1f	🕨		366,463			
				Business Code				
nua	2a	ANNUAL MEETING		900099	237,660	237,660		
уа		MARKETING COLLEGE		900099	201,829			
Program Service Revenue	с	SPECIAL PROJECTS		900099	18,978			
jr M(	d							
ക്	е							
ran	f	All other program service re	venue					
ړم ا		<b>-</b>			150.167			
<u> </u>					458,467			
	3	Investment income (includir	- · · · · · · · · · · · · · · · · · · ·	·	2,266			2,266
	4	and other similar amounts) Income from investment of tax-ex			2,200			2,200
	-	Royalties		·	44,605			44,605
	3		(1) Real	(II) Personal	,			
	6a	Gross Rents						
	ь	Less rental						
		expenses Rental income						
	_	or (loss)	<b>k</b>					
	d	Net rental income or (loss)						<u> </u>
	-	Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of						
		assets other than inventory						
	Ь	Less cost or other basis and						
		sales expenses						
		Gain or (loss)	<b>_</b>					
<b>.</b>		Net gain or (loss)						
Other Revenue	8a	Gross income from fundraisi (not including	ng events					
Υœ		\$						
Ъ		of contributions reported on						
er		See Part IV, line 18	a					
Ĕ	ь	Less direct expenses .	_					
·		Net income or (loss) from fu						
			activities See Part IV, line 19 . a	a				
				b				
		Net income or (loss) from ga		L				
	10a	Gross sales of inventory, les	5 S					
		returns and allowances .						
	.		a					
		Less cost of goods sold .						
	c	Net income or (loss) from sa	nes of inventory F	Duana o de				
	4 4	Miscellaneous Revenue		Business Code				
	11a							<b> </b>
	b							<u> </u>
	С	:						
	d	All other revenue						ļ
	e	<b>• Total.</b> Add lines 11a-11d						
								<u> </u>
	12	Total revenue. See Instruct	ions 🏴		871 801	458,467		46 871

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Part	IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations mus			(D)	
	l other organizations must complete column (A) but are not required to c		ns (B), (C), and (B)	(D).	(D)
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV , line 21				
2	Grants and other assistance to individuals in the US See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV , lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	155,785			
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	227,215			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18,800			
9	Other employee benefits	40,119			
10	Payroll taxes	34,044			
а	Fees for services (non-employees)				
	Management				
Ь	Legal				
с		13,516			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	19,240			
12	Advertising and promotion	17,726			
13	Office expenses	30,287			
14	Information technology				
15	Royalties				
16	Occupancy	35,902			
17	Travel	17,116			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	245,019			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,529			
23	Insurance	2,914			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f Ifline 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	SETTLEMENT FEES	35,000			
b	BANK CHARGES	8,593			
с	AUTOMOBILE EXPENSE	7,853			
d	BAD DEBT EXPENSE	7,076			
е	DUES AND SUBSCRIPTIONS	2,767			
f	 All other expenses	2,490			
25	Total functional expenses. Add lines 1 through 24f	923,991		0	0
26	Joint costs. Check here 🕨 🦵 if following		1		<u>`</u>
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation			<u> </u>	
				Fo	orm <b>990</b> (2010)

#### Part X Balance Sheet

_				,	
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	61,235	1	18,902
	2	Savings and temporary cash investments	125,792	2	127,631
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	30,150	4	34,664
	5	Receivables from current and former officers, directors, trustees, key employee:		· ·	
		highest compensated employees Complete Part II of	, , u		
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1 persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			
ts		Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part</i> <b>10a</b>	40,693		
	Ь	Less accumulated depreciation <b>10b</b>	38,349 2,007	10c	2,344
	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 34)	219,184	16	183,541
	17	Accounts payable and accrued expenses .	27,147	17	52,374
	18	Grants payable		18	
	19	Deferred revenue	112,564	19	110,394
	20	Tax-exempt bond liabilities		20	
jes	21	Escrow or custodial account liability $Complete \ Part \ IV \ of \ Schedule \ D$		21	
iabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Гļ		persons Complete Part II of Schedule L		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 Complete Part X of Schedule D	9,020	25	2,510
	26	Total liabilities. Add lines 17 through 25	148,731	26	165,278
ces		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	70,453	27	18,263
Ba	28	Temporarily restricted net assets		28	
Ы	29	Permanently restricted net assets		29	
Assets or Fund Balance		Organizations that do not follow SFAS 117, check here 🕨 🦵 and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	70,453	33	18,263
~	34	Total liabilities and net assets/fund balances	219,184	34	183,541
	•		•	·	Form <b>990</b> (2010)

Pa	rt XI Reconcilliation of Net Assets			_	
	Check If Schedule O contains a response to any question in this Part XI	•	• •	•	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		٤	371,801
2	Total expenses (must equal Part IX, column (A ), line 25)	2		Ģ	923,991
3	Revenue less expenses Subtract line 2 from line 1	3			-52,190
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A )) $\cdot$ .	4			70,453
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6			18,263
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	
				Yes	No
1	Accounting method used to prepare the Form 990  Cash Accrual 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? $\cdot$ .		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were i on a separate basis, consolidated basis, or both	ssued			
	🔽 Separate basis 🛛 🔽 Consolidated basis 👘 Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the i audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	Зb		

#### Software ID: Software Version: EIN: 58-1557360 Name: SOUTHEAST TOURISM SOCIETY INC

#### Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	<b>(B)</b> A verage hours	Posi	(0	2 <b>)</b> (che	cka			<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other compensation	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organızatıons (W- 2/1099- MISC)	from the organization and related organizations	
BILL HARDMAN PRESIDENT &	40 00	x		х				133,050	0	22,735	
RO B VARLEY CHAIRMAN		x		x				0	0	0	
SUSAN BRYANT THOMAS VICE CHAIR		х		x				0	0	0	
KELLY MILLER TREASURER		х		x				0	0	0	
KAREN TREVINO SECRETARY		х		x				0	0	0	
PATTI CULP DIRECTOR		х						0	0	0	
DAWN HATHCOCK DIRECTOR		х						0	0	0	
TERRY COOK DIRECTOR		х						0	0	0	
MONTINE MCNULTY DIRECTOR		х						0	0	0	
JOE DAVID RICE DIRECTOR		х						0	0	0	
STEPHANIE GROSSKREUTZ DIRECTOR		х						0	0	0	
DAN ROWE DIRECTOR		х						0	0	0	
CHRIS THOMPSON DIRECTOR		х						0	0	0	
PETER BOWDEN DIRECTOR		х						0	0	0	
KYM HUGHES DIRECTOR		x						0	0	0	
KAY BERGGREN DIRECTOR		х						0	0	0	
MIKE COOPER DIRECTOR		х						0	0	0	
PAT REED DIRECTOR		х						0	0	0	
PAUL ARRIGO DIRECTOR		x						0	0	0	
KYLE EDMISTON DIRECTOR		x						0	0	0	
JIM HUTCHINSON DIRECTOR		х						0	0	0	
RICHARD FORESTER DIRECTOR		х						0	0	0	
NEAL MCCOY DIRECTOR		x						0	0	0	
MARY BETH WILKERSON DIRECTOR		х						0	0	0	
BERKELEY YOUNG DIRECTOR		x						0	0	0	

#### Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	<b>(B)</b> Average hours	Posi	<b>(C</b> tion ( hat a	cheo		11		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other compensation	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organızatıon (W- 2/1099-MISC)	from related organızatıons (W- 2/1099- MISC)	from the organization and related organizations	
MARY JAEGER-GALE DIRECTOR		х						0	0	0	
BENNISH BROWN DIRECTOR		x						0	0	0	
SUSAN COHEN DIRECTOR		x						0	0	0	
AMY DUFFY DIRECTOR		x						0	0	0	
STEVE MORSE DIRECTOR		×						0	0	0	
DAVID PERELLA DIRECTOR		x						0	0	0	
SUSAN WHITAKER DIRECTOR		x						0	0	0	
ALISA BAILEY DIRECTOR		х						0	0	0	
CINDY BROUILLARD DIRECTOR		x						0	0	0	
KEVIN COSTELLO DIRECTOR		x						0	0	0	
KAY BESS DIRECTOR		×						0	0	0	
TIM BRADY DIRECTOR		×						0	0	0	
JUSTIN GAULL DIRECTOR		×						0	0	0	
MARK BROWNING DIRECTOR		×						0	0	0	
LEON DOWNEY DIRECTOR		×						0	0	0	
JOHN HUDAK DIRECTOR		×						0	0	0	
BETTY HUSKINS DIRECTOR		x						0	0	0	
TRENT MERCER DIRECTOR		x						0	0	0	
HANNAH PARAMORE DIRECTOR		×						0	0	0	
JUDY RANDALL DIRECTOR		×						0	0	0	
BILL SYRETT DIRECTOR		x						0	0	0	
CHARLOTTE TALLENT DIRECTOR		x						0	0	0	
SCOTT TEMPLETON DIRECTOR		x						0	0	0	
JEROME TRAHAN SR DIRECTOR		x						0	0	0	
MICHAEL WEAVER DIRECTOR		x						0	0	0	

#### Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

<b>(A)</b> Name and Title	<b>(B)</b> A verage hours	Posit	<b>((</b> tion ( hat a	(che		11		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employ ee	Former	from the organızatıon (W- 2/1099-MISC)	from related organızatıons (W- 2/1099- MISC)	compensation from the organization and related organizations
LEAH WOOLFORD DIRECTOR		x						0	0	0

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orm 990)	Supple	mental Financi	al Statements			201	Λ
						<b>ZU I</b>	U
artment of the Treasury	-	the organization answ Part IV, line 6, 7, 8, 9, 1	ered "Yes," to Form 990 0, 11, or 12.	,		Open to P	
nal Revenue Service		to Form 990. 🕨 See se				Inspect	
ame of the organi DUTHEAST TOURISM S				Emp	loyer identific	at ion numbe:	r
					1557360		
	izations Maintaining Done ation answered "Yes" to For			unds	or Account	: <b>s.</b> Complet	e if th
organiz			radvised funds	(	( <b>b)</b> Funds and	other accour	nts
Total number at	t end of year						
Aggregate cont	rıbutıons to (durıng year)						
Aggregate gran	ts from (durıng year)						
Aggregate valu	e at end of year						
-	ation inform all donors and dono rganization's property, subject to	-		or advı	sed	∏ Yes	✓ No
-	ation inform all grantees, donors						
	haritable purposes and not for th ermissible private benefit	e penent of the donor o	, aonor auvisor, or ior ar	iy othe	i puipose	∏ Yes	⊡ No
art III Conse	rvation Easements. Comp	lete if the organizat	ion answered "Yes" to	o Forn	n 990, Part I	(V, line 7.	
Purpose(s) of c	onservation easements held by	the organization (checl	< all that apply)				
·	on of land for public use (e g , re	creation or pleasure)	Preservation of an			-	a
_	of natural habitat		Preservation of a d	certifie	d historic stru	cture	
	on of open space						
	2a-2d if the organization held a ne last day of the tax year	qualified conservation	contribution in the form	ofaco			
Tabalaurahaa	6				Held at th	e End of the	Year
	f conservation easements			2a			
5	restricted by conservation easer servation easements on a certific		sluded up (p)	2b			
	servation easements included in		. ,	2c 2d			
			· ·				
	servation easements modified, ti ar 🕨	ansierreu, releaseu, ex	tinguisned, or terminate	abyth	ie organizatioi	auring	
	es where property subject to cor						
	nization have a written policy reg the conservation easements it l		ntoring, inspection, hand	dling of	violations, ar	nd <b>Yes</b>	ע אי
	teer hours devoted to monitoring		-				
	enses incurred in monitoring, ins				g the year 🕨 \$		
170(h)(4)(B)(ı)	servation easement reported on ) and 170(h)(4)(B)(11)?					∏ Yes	ןע אס
balance sheet,	scribe how the organization repo and include, if applicable, the te n's accounting for conservation o	xt of the footnote to the					
	izations Maintaining Colle ete if the organization answe			or Otl	her Similar	<sup>.</sup> Assets.	
art, historical t	ion elected, as permitted under reasures, or other similar assets : XIV , the text of the footnote to	held for public exhibiti	on, education or researc	ch in fu			,
historical treas	tion elected, as permitted under ures, or other similar assets hel owing amounts relating to these	d for public exhibition,					
(i) <sub>Revenues I</sub>	ncluded in Form 990, Part VIII,	line 1			►\$		
(ii) Assets Incl	uded in Form 990, Part X						
If the organizat	nts required to be reported under			or finan			
-	Ided In Form 990, Part VIII, line	-			►\$		
	d ın Form 990, Part X						
, source include					F 4		

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Sche	dule D (Form 990) 2010										Page <b>2</b>
Par	<b>UIII</b> Organizations Maintaining Co	llections of Art,	Histo	oric	al Trea	sures,	or Othe	r Similar	Asset	<b>S</b> (co	ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the '	follo	wing that	are a sıç	Inificant u	se of its coll	ection		
а	Public exhibition		d [		Loan or e	xchange	programs				
b	Scholarly research		е Г	_	Other						
с	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	llections and explair	ו how t	hey	further th	e organiz	atıon's ex	empt purpo:	se in		
5	During the year, did the organization solicit o							ılar	_		_
Des	assets to be sold to raise funds rather than t				-			acii ta Farr	<b>Γ</b> Υ		₩ No
Par	<b>t IV</b> Escrow and Custodial Arrang Part IV, line 9, or reported an an					ion ans	wered f	es lo Forr	n 990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					s or othe	rassets r	not	ΓY	es	✓ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the fo	ollowing	g tal	ble						
									A moun	t	
с	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?										
b	If "Yes," explain the arrangement in Part XIV	1									
Ра	rt V Endowment Funds. Complete										
1-	Beginning of year balance	(a)Current Year	(b)Pri	ior Ye	ear (c)	Two Years	Back (d)	Three Years Ba	ск <b>(е)</b> ⊦	our Ye	ars Back
1a b											
c	Investment earnings or 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 yea	r end balance held as	5		ľ		<b>I</b>		<b>I</b>		
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment										
с	Term endowment 🕨										
3a	Are there endowment funds not in the posse organization by	ssion of the organizat	tion tha	at ar	e held an	d admını:	stered for	the	Г	Yes	No
	(i) unrelated organizations		•••	•		• •			3a(i)		Νο
_	(ii) related organizations										
	If "Yes" to 3a(11), are the related organizatio Describe in Part XIV the intended uses of th					• •	• • •	•••	3b		No
4 Doo						Dort V	luna 10				
Pal	<b>t VI Investments—Land, Building</b>	s, and Equipmen	<u>t. See</u>	(a)	Cost or oth (Investme	ner <b>(b)</b> C	Cost or other sis (other)	(c) Accumu depreciat		<b>(d)</b> Bo	ook value
1a	Land										
	Buildings		. ŀ								
	Leasehold improvements		. †								

<b>e</b> Other		
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, c	olumn (B), line 10(c).)	 <b>F</b>

.

. . .

40,693

**d** Equipment . . . .

. . .

. . .

2,344

2,344

38,349

Part VII Investments-Other Securities. See	Form 990, Part X, line 1		
<b>(a)</b> Description of security or category (including name of security)	( <b>b)</b> Book value		od of valuation f- year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		12	
Part VIII Investments-Program Related. See			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	<b>(b)</b> A mount		
Federal Income Taxes			
DEFERRED RENT	2,510		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	2,510		

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Schedule D (Form 990) 2010 Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements 1 871.801 1 Total revenue (Form 990, Part VIII, column (A), line 12) 2 2 923,991 Total expenses (Form 990, Part IX, column (A), line 25) -52.190 3 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 Investment expenses 7 7 Prior period adjustments 8 8 Other (Describe in Part XIV) 9 9 Total adjustments (net) Add lines 4 - 8 -52,190 10 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements . . . . . . . 1 1.596.705 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 а 2a b Donated services and use of facilities . . . . . . 2Ь 724,904 Recoveries of prior year grants . . . 2c С Other (Describe in Part XIV) . . . . 2d d . . . e Add lines 2a through 2d 2e 724,904 . . 3 3 Subtract line **2e** from line **1** . 871,801 . . . . . . . . Amounts included on Form 990, Part VIII, line 12, but not on line 1 4 Investment expenses not included on Form 990, Part VIII, line 7b . 4a а Ь Other (Describe in Part XIV) 4ь С Add lines **4a** and **4b** . . . . . . . . . . 4c Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12) . . . . . 5 871,801 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial 1 1,648,895 1 statements . . . . . . . . . . . . . 2 A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a 724,904 а Prior vear adjustments 2Ь ь 2c С Other losses 2d d Other (Describe in Part XIV) . . . . . e Add lines 2a through 2d . . . . . . . . . . . . . 2e 724,904 3 3 923.991 A mounts included on Form 990, Part IX, line 25, but not on line 1: 4 а Investment expenses not included on Form 990, Part VIII, line 7b . 4a ь 4b Add lines 4a and 4b . . . . . . . . . . . . . . . 4c С . . . Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18) . . . . . . 5 5 923,991

#### Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier Return Reference Explanation

efi	le GRAPHIC p	rint - DO NOT PROCESS	s Filed Data -		DLN: 9	3493178	8007	761
Sch	edule J	Com	pensation Int	formation	c	DMBNo 1	545-0	047
	m 990)		Compensated Emp e organization answ	ered "Yes" to Form 990,	est	2010 Open to Public		
	nent of the Treasury Revenue Service	► Attach to	Part IV, question Form 990. ► See se			Inspe		
	me of the organi	zation			Employer ident if i			
SOU	ITHEAST TOURISM S	OCIETY INC			58-1557360			
Ра	rt I Questi	ons Regarding Compensation	on		58-155/300			
		<u> </u>					Yes	No
1a	Check the appr	opiate box(es) if the organization p	rovided any of the fo	llowing to or for a person l	ısted ın Form			
	990, Part VII,	Section A, line 1a Complete Part I	II to provide any re	evant information regardir	ng these items			
	·	or charter travel		allowance or residence for	•			
		companions		for business use of perso				
	·	ification and gross-up payments	·	social club dues or initiat				
	Discretion	ary spending account	Personal	services (e g , maid, chau	ffeur, chef)			
h	Ifany of the he	xes in line 1a are checked, did the o	orgonization follow a	written policy reporting p	over ant or			
U		orprovision of all the expenses des				16		
2	Did the organiz	ation require substantiation prior to	reimbursing or allo	wing expenses incurred by	all			
	-	ors, trustees, and the CEO/Executiv	-			2		
3	Indicate which,	, if any, of the following the organiza	tion uses to establis	sh the compensation of the	2			
		CEO/Executive Director Check all						
	_ '	tion committee	·	nployment contract				
		nt compensation consultant		ation survey or study				
	Form 990	of other organizations	🔽 Approval	by the board or compensa	ition committee			
4	During the year or a related org	r, dıd any person lısted ın Form 990 anızatıon	, Part VII, Section /	A, line 1a with respect to t	he filing organizat	ion		
а	Receive a seve	rance payment or change-of-contro	ol payment from the	organization or a related o	organization?	4a		No
b	Participate in, e	or receive payment from, a supplem	ental nonqualified re	etirement plan?		4b		No
с	Participate in, o	or receive payment from, an equity-	based compensatio	n arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons and p	provide the applicab	le amounts for each item i	n Part III			
-	, ,,,,	and 501(c)(4) organizations only n	•					
5	•	ted in form 990, Part VII, Section A contingent on the revenues of	A, line Ia, did the or	janization pay or accrue a	пу			
а	The organizatio	-				5a		
	Any related org					50 5b		
U	• •	e 5a or 5b, describe in Part III				50		
6	,	ted in form 990, Part VII, Section A	A, line 1a, did the or	janization pay or accrue a	ny			
		contingent on the net earnings of						
а	The organizatio	יחי				6a		
b	Any related org	anization?				6b		
	If "Yes," to line	e 6a or 6b, describe in Part III						
7		ted in Form 990, Part VII, Section , lescribed in lines 5 and 6? If "Yes,"			n-fixed	7		
8		ints reported in Form 990, Part VII, nitial contract exception described						
~						8		
9	If "Yes" to line section 53 495	8, dıd the organızatıon also follow t 58-6(c)?	he rebuttable presu	nption procedure describe	ed in Regulations	9		

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 50053T Schedule J (Form 990) 2010

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(11) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

<b>(A)</b> Name				SC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ		
1) BILL HARDMAN	(1) (11)	133,050			2,700	20,035	155,785			
2)										
(3)										
(4)										
〔5)										
(6)										
[7]										
(8)										
(9)										
(10)										
[ 11 )										
. 12 )										
[ 13 )										
[ 14 )										
( 15 )										
16)										

Page **2** 

Schedule J (Form 990) 2010

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Reference	Explanation

Schedule J (Form 990) 2010

efile GRAPHIC pr	int - DO NOT PROCESS	As Filed Data -		DLN: 93493178007761
SCHEDULE O				OMBNo 1545-0047
(Form 990 or 990-EZ)	Supplementa	I Information to	o Form 990 or 990-EZ	2010
Department of the Treasury Internal Revenue Service		ide information for resp 90 or to provide any ado ▶ Attach to Form 990		Open to Public Inspection
Name of the organizat SOUTHEAST TOURISM SOCI			Employer	identification number
			58-1557	360

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REV IEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE OFFICERS OF THE BOARD WERE PROVIDED AN ELECTRONIC COPY OF THE DRAFT RETURN FOR REVIEW BEFORE THE RETURN WAS FILED

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP	FORM 990, PAGE 6, PART VI,	THE BOARD FINANCE COMMITTEE PROVIDES OV ERSIGHT
OFFICIAL	LINE 15A	REGARDING COMPENSATION

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE	FORM 990, PAGE 6, PART VI,	THE ORGANIZATION MAKES ALL DOCUMENTS AVAILABLE
EXPLANATION	LINE 19	UPON REQUEST

efile GRAP	HIC print - DO NOT PROCESS As Filed Data -			
	Return of Organization Exempt From I	ncome Ta	ax 🛛	OMBNo 1545-0047
orm JJJ D	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue benefit trust or private foundation)	Code (except b	lack lung	2011
partment of the Tre ernal Revenue Serv	In The eventuation were been to the second end of the vetues to establish the	ate reporting re	quirements	Open to Public Inspection
For the 201	1 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011		D. Frankassan ida	
Check if applic	SOUTHEAST TOORISH SOCIETT INC			entification number
Address chang	Doing Business As		58-155736 E Telephone nu	
Name change				
Initial return	Number and street (or P O box if mail is not delivered to street address) Room/suite		(770) 542- G Gross receipts	
Terminated	555 SUN VALLEY DR SUITE E-5			+ ,
Amended retu Application per	ROSWELL, GA 300765624			
Application per	F Name and address of principal officer	H(a) Is this a	a group retur	n for
	BILL HARDMAN	affiliate		r Yes r No
	555 SUN VALLEY DR SUITE E-5 ROSWELL,GA 300765624	H(b) Are all at		, ,
Tax-exempt s	status 「 501(c)(3) 🔽 501(c)(6) ◀ (Insert no) 「 4947(a)(1) or 「 527		exemption nu	(see instructions) Imber 🕨
Website: 🕨	WWW SOUTHEASTTOURISM ORG			
_	zation 🔽 Corporation 🗍 Trust 🗍 Association 🗍 Other 🕨	L Year of forma	ation 1983 🖡	State of legal domicile GA
Part I	Summary			
	offy describe the organization's mission or most significant activities			
	PROMOTE TOURISM TO THE SOUTHEASTERN UNITED STATES ACROS	STHE UNITEL	) STATES AT	ND ABROAD
2 Ch	eck this box 📭 if the organization discontinued its operations or disposed of	more than 25%	% of its net a	ssets
<b>3</b> Nur	nber of voting members of the governing body (Part VI, line 1a)		<b>3</b>	49
<b>3</b> Nur <b>4</b> Nur			1	
2 Chr 3 Nur 4 Nur 5 Tot	nber of voting members of the governing body (Part VI, line 1a)		3	48
2 Chr 3 Nur 4 Nur 5 Tot 6 Tot	nber of voting members of the governing body (Part VI, line 1a)		3 4	48
<b>6</b> Tot	nber of voting members of the governing body (Part VI, line 1a)		3 4 5	48
<ul> <li>3 Nur</li> <li>4 Nur</li> <li>5 Tot</li> <li>6 Tot</li> <li>7a Tot</li> </ul>	nber of voting members of the governing body (Part VI, line 1a)		3 4 5 6	48
<b>6</b> Tot <b>7a</b> Tot	nber of voting members of the governing body (Part VI, line 1a) nber of independent voting members of the governing body (Part VI, line 1b) al number of individuals employed in calendar year 2011 (Part V, line 2a) . al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12		3 4 5 6 7a 7b	48
6 Tot 7a Tot b Net	nber of voting members of the governing body (Part VI, line 1a) nber of independent voting members of the governing body (Part VI, line 1b) al number of individuals employed in calendar year 2011 (Part V, line 2a) . al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12		3 4 5 6 7a 7b	48 4 0 0
6 Tot 7a Tot b Net 8 C	nber of voting members of the governing body (Part VI, line 1a) nber of independent voting members of the governing body (Part VI, line 1b) al number of individuals employed in calendar year 2011 (Part V, line 2a) . al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12 unrelated business taxable income from Form 990-T, line 34		3 4 5 6 7a 7b 7ear	48 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
6 Tot 7a Tot b Net 8 C	nber of voting members of the governing body (Part VI, line 1a)		3       4       5       6       7a       7b       366,463	48 48 60 60 60 60 734
6 Tot 7a Tot b Net 8 C 9 P 10 I	mber of voting members of the governing body (Part VI, line 1a)		3       4       5       6       7a       7b       'ear       366,463       458,467	48 48 60 70 70 70 70 70 70 70 70 70 70 70 70 70
6 Tot 7a Tot b Net 8 C 9 P 10 In 11 O 12 T	mber of voting members of the governing body (Part VI, line 1a)		3 4 5 7a 7b 7a 7b 7car 2,266 44,605	48 48 60 70 70 70 70 70 70 70 70 70 70 70 70 70
6 Tot 7a Tot b Net 8 C 9 P 10 I 11 O 12 T	mber of voting members of the governing body (Part VI, line 1a)		3       4       5       6       7a       7b       366,463       458,467       2,266	48 48 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
6 Tot 7a Tot b Net 8 C 9 P 10 I 11 O 12 T 1 13 G	mber of voting members of the governing body (Part VI, line 1a)		3 4 5 7a 7b 7a 7b 7car 2,266 44,605	48 48 48 48 48 48 48 48 48 48 48 48 48 4
6 Tot 7a Tot b Net 9 P 10 In 11 O 12 T 1 13 G 14 B	mber of voting members of the governing body (Part VI, line 1a)		3 4 5 7a 7b 7a 7b 7car 2,266 44,605	48 48 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
6 Tot 7a Tot b Net 8 C 9 P 10 In 11 O 12 T 1 13 G 14 B	mber of voting members of the governing body (Part VI, line 1a)		3 4 5 7a 7b 7a 7b 7cear 366,463 458,467 2,266 44,605 871,801 0	48 48 48 48 48 48 48 48 48 48 48 50 5,440 1,100 43,608 911,882 0 0 0
6 Tot 7a Tot b Net 8 C 9 P 10 II 11 O 12 T 1 13 G 14 B	mber of voting members of the governing body (Part VI, line 1a) mber of independent voting members of the governing body (Part VI, line 1b) al number of individuals employed in calendar year 2011 (Part V, line 2a) . al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12 unrelated business taxable income from Form 990-T, line 34 ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 2)		3 4 5 7a 7b 7a 7b 7car 2,266 44,605	48 48 48 48 48 48 48 48 48 48 48 48 48 4
6 Tot 7a Tot b Net 8 C 9 P 10 II 11 O 12 T 1 13 G 14 B	<pre>mber of voting members of the governing body (Part VI, line 1a)</pre>		3 4 5 7a 7b 7a 7b 7cear 366,463 458,467 2,266 44,605 871,801 0	48 48 48 48 48 48 48 48 48 48 48 48 48 4
6 Tot 7a Tot b Net 8 C 9 P 10 II 11 O 12 T 13 G 14 B 15 S 5 16a P b Tot	nber of voting members of the governing body (Part VI, line 1a)		3 4 5 7a 7b 7car 7ca	48 48 48 60 60 60 60 60 60 60 60 60 60 60 60 60
6 Tot 7a Tot b Net 8 C 9 P 10 II 11 O 12 T 1 13 G 14 B 15 S 16a P b To 17 O	nber of voting members of the governing body (Part VI, line 1a)		3         4         5         6         7a         7b         2,266         44,605         871,801         475,963         448,028	48 48 48 48 48 48 48 48 48 48
6 Tot 7a Tot b Net 8 C 9 P 10 II 11 O 12 T 13 G 14 B 15 S 5 16a P b To 17 O 18 T	nber of voting members of the governing body (Part VI, line 1a)		3         4         5         7a         7b         7b         7car         366,463         458,467         2,266         44,605         871,801         475,963         448,028         923,991	48 48 48 48 48 48 48 48 48 48
6 Tot 7a Tot b Net 8 C 9 P 10 II 11 O 12 T 13 G 14 B 15 S 16a P b To 17 O 18 T 19 R	nber of voting members of the governing body (Part VI, line 1a)		3         4         5         7a         7b         7b         7car         366,463         458,467         2,266         445,005         871,801         475,963         448,028         923,991         -52,190	48 48 48 48 48 48 48 48 48 48
6 Tot 7a Tot b Net 8 C 9 P 10 II 11 O 12 T 13 G 14 B 15 S 16a P b To 17 O 18 T 19 R	nber of voting members of the governing body (Part VI, line 1a) nber of independent voting members of the governing body (Part VI, line 1b) al number of individuals employed in calendar year 2011 (Part V, line 2a) . al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12 unrelated business taxable income from Form 990-T, line 34 ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 2)		3         4         5         7a         7b         7b         2,266         44,605         871,801         475,963         923,991         -52,190         f         Current         r	48 48 48 48 48 48 48 48 48 48
6 Tot 7a Tot b Net 8 C 9 P 10 II 11 O 12 T 13 G 14 B 15 S 16a P b To 17 O 18 T 19 R	nber of voting members of the governing body (Part VI, line 1a)	Prior Y	3         4         5         7a         7b         7car         366,463         458,467         2,266         44,605         871,801         475,963         448,028         923,991         -52,190         f Current         183,541	48 48 48 48 48 48 48 48 48 48
6 Tot 7a Tot b Net 8 C 9 P 10 II 11 O 12 T 13 G 14 B 15 S 16a P 17 O 18 T 19 R 50 19 R	nber of voting members of the governing body (Part VI, line 1a) nber of independent voting members of the governing body (Part VI, line 1b) al number of individuals employed in calendar year 2011 (Part V, line 2a) . al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12 unrelated business taxable income from Form 990-T, line 34 ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) nivestment income (Part VIII, column (A), lines 3, 4, and 7d )	Prior Y	3         4         5         6         7a         7b         7car         366,463         458,467         2,266         445,005         871,801         475,963         923,991         -52,190         f         Current         183,541         165,278	48 48 48 48 48 48 48 48 48 48
6 Tot 7a Tot 5 Net 8 C 9 P 10 II 11 O 12 T 1 13 G 14 B 15 S 5 16a P 5 16a T 17 O 18 T 19 R 20 T 21 T	mber of voting members of the governing body (Part VI, line 1a) mber of independent voting members of the governing body (Part VI, line 1b) al number of individuals employed in calendar year 2011 (Part V, line 2a) . al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12 unrelated business taxable income from Form 990-T, line 34 ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d ) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 2)	Prior Y	3         4         5         7a         7b         7car         366,463         458,467         2,266         44,605         871,801         475,963         448,028         923,991         -52,190         f Current         183,541	48 48 48 48 48 48 48 48 48 48
6         Tot           7a         Tot           b         Net           8         C           9         P           10         II           11         O           12         T           13         G           14         B           15         S           16a         P           17         O           18         T           19         R           20         T           21         T           22         N           Part II         S	nber of voting members of the governing body (Part VI, line 1a) nber of independent voting members of the governing body (Part VI, line 1b) al number of individuals employed in calendar year 2011 (Part V, line 2a) . al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12 unrelated business taxable income from Form 990-T, line 34 ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) nivestment income (Part VIII, column (A), lines 3, 4, and 7d )	Prior Y	3 4 7	48 48 48 48 48 48 48 48 48 48
6         Tot           7a         Tot           b         Net           8         C           9         P           10         II           11         O           12         T           13         G           14         B           15         S           16a         P           17         O           18         T           19         R           20         T           21         T           22         N           Part II         S	nber of voting members of the governing body (Part VI, line 1a) nber of independent voting members of the governing body (Part VI, line 1b) al number of individuals employed in calendar year 2011 (Part V, line 2a) . al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12 unrelated business taxable income from Form 990-T, line 34 ontributions and grants (Part VIII, line 1h)	Prior Y	3         4         5         6         7a         7b         7car         366,463         458,467         2,266         44,605         871,801         475,963         923,991         -52,190         f         183,541         165,278         18,263	48 48 48 48 48 48 48 48 48 48
6 Tot 7a Tot b Net 8 C 9 P 10 II 11 O 12 T 1 13 G 14 B 15 S 16a P b Tu 17 O 18 T 19 R 20 T 21 T 21 T 22 N Part II 22 N	nber of voting members of the governing body (Part VI, line 1a) nber of independent voting members of the governing body (Part VI, line 1b) al number of individuals employed in calendar year 2011 (Part V, line 2a) . al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12 unrelated business taxable income from Form 990-T, line 34 ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) nivestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue —add lines 8 through 11 (must equal Part VIII, column (A), line 2)	Prior Y	3         4         5         6         7a         7b         7ca         7b         7ca         7b         7ca	48 48 48 48 48 48 48 48 48 48
3       Nur         4       Nur         5       Tot         6       Tot         7a       Tot         b       Net         8       C         9       P         10       In         11       C         12       T         13       G         14       B         15       S         16a       P         17       C         18       T         19       R         20       T         21       T         22       N	nber of voting members of the governing body (Part VI, line 1a) nber of independent voting members of the governing body (Part VI, line 1b) al number of individuals employed in calendar year 2011 (Part V, line 2a) . al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12 unrelated business taxable income from Form 990-T, line 34 ontributions and grants (Part VIII, line 1h)	Prior Y	3         4         5         6         7a         7b         7ca         7b         7ca         7b         7ca	48 48 48 48 48 48 48 48 48 48

Paid	Preparer's signature JOHN LESL	ΞĒ	Date 2012-07-11	Check If self- employed 🕨 🦵	Preparer's taxpayer identification number (see instructions)	
Preparer's Use Only	Firm's name (or yours LANEY BOTELER & KILLINGER If self-employed),				EIN 🕨	
Ose only	address, and ZIP + 4	100 ASHFORD CTR N STE 310				
		ATLANTA, GA 303384862			Phone no 🕨 (770) 394-8000	
May the IR	S discuss this return v	with the preparer shown above? (s	see instructions) .		🔽 Yes 🗌 No	

For P	aperwork Reduction	n Act Notice	see the se	narate instructions
	apernoin neuro	I ACC NOLICE	, 300 6110 30	

Form	990 (2011)				Page <b>2</b>
Par		ent of Program Service A chedule O contains a response	Accomplishments to any question in this Part III		Г
1		the organization's mission			
<u>TO P</u>	ROMOTE TOURIS	SM TO THE SOUTHEASTERN	UNITED STATES ACROSS TH	E UNITED STATES AND ABRO	A D
2	the prior Form 99	0 or 990-EZ?			Yes 🔽 No
		e these new services on Schedu			
3	services?		sıgnıfıcant changes ın how ıt co		Yes 🔽 No
	If "Yes," describe	e these changes on Schedule O			
4	expenses Sectio	n 501(c)(3) and 501(c)(4) org		ree largest program services, as (1) trusts are required to report :h program service reported	
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	PROMOTED TOURIS	M TO THE SOUTHEASTERN UNITED S	ATES ACROSS THE UNITED STATES AN	ID ABROAD	
_					
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
<b>4</b> c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program s	services (Describe in Schedule	0)		
ти	(Expenses \$		grants of \$	) (Revenue \$	)
4.5			, у <del>т.</del> т. т	, (	,
4e	i ocar program S	ervice expenses▶\$			Earm 000 (2011)
					Form <b>990</b> (2011)

Par	t 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,"</i> complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> 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>	4		
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>	5		No
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 1</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 😼 .	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😨	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. 🕏	11a	Yes	
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> .	11b		No
С	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> .	11c		No
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> 🕏	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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>	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 🖏	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States? $\ldots$ . $\ldots$	14a		No
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</i> " <i>Yes</i> ," <i>complete Schedule F, Part I</i> .	14b		No
15	Did the organization report on Part IX, column (A ), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV</i> .	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000$ of aggregate grants or assistance to individuals located outside the US ? If "Yes," complete Schedule F, Part III and IV .	16		No
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>	17		No
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>	18		No
19	Dıd the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Y <i>es," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Page **3** 

Form 990 (2011)

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A ), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A ), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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> .	23	Yes	
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 questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\ldots$ .	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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</i> " <i>Yes," complete Schedule L, Part I</i>	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
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>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If</i> " <i>Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

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Pai	Statements Regarding Other IRS Filings and Tax Compliance           Check if Schedule O contains a response to any question in this Part V	-	.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> <i>Statements</i> filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the	3a		No
b	year?	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country <b>•</b>			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$ .	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	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?	5c 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b		
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
	year 12b			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			
d	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
с	the states in which the organization is licensed to issue qualified health plans       13b         Enter the aggregate amount of reserves on hand       13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 71 a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or chai O. See instructions. Check if Schedule O contains a response to any question in this Part VI	nges i	n Sche	
Se	ction 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$ .	5		No
5	Did the organization have members or stockholders?	6		No
'a	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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a		8a	Yes	
ь Э	Each committee with authority to act on behalf of the governing body?		Yes	NL -
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Ке	venue Code.)		Yes	Ne
0-	Did the eventuation have least charters, hyperbox, or officiates?	10-	res	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
.1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
.2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
.3	Did the organization have a written whistleblower policy?	13		No
.4 .5	Did the organization have a written document retention and destruction policy?	14		No
а	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	Yes	
b	O ther officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
Se	ction C. Disclosure	100		<u>.</u>
<u> </u>	List the States with which a copy of this Form 990 is required to be filed GA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
19	└ Own website └ Another's website └ Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie oraz	Inization	ו <b>ד</b>

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization SUZANNE MOON 555 SUN VALLEY DR SUITE E-5 ROSWELL, GA 300765624 (770) 542-1524

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

Check if Schedule O contains a response to any question 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, and current key employees 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, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						<b>(D)</b> 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
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensitied employiee	Former			related organızatıons
See Additional Data Table										
				-					•	

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Part VII	Section A. Officers, Direc	tors, Trustees, Key Employees	s, and Highest Compensated Emp	oyees (continued)
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	<b>(A)</b> Name and Title	(B) A verage hours per week (describe hours	unless person is both an officer and a or director/trustee) 2			Position (do not che more than one box unless person is boi an officer and a director/trustee)			<b>(D)</b> 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
		for	Individual trustee or dilector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
See Additio	onal Data Table										
								-			ļ
1b Su	ıb-Total				•			•	·		·]
с То	otal from continuation sheets t							•			
d To	otal (add lines 1b and 1c)			•		•	•		135,000		20,983
c         To           d         To           2         To	otal from continuation sheets t	o Part VII, Sec	tion A	 thos	e lıs	•		•		n	

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

#### **Section B. Independent Contractors**

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1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

	or mann the organization's tax year		
	(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those listed above) \$100,000 of compensation from the organization <b>&gt;</b>	who received more than	

# Form 990 (2011) Part VIII Statement of Revenue

		<u>Statement or</u>	Revenue		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts nts	1a	Federated campa	aigns 1a					
Contributions, gifts, grants and other similar amounts	Ь	Membership due	s 1b	361,734				
an S	c	Fundraising ever	nts 1c					
ar ar	d	Related organiza	tions 1d					
in,	e	Government grants (	(contributions) <b>1e</b>					
er s	f	All other contribution similar amounts not						
é.	g		utions included in					
t g		lines 1a-1f \$		-	264 724			
<u>5 e</u>	h	Total. Add lines	1a-1f		361,734			
це				Business Code				
Ken	2a	ANNUAL MEETING		561499	269,221	269,221		
æ	Ь	MARKETING COLLEG	Έ	561499	215,071	215,071		
100	С	SPECIAL PROJECTS		561499	21,148	21,148		
Ser.	d							
Ē	e							
Program Service Revenue	f	All other progran	n service revenue					
Ϋ́	g	Total. Add lines	L 2a-2f		505,440			<u>                                     </u>
	3	Investment inco	me (ıncludıng dıvıdend	ls, interest				
			amounts)	H	1,100			1,100
	4		nent of tax-exempt bond p	· · · · · ·				
	5	Royalties			43,608			43,608
		_	(I) Real	(II) Personal				
	6a b	Gross rents Less rental						
		expenses						
	C	Rental income or (loss)						
	d	Net rental incom	eor(loss)					
	_	Cross amount	(I) Securities	(II) Other				
	7a	Gross amount from sales of						
		assets other than inventory						
	b	Less cost or other basis and						
		sales expenses						
	C L	Gain or (loss)	<u> </u>					
	d 8a							
Φ		Gross income fro events (not inclu						
nue		\$	_ , , , , , , , , , , , , , , , , , , ,					
ěč		See Part IV, line	reported on line 1c)					
Ĕ			а					
Other Revenue	Ь	Less direct expe	enses b					
õ	с		oss) from fundraising e	events 🕨				ļ
	9a	Gross income fro See Part IV, line	om gaming activities					
	1	See Fait IV, IIIIe	19 a					
	ь	Less direct exp	H					
	с		oss) from gaming activ	utiesÞ				
	10a	Gross sales of in		Ī				
		returns and allow	vances. a					
	ь	Less costofgoo						
	c		oss) from sales of inve	ntory 🕨				
	⊢ ⊢	Miscellaneous		Business Code				<u>                                     </u>
	11a							
	ь							<u> </u>
	c							┼───┤
	d	All other revenue	<u> </u>					<u>  </u>
	e	Total. Add lines	L					<u> </u>
				•				
	12	Total revenue. S	ee Instructions	. ►	911,882	505,440		44,708
	-				,- 32			Form <b>990</b> (2011)

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Part	IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations mus l other organizations must complete column (A) but are not required to co				
	neck if Schedule O contains a response to any question in this Part IX				
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C)	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21		CAPCINES	general expenses	скрепаса
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	155,983			
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	245,000			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,186			
9	Other employee benefits	22,205			
10	Payroll taxes	27,640			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising See Part IV, line 17 .				
f	Investment management fees				
g	Other	38,900			
12	Advertising and promotion	20,575			
13	Office expenses	31,870			
14	Information technology				
15	Royalties				
16	Оссирапсу	31,422			
17	Travel	15,999			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	272,797			
20	Interest	511			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,388			
23	Insurance	2,929			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	BANK CHARGES	8,566			
a b	OTHER EXPENSES	6,972			
c	AUTOMOBILE EXPENSES	6,586			
d	OPERATIONAL EXPENSES	5,409			
e u		5,409			
f	All other expenses	5,740			
25	Total functional expenses. Add lines 1 through 24f	924,678	0	0	0
		924,678	0	0	0
26	Joint costs. Check here ► 「 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				
				F	orm <b>990</b> (2011)

### Part X Balance Sheet

					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			18,902	1	11,690
	2	Savings and temporary cash investments			127,631	2	128,516
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	34,664	4	37,047		
	5	, Receivables from current and former officers, directors, trustees, l highest compensated employees Complete Part II of	key er	nployees, and			
						5	
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of	tion 4	958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use				8	
A.	9	Prepaid expenses and deferred charges				9	2,465
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part</i>					
	Ь	Less accumulated depreciation	10b	40,695	2,344	10c	1,290
	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	31,648		
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			183,541	16	212,656
	17	Accounts payable and accrued expenses		52,374	17	43,534	
	18	Grants payable		18			
	19	Deferred revenue	110,394	19	106,191		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability Complete Part IV of Schedule L			21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ide İ		persons Complete Part II of Schedule L			22		
E,	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties .			24	10,027	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part X	parties,			,	
		D			2,510	25	6,747
	26	Total liabilities. Add lines 17 through 25			165,278	26	166,499
ses		Organizations that follow SFAS 117, check here ▶ 🔽 and complex through 29, and lines 33 and 34.	te line	es 27			
anc	27	Unrestricted net assets			18,263	27	46,157
Bal	28	Temporarily restricted net assets				28	
1 2	29	Permanently restricted net assets			29		
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ┌─ and o lines 30 through 34.	compl	ete			
s S	30	Capital stock or trust principal, or current funds				30	
set:	31	Paid-in or capital surplus, or land, building or equipment fund				31	
As:	32	Retained earnings, endowment, accumulated income, or other fund				32	
ъ	33	Total net assets or fund balances			18,263	33	46,157
Ź	34	Total liabilities and net assets/fund balances			183,541	34	212,656
	1	· · · · · · · · · · · · · · · · · · ·			. ,		Form <b>990</b> (2011)

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Par	Reconcilliation of Net Assets           Check if Schedule O contains a response to any question in this Part XI	• .		. <del>।</del>	
1	Total revenue (must equal Part VIII, column (A ), line 12 )	1		ç	911,882
2	Total expenses (must equal Part IX, column (A ), line 25)	2		¢	924,678
3	Revenue less expenses Subtract line 2 from line 1	3			-12,796
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			18,263
5	Other changes in net assets or fund balances (explain in Schedule O )	5			40,690
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6			46,157
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash 🔽 Accrual Cother 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? $\cdot$ .		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 i Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were i on a separate basis, consolidated basis, or both	ssued			
	🔽 Separate basis 🛛 🔽 Consolidated basis 👘 Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	Зa		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	Зb		

Form **990** (2011)

#### Software ID: Software Version: EIN: 58-1557360 Name: SOUTHEAST TOURISM SOCIETY INC

### Form 990, Special Condition Description:

	-	ecial (					-			
Form 990, Part VII - Compe Compensated Employees, a	nsation of O nd Independ	ficer: ent C	s, Di ontr	rec act	tor ors	s,Tru ;	uste	ees, Key Emplo	yees, Highest	
(A) Name and Title	<b>(B)</b> A verage hours		( ition that a		y)			(D) Reportable compensation from the organization (W- 2/1099-MISC)	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	per week	Individual trustise or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		(W- 2/1099- MISC)	compensation from the organization and related organizations
BILL HARDMAN PRESIDENT &	40 00	x		x				135,000	0	20,983
ROB VARLEY DIRECTOR	1 00	x						0	0	0
SUSAN BRYANT THOMAS CHAIR	1 00	х		x				0	0	0
KELLY MILLER VICE-CHAIR	1 00	x		x				0	0	0
KAREN TREVINO TREASURER	1 00	x		x				0	0	0
PATTI CULP DIRECTOR	1 00	х						0	0	0
DAWN HATHCOCK DIRECTOR	1 00	x						0	0	0
TERRY COOK DIRECTOR	1 00	х						0	0	0
MONTINE MCNULTY DIRECTOR	1 00	x						0	0	0
JOE DAVID RICE DIRECTOR	1 00	x						0	0	0
STEPHANIE GROSSKREUTZ DIRECTOR	1 00	х						0	0	0
DAN ROWE DIRECTOR	1 00	х						0	0	0
CHRIS THOMPSON DIRECTOR	1 00	x						0	0	0
PETER BOWDEN DIRECTOR	1 00	x						0	0	0
KYM HUGHES DIRECTOR	1 00	х						0	0	0
KAY BERGGREN DIRECTOR	1 00	x						0	0	0
MIKE COOPER DIRECTOR	1 00	x						0	0	0
PAT REED DIRECTOR	1 00	x						0	0	0
PAUL ARRIGO DIRECTOR	1 00	х						0	0	0
KYLE EDMISTON DIRECTOR	1 00	x						0	0	0
JIM HUTCHINSON DIRECTOR	1 00	x						0	0	0
ANGIE BRIGGS DIRECTOR	1 00	x						0	0	0
NEAL MCCOY DIRECTOR	1 00	x						0	0	0
MARY BETH WILKERSON DIRECTOR	1 00	x						0	0	0
BERKELEY YOUNG DIRECTOR	1 00	x				1		0	0	0

# Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	<b>(B)</b> A verage hours	Posi	<b>((</b> tion ( hat a	<b>C)</b> (che	ck a			<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organızatıons (W- 2/1099- MISC)	compensation from the organization and related organizations
MARY JAEGER-GALE DIRECTOR	1 00	х						0	0	0
BENNISH BROWN DIRECTOR	1 00	х						0	0	0
SUSAN COHEN DIRECTOR	1 00	х						0	0	0
AMY DUFFY DIRECTOR	1 00	х						0	0	0
STEVE MORSE DIRECTOR	1 00	х						0	0	0
DAVID PERELLA DIRECTOR	1 00	х						0	0	0
SUSAN WHITAKER DIRECTOR	1 00	х						0	0	0
ALISA BAILEY SECRETARY	1 00	х		х				0	0	0
CINDY BROUILLARD DIRECTOR	1 00	х						0	0	0
KEVIN COSTELLO DIRECTOR	1 00	х						0	0	0
NELSON GUMM DIRECTOR	1 00	х						0	0	0
TIM BRADY DIRECTOR	1 00	х						0	0	0
KAY BESS DIRECTOR	1 00	х						0	0	0
MARK BROWNING DIRECTOR	1 00	х						0	0	0
LEON DOWNEY DIRECTOR	1 00	х						0	0	0
JOHN HUDAK DIRECTOR	1 00	х						0	0	0
BETTY HUSKINS DIRECTOR	1 00	х						0	0	0
TRENT MERCER DIRECTOR	1 00	х						0	0	0
HANNAH PARAMORE DIRECTOR	1 00	х						0	0	0
JUDY RANDALL DIRECTOR	1 00	х						0	0	0
BILL SYRETT DIRECTOR	1 00	х						0	0	0
JEROME TRAHAN DIRECTOR	1 00	х						0	0	0
MICHAEL WEAVER DIRECTOR	1 00	х						0	0	0
BETTY CARVER DIRECTOR	1 00	х						0	0	0

efile GRAPHIC p	orint - DO NOT PROCESS	As Filed Data -			DLN:	93493198	007932
CHEDULE D						OMBNo 15	45-0047
(Form 990) Suppl		nental Financi		2011			
partment of the Treasury emal Revenue Service	Part IV, line 6, 7		ered "Yes," to Form 990 11d, 11e, 11f, 12a, or 12 parate instructions.			Open to Inspec	
lame of the organi OUTHEAST TOURISM S				_	<b>loyer identi</b> 1557360	fication numb	ber
	izations Maintaining Dono ation answered "Yes" to Form					<b>nts.</b> Comple	ete ıf the
		/	r advised funds	(	( <b>b)</b> Funds a	nd other acco	unts
Total number at	t end of year						
Aggregate cont	rıbutıons to (durıng year)						
Aggregate gran	ts from (durıng year)						
Aggregate valu	e at end of year						
-	ation inform all donors and donor rganization's property, subject to	2		ıor advı	sed	∏ Yes	ע אס ₪
used only for cl	ation inform all grantees, donors, haritable purposes and not for the ermissible private benefit					∏ Yes	✓ No
art III Conse	rvation Easements. Compl	ete if the organizat	ion answered "Yes" t	o Forn	n 990, Par	t IV, lıne 7.	
<ul> <li>Preservati</li> <li>Protection</li> <li>Preservati</li> <li>Complete lines</li> </ul>	onservation easements held by th on of land for public use (e g , rec of natural habitat on of open space 2a-2d if the organization held a o	reation or pleasure)	Preservation of an Preservation of a o	certifie	d historic st	ructure	ea
easement on th	ne last day of the tax year						
Total number o	f concernation encoments				Held at	the End of th	e Year
	f conservation easements	onto		2a			
	restricted by conservation easem servation easements on a certified		aludad up (p)	2b			
	servation easements included in (		· · /	2c			
				2d			
	servation easements modified, tra ar ►	insferred, released, ex	tinguisned, or terminate	ea by th	ie organizat	ion auring	
Number of stat	es where property subject to cons	servation easement is	located 🕨				
	nzation have a written policy rega the conservation easements it ho		nitoring, inspection, hand	dlıng of	violations,	and <b>[ Yes</b>	ן ע No
Staff and volun	teer hours devoted to monitoring,	inspecting and enforc	ing conservation easem	nents di	uring the ye	ar 🕨	
A mount of expe ► \$	enses incurred in monitoring, insp	ecting, and enforcing	conservation easements	s durınç	g the year		
	servation easement reported on li ) and 170(h)(4)(B)(II)?	ine 2(d) above satisfy	the requirements of sec	tion		∏ Yes	I №
balance sheet,	escribe how the organization repor and include, if applicable, the tex n's accounting for conservation ea	t of the footnote to the					
rt IIII Organi	izations Maintaining Collecter	ctions of Art, Hist		or Ot	her Simil	ar Assets.	
If the organizat art, historical t	cion elected, as permitted under S reasures, or other similar assets : XIV, the text of the footnote to it	FAS 116, not to repor held for public exhibiti	t in its revenue stateme on, education or researd	ch in fu			ce,
historical treas	tion elected, as permitted under S sures, or other similar assets held owing amounts relating to these if	for public exhibition,					
(i) <sub>Revenues I</sub>	ncluded ın Form 990, Part VIII, lı	ne 1			►\$		
(ii) Assets Incl	uded in Form 990, Part X						
If the organizat	nts required to be reported under :			or finan			
Revenues inclu	ided in Form 990, Part VIII, line 1	1			►\$		
	d in Form 990, Part X				► ¢		
	a i oi iii o o o j i ai c A				· · ·		

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D Schedule D (Form 990) 2011

Sche	dule D (Form 990) 2011											Page <b>2</b>
Par	<b>UIII</b> Organizations Maintaining Collec	tions of Art	, Hist	tori	cal Tr	easur	es, or C	Other	Similar	Asse	<b>ts</b> (cc	ntınued)
3	Using the organization's accession and other rec items (check all that apply)	ords, check any	/ of th	e foll	owing t	hat are	a signific	ant us	e of its co	llection		
а	Public exhibition		d	Γ	Loan	orexcha	ange prog	rams				
b			e	Γ	Other	-						
с	Preservation for future generations											
4	Provide a description of the organization's collec Part XIV	tions and expla	ın how	v they	/ furthe	r the or	ganızatıor	n's exe	empt purp	ose in		
5	During the year, did the organization solicit or re- assets to be sold to raise funds rather than to be								lar	L.	ſes	✓ No
Pa	<b>t IV</b> Escrow and Custodial Arrangem Part IV, line 9, or reported an amount						answere	d "Ye	es" to For	m 990	,	
1a	Is the organization an agent, trustee, custodian o included on Form 990, Part X?	or other interme	diary	for c	ontrıbu	tions or	other ass	sets n	ot	L.	ſes	✓ No
b	If "Yes," explain the arrangement in Part XIV and	d complete the	follow	ıng ta	able		_					
							-			Amou	nt	
С	Beginning balance						-	1c				
d	Additions during the year						_	1d				
е	Distributions during the year						_	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Form 9	990, Part X, line	21?							L J	ſes	V No
b	If "Yes," explain the arrangement in Part XIV											
Ра	rt V Endowment Funds. Complete if the											
4-		a)Current Year	(b)	Prior	/ear	(c)Two	Years Back	(d)⊺	hree Years E	Back (e)	Four Ye	ears Back
1a	Beginning of year balance							-				
b	Contributions							+				
c d	Grants or scholarships							-				
u e	Other expenditures for facilities							-				
C	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the year end	d balance held a	is									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
с	Term endowment 🕨											
За	Are there endowment funds not in the possession organization by	n of the organiza	ation t	hat a	ire held	d and ad	mınıstere	d for t	he	ſ	Yes	No
	(i) unrelated organizations									3a(i)		No
	(ii) related organizations									3a(ii)		No
b	If "Yes" to $3a(ii)$ , are the related organizations lie					• •				3b		No
4	Describe in Part XIV the intended uses of the org											
Pa	t VI Land, Buildings, and Equipment.	See Form 99	0, Pa	<u>rt X,</u>	line 1	LO.	1					
	Description of property				<b>a)</b> Cost o sis (inve	or other stment)	( <b>b)</b> Cost or basis (ot		(c) Accur depreci		<b>(d)</b> B	ook value
1a	Land		•									
b	Buildings		•									
С	Leasehold improvements		•									
d	Equipment						4	1,985		40,695		1,290

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .

. . . . . . .

. . . . . . .

**e** Other .

. .

Schedule D (Form 990) 2011

1,290

. . . . .

.

. .

Part VII Investments-Other Securities. See	Form 990, Part X, line 1		
<ul> <li>(a) Description of security or category         <ul> <li>(including name of security)</li> </ul> </li> </ul>	( <b>b)</b> Book value		od of valuation f-year market value
(1)Financial derivatives			i-yeai maiket value
(2)Closely-held equity interests		1	
Other			
		-	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		12	
Part VIII Investments—Program Related. See			od of valuation
(a) Description of investment type	<b>(b)</b> Book value		f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, Iu			(b) Book volue
(a) Descrij			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part >			
1 (a) Description of Liability	(b) Amount		
Federal Income Taxes			
DEFERRED RENT	6,747		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	6.747		

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Schedule D (Form 990) 2011 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements 911.882 1 1 Total revenue (Form 990, Part VIII, column (A), line 12) 2 2 924,678 Total expenses (Form 990, Part IX, column (A), line 25) 3 -12.796 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 4 Net unrealized gains (losses) on investments 5 5 40.690 Donated services and use of facilities 6 6 Investment expenses 7 7 Prior period adjustments 8 8 Other (Describe in Part XIV) 9 9 40.690 Total adjustments (net) Add lines 4 - 8 27,894 10 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements . . . . . . . 1 1.638.668 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2a а Donated services and use of facilities . . . . 726,786 b 2b Recoveries of prior year grants . . . 2c С d Other (Describe in Part XIV) . . . 2d Add lines 2a through 2d 726,786 е 2e - -Subtract line **2e** from line **1** . 3 911,882 3 . . . . . . Amounts included on Form 990, Part VIII, line 12, but not on line 1 4 Investment expenses not included on Form 990, Part VIII, line 7b . 4a а b 4b С Add lines **4a** and **4b** . . . . . . . . . . **4c** Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) . . . . . 5 911.882 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial 1,610,774 1 statements . . . . . . . . . . . . . 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 2 686,096 Donated services and use of facilities . . . 2a а Prior vear adjustments 2b b 2c Other losses С Other (Describe in Part XIV) . . . . . 2d d e Add lines 2a through 2d . . . . . . . . . . 2e 686,096 3 3 924,678 . Amounts included on Form 990, Part IX, line 25, but not on line 1: 4 а Investment expenses not included on Form 990, Part VIII, line 7b . . 4a b 4b 4c С . . . . . Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18) . . . . . 5 5 924,678 Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier Return Reference Explanation

efil	e GRAPHIC p	orint - DO NOT PROCESS	As Filed Data -		DLN: 9	3493198	8007	932
Sch	edule J	Cor	mpensation In	formation	0	MBNo 1	545-0	047
Forr	n 990)		Compensated Emp	•	;t	20	11	
epartm	nent of the Treasury	Complete if	the organization answ Part IV, questioi	vered "Yes" to Form 990, n 23.		Open to		
nternal	Revenue Service	► Attach	to Form 990. 🕨 See se	parate instructions.		Inspe		n
	ne of the organiz THEAST TOURISM S			E	Employer ident if ic	ation num	ıber	
500		OCIETT INC		5	58-1557360			
Pa	rt I Questi	ons Regarding Compensa	tion					
							Yes	No
1a		ropiate box(es) if the organization	• •					
		Section A, line 1a Complete Part	· ·		-			
	,	s or charter travel companions		allowance or residence for p s for business use of person				
		ification and gross-up payments		social club dues or initiatio				
		ary spending account		services (e g , maid, chauff				
		· · · ·						
b		exes in line 1a are checked, did th						
	reimbursement	orprovision of all the expenses d	escribed above? If "N	o," complete Part III to exp	plaın	1b		
2	-	ation require substantiation prior	-					
	onicers, directo	ors, trustees, and the CEO/Execu	tive Director, regardin	ig the items checked in line	.ld/	2		
_								
3		, if any, of the following the organi CEO /Executive Director Check a		sh the compensation of the				
		tion committee		mployment contract				
		nt compensation consultant		ation survey or study				
	Form 990	of other organizations	🔽 Approval	by the board or compensat	ion committee			
4	During the year or a related org	r, dıd any person lısted ın Form 99 janızatıon	90, Part VII, Section A	۱, line 1a with respect to th	e filing organizati	on		
а	Receive a seve	erance payment or change-of-con	trol payment?			4a		No
b	Participate in, d	or receive payment from, a supple	mental nonqualified re	etirement plan?		4b		No
с	Participate in, o	or receive payment from, an equit	y-based compensatio	n arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons an	d provide the applicab	le amounts for each ıtem ın	Part III			
	Only 501(c)(3)	and 501(c)(4) organizations only	must complete lines	5-9.				
5		ted in form 990, Part VII, Section	-		y			
	compensation of	contingent on the revenues of						
а	The organization	יעל ארי				5a		
b	Any related org	janization?				5b		
	-	e 5a or 5b, describe in Part III						
6		ted in form 990, Part VII, Sectior contingent on the net earnings of	h A, line 1a, did the or	janization pay or accrue an	у			
а	The organizatio	2n <sup>2</sup>				6a		
b	Any related org	janization?				6b		
	If "Yes," to line	e 6a or 6b, describe in Part III						
7		ted in Form 990, Part VII, Sectio described in lines 5 and 6? If "Yes			-fixed	7		
8		ints reported in Form 990, Part V nitial contract exception describe				8		
0		9 did the organization also falles	utha rabuttable area	mation procedure describes	d in Regulations			
9	section 53 495	8, dıd the organızatıon also follov 58-6(c)?	v the reputtable presul	nption procedure described	i ili Regulations	9		

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#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	<b>(D)</b> Nontaxable	(E) Total of columns		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported ın prıor Form 990 or Form 990-EZ	
(1) BILL HARDMAN	(I) (II)	135,000				20,983	155,983		

Page **2** 

Schedule J (Form 990) 2011

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

Schedule J (Form 990) 2011

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -		DLN: 93493198007932
SCHEDULE O (Form 990 or 990-EZ)	Supplementa	al Information to	o Form 990 or 990-EZ	омв № 1545-0047 <b>2011</b>
Department of the Treasury Internal Revenue Service		ponses to specific questions on ditional information. 0 or 990-EZ.	Open to Public Inspection	
Name of the organization SOUTHEAST TOURISM SOCIETY INC			Employe	r identification number
			58-1557	7360

COMPENSATION

Explanation

THE OFFICERS OF THE BOARD ARE PROVIDED AN ELECTRONIC DRAFT COPY

THE ORGANIZATION MAKES ALL DOCUMENTS AVAILABLE UPON REQUEST

OTHER INCREASE OF 40,690 WAS THE VALUE OF DONATED SERVICES FOR

THE WEB DESIGN THE AMOUNT IS CAPITALIZED FOR BOOK PURPOSES

THE BOARD FINANCE COMMITTEE PROVIDES OVERSIGHT REGARDING

OF THE RETURN FOR REVIEW BEFORE THE RETURN IS FILED.

Return Reference

FORM 990, PAGE 6,

PART VI, LINE 11B

FORM 990, PAGE 6,

PART VI, LINE 15A

FORM 990, PAGE 6,

FORM 990, PART XI,

PART VI, LINE 19

LINE 5

Identifier

ORGANIZATION'S PROCESS USED

COMPENSATION PROCESS FOR

TO REVIEW FORM 990

GOVERNING DOCUMENTS

DISCLOSURE EXPLANATION

OTHER CHANGES IN NET ASSETS

TOP OFFICIAL

EXPLANATION

Form <b>4562</b>		OCESS As	s Filed Da					93493198007932
		Deprec (Including)		and Amor ion on Liste		1)		омв № 1545-0172 <b>2011</b>
Department of the Treasury Internal Revenue Service (99)	•	See separate i	nst ruct ions.	🏲 Attach I	o your tax re:	urn.		Attachment Sequence No <b>179</b>
Name(s) shown on return			Business	or activity to w	hıch thıs form	relates	1	dentifying number
				DEPRECIAT			5	58-1557360
	<b>To Expense</b> you have any li					nlete Part I		
1 Maximum amount (se							1	500,000
<b>2</b> Total cost of section		ced in service (	see instruc	tions) .			2	, ,
<b>3</b> Threshold cost of se	ction 179 propert	y before reduct	ion in limita	tion (see instri	uctions) .		3	2,000,000
4 Reduction in limitation	on Subtract line 3	from line 2 If	zero or less	, enter -0-			4	
<b>5</b> Dollar limitation for t	ax year Subtract	lıne 4 from lıne	1 Ifzero o	r less, enter -0	)- If married	iling		
separately, see instr	uctions						5	
6 (a	) Description of p	roperty		(b) Cost (bu onl		(c) Elected c	ost	
					, ,			
<b>7</b> Listed property Ente	r the amount from	line 29			. 7			4
8 Total elected cost of				nn (c) lines 6			8	-
9 Tentative deduction							9	
<b>10</b> Carryover of disallow	ed deduction from	n line 13 of you	r 2010 Forr	n4562 .			10	
11 Business income limitation	Enter the smaller of	business income	(not less than	zero) or line 5 (se	e instructions)		11	
12 Section 179 expense	e deduction Add I	ines 9 and 10,	but do not e	enter more than	n line 11 🕠		12	
13 Carryover of disallow	ed deduction to 2	012 Add lines	9 and 10, le	ess line 12	. 🕨 🛛 13			
Note: Do not use Par								
								ty ) (See instructions )
14 Special depreciation tax year (see instruc		inied property (	other than i	isted property	) placed in se	vice during the	14	1,292
15 Property subject to s	ection 168(f)(1)	election .					15	,
<b>16</b> Other depreciation (	ncluding ACRS)						16	
					• • •		1 10	
	epreciation (	<b>Do not</b> incluc			e instruction	is.)	10	
Part III MACRS D	•		Sec	ction A		is.)	1 1	
Part IIII MACRS D 17 MACRS deductions f 18 If you are electing	or assets placed i to group any a	n service in tax ssets placed	Sec years begi In service	ction A nning before 2 during the ta	011 ax year into	one or more	17	
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Part IIII MACRS D 17 MACRS deductions f 18 If you are electing general asset acco Section B—As (a) Classification of property 19a 3-year property b 5-year property	or assets placed i to group any a punts, check he sets Placed in (b) Month and year placed in	n service in tax ssets placed re Service Du (c) Basis deprecia (business/inv use	Sec years begins in service in service	tion A nning before 2 during the ta 1 Tax Year (d) Recovery	011 ax year into  <b>Using the</b> (	one or more 	17 reci	(g)Depreciation
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Venices Inst.)       service       puse procentage       basis       use only       pend       Convention       deduction       cost         25Special deprecation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)       25         26 Property used more than 50% in a qualified business use	
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 C. If applicable         Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobilized to buy ou have evidence to support the business/investment use claimed? Ves No       24b If "Yes," is the evidence written?       Yes       No         (a)       (b)       (b)       (c)	y used for
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 automobility         24b D you have evidence to support the business/investment use claimed? I verified for passenger automobility         (a)       (b)       (c)       (c	
Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobility         24b Dy you have evidence to support the business/investment use claimed? [vis [vis ]       24b If "Yes," is the evidence writen? [vis ]       vis [vis]         (a) Type of property (list Vehicles first)       (b) Deprecting (list Passender property (list Vehicles for use only)       (b) Deprecting (list Passender provide vehicles       (c) (b) Deprecting (list Passender provide vehicles       (c) (c) (c) Deprecting (list Passender provide vehicles       (c) (c) (c) (c) Deprecting (list Passender provide vehicles       (c) (c) (c) (c) Deprecting (list Passender provide vehicles       (c) (c) (c) (c) Deprecting (list Passender provide vehicles       (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	
242 Do you have evidence to support the business/investment use claimed?       Yee       No       24b if "Yee," is the evidence writter?       Yee       No         (a)       (b)       Date placed in investment use claimed?       (c)       (b)       Basis for deprecation investment use convertige and use only.       (c)	
(a) Type of property (list belowd in service       (b) percention is ervice       Business/ (or other basis       (c) basis       Basis for depresation (busines/investment use envice)       (c) percention (busines/investment use envice       (c) percention       (c) perce	
percentage     use only     cost       25special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use     25       26 Property used more than 50% in a qualified business use     36     37       27 Property used 50% or less in a qualified business use     57(-       27 Property used 50% or less in a qualified business use     57(-       28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1     28       29 Add amounts in column (i), lines 26 Enter here and on line 7, page 1     29       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 provide vehicles to your employees, first answer the questons in Section C to see if you meet an exception to completing this section for those vehicles       30 Total business/investment miles driven during the year       31 Total commuting miles driven during the year     4       32 Total ther personal (noncommuting) miles driven     4       34 Was the vehicle available for personal use     Yes       during off-duty hours?     .       35 Was the vehicle available for personal use?     4       during off-duty hours?     .       35 Was the vehicle available for personal use?     4       during off-duty hours?     .       35 Was the vehicle available for	
50% in a qualified business use       25         26 Property used more than 50% in a qualified business use	cost
27 Property used 50% or less in a qualified business use         27 Property used 50% or less in a qualified business use         27 Property used 50% or less in a qualified business use         30 Paid amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1         29 Add amounts in column (i), line 26 Enter here and on line 7, page 1         29 Add amounts in column (ii), line 26 Enter here and on line 7, page 1         29 Add amounts in column (ii), line 26 Enter here and on line 7, page 1         29 Add amounts in column (ii), line 26 Enter here and on line 7, page 1         29 Add amounts in column (iii), line 26 Enter here and on line 7, page 1         29 Add amounts in column (iii), line 26 Enter here and on line 7, page 1         30 Total business/investment miles driven during the year (do not include commuting miles)         31 Total commuting miles driven during the year         32 Total other personal(noncommuting) miles driven         31 Total commuting the year Add lines 30 through 32         133 Total miles driven during the year Add lines 30 through 32         134 Was the vehicle available for personal use         Yes       Yes         Yes       Yes         Yes       Yes         Yes       Yes         14 Uning off-duty hours?       .         35 Was the vehicle available for personal use?       Yes         Yes       Yes <td></td>	
27 Property used 50% or less in a qualified business use         %	
27 Property used 50% or less in a qualified business use         9%         9%         9%         9%         9%         9%         9%         9%         9%         9%         9%         9%         9%         9%         9%         28 Add amounts in column (h), lines 25 through 27 Enter here and on line 7, page 1         29 Add amounts in column (i), line 26 Enter here and on line 7, page 1         19 ou 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         30 Total business/investment miles driven during the year (do not include commuting miles)	
%       S/L-         %       S/L-         %       S/L-         %       S/L-         %       S/L-         28 Add amounts in column (h), lines 25 through 27 Enter here and on line 7, page 1       28         29 Add amounts in column (i), line 26 Enter here and on line 7, page 1       28         Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person if you provide 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         30 Total business/investment miles driven during the year (do not include commuting miles)       (a)       (b)       (c)       (d)       (e)       (f)         31 Total commuting miles driven during the year .       (a)       (b)       (c)       (d)       (e)       (f)         33 Total other personal(noncommuting) miles driven       .       .       .       .       .       .         34 Was the vehicle available for personal use during off-duty hours?       .	
96       5/L -         28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1       28         29 Add amounts in column (i), line 26 Enter here and on line 7, page 1       28         29 Add amounts in column (i), line 26 Enter here and on line 7, page 1       29         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         30 Total business/investment miles driven during the year (do not include commuting miles)         31 Total commuting miles driven during the year         32 Total other personal(noncommuting) miles driven         30 Test answer the questions and three solutions and through 32         Yes         Yes         No         Yes         Yes         No         Yes         No         Yes         Yes         Yes         Yes         Yes         Yes <t< td=""><td></td></t<>	
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1       28         29 Add amounts in column (i), line 26 Enter here and on line 7, page 1       28         29 Add amounts in column (i), line 26 Enter here and on line 7, page 1       29         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         30 Total business/investment miles driven during the year (do not include commuting miles)         (a)         11 Total commuting miles driven during the year         31 Total other personal(noncommuting) miles driven         33 Total miles driven during the year         34 Was the vehicle available for personal use         Yes       No         Vehicle 1         Yes       No         Yes <td></td>	
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1       28         29 Add amounts in column (i), line 26 Enter here and on line 7, page 1       29         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         30 Total business/investment miles driven during the year (do not include commuting miles)         31 Total commuting miles driven during the year         32 Total other personal(noncommuting) miles driven         33 Total miles driven during the year         31 Total commuting the year Add lines 30         they were colspan="2">they were than 5%         34 Was the vehicle available for personal use         during off-duty hours?         35 Was the vehicle used primarily by a more than 5%         owner or related person?         Section C—Questions for Employeers 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 are not more         Section C—Questions for Employeers Who Provide Vehicles for	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1       29         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         30 Total business/investment miles driven during the year (do not include commuting miles)         (a)         Vehicle 1         Vehicle 2         Vehicle 2         Vehicle 4         Vehicle 2         Vehicle 3         Vehicle 1         Vehicle 2         Vehicle 4         Vehicle 5         Vehicle 1         Vehicle 2         Vehicle 4         Vehicle 5         Vehicle 1         Vehicle 3         Vehicle 4         Vehicle 5         Vehicle 4         Vehicle 5         Vehicle 3         Vehicle 4       Vehicle 5 <t< td=""><td></td></t<>	
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         10 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         30 Total business/investment miles driven during the year (do not include commuting miles)         31 Total commuting miles driven during the year         32 Total other personal (noncommuting) miles driven         33 Total miles driven during the year         34 Was the vehicle available for personal use during off-duty hours?         during off-duty hours?         Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees         Answer these questions to completing Section B for vehicles used by employees who are not more 5% owners or related person (see instructions)	
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         30 Total business/investment miles driven during the year (do not include commuting miles)       (a)       (b)       (c)       (d)       (e)       (f)         31 Total commuting miles driven during the year       (a)       (b)       (c)       (d)       (e)       (f)         32 Total other personal(noncommuting) miles driven       (a)       (b)       (c)       (c)       (d)       (e)       (f)         33 Total miles driven during the year       (a)       (b)       (c)       (c)       (c)       (f)       (f)         34 Was the vehicle available for personal use       Yes       No       Yes       No <td></td>	
30 T otal business/investment miles driven during the year (do not include commuting miles)       (a)       (b)       (c)       (d)       (e)       (f)         31 T otal commuting miles driven during the year       .	vehicles
30 For a business/investment miles driven during the year (do not include commuting miles)       Vehicle 1       Vehicle 2       Vehicle 3       Vehicle 4       Vehicle 5       Vehicle 5         31 Total commuting miles driven during the year       32 Total other personal(noncommuting) miles driven       33 Total miles driven during the year Add lines 30       1 <t< td=""><td></td></t<>	
32 Total other personal (noncommuting) miles driven         33 Total miles driven during the year Add lines 30 through 32         34 Was the vehicle available for personal use during off-duty hours?         35 Was the vehicle used primarily by a more than 5% owner or related person?         36 Is another vehicle available for personal use?         36 Is another vehicle available for personal use?         36 Is another vehicle available for personal use?         37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your         Yes	
33 Total miles driven during the year Add lines 30 through 32	
through 32       .	
34 Was the vehicle available for personal use during off-duty hours?       Yes       No       Yes <td></td>	
35 Was the vehicle used primarily by a more than 5% owner or related person?       36 Is another vehicle available for personal use?       additional or personal use?       additional or personal use?         36 Is another vehicle available for personal use?       additional or personal use?       additional or personal use?       additional or personal use?         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 are not more 5% owners or related persons (see instructions)         37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your       Yes	No Yes No
owner or related person?       36 Is another vehicle available for personal use?       36 Is another vehicle available for personal use?       36 Is another vehicle available for personal use?         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 are not more         5% owners or related persons (see instructions)         37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your       Yes	
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 are not more 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes	
Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who <b>are not</b> more 5% owners or related persons (see instructions) <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your <b>Yes</b>	
	are not more that
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	
39 Do you treat all use of vehicles by employees as personal use?	
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )	
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles	
Part VI Amortization	<u>                                      </u>
(a)Date(c)(d)Amortization(f)Description of costsamortizationAmortizableCodePeriod orAmortization forDescription of costsamortizationamountsectionperiod orthis year	zation for
begins percentage	
42 A mortization of costs that begins during your 2011 tax year (see instructions)	
43 A mortization of costs that began before your 2011 tax year	

**44 Total.** Add amounts in column (f) See the instructions for where to report  $\$  .

44

efil	e GRA	PHIC print - DO NOT PROCESS As Filed Data -		DLN:	93493197007233
	99	Return of Organization Exempt From I	ncome <sup>·</sup>	Тах	OMBNo 1545-0047
Form 🕤	33	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue ( benefit trust or private foundation)	Code (excep	t black lung	2012
Internal	ent of the <sup>-</sup> Revenue S	ervice The organization may have to use a copy of this return to satisfy sta		g requirements	Open to Public Inspection
		D12 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31- C Name of organization	2012	D Employer i	dentification number
	ck if ap ress cha	SOUTHEAST TOURISM SOCIETY INC		. ,	
	ne chan	Doing Business As		58-15573	60
_	al returr				
	minated	Number and street (or P O box if mail is not delivered to street address) 555 SUN VALLEY DR SUITE E-5		E Telephone n	umber
	ended re	turn City or town, state or country, and ZIP + 4		(770)542	-1524
	lication	ROSWELL, GA 300765624		<b>C</b> C <b>1 1 1 1 1 1</b>	- + 0(0 242
, ,,,,,,,	lication	F Name and address of principal officer		G Gross receipt	
		BILL HARDMAN		ıs a group retu ates?	Thes 🔽 No
		555 SUN VALLEY DR SUITE E-5 ROSWELL,GA 300765624	1176)		
		,			luded?「Yes「No t (see instructions)
I Ta	-exemp	t status 🔽 501(c)(3) 🔽 501(c)(6) ┥ (Insert no) 🔽 4947(a)(1) or 🔽 527	_		
J W	ebsite:	▶ WWW SOUTHEASTTOURISM ORG	H(c) Grou	up exemption r	iumber 🕨
<b>K</b> For	of oras	Inization 🔽 Corporation 🗍 Trust 🗍 Association 🗍 Other 🕨	L Vear of fo	ormation 1983	M State of legal domicile GA
	rt I	Summary			M state of legal dofficile - GA
Governance	2 C	heck this box 🏹 if the organization discontinued its operations or disposed of	more than 2	25% of its net	assets
ు న	<b>3</b> N	umber of voting members of the governing body (Part VI, line 1a)		.  з	49
es	<b>4</b> N	umber of independent voting members of the governing body (Part VI, line 1b)		4	48
Activitie		otal number of individuals employed in calendar year 2012 (Part V, line 2a) .			
à		btal number of volunteers (estimate if necessary)			
		otal unrelated business revenue from Part VIII, column (C), line 12 et unrelated business taxable income from Form 990-T, line 34			
			r	or Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		361,734	357,833
e E	9	Program service revenue (Part VIII, line 2g)		505,440	473,358
Revenue	10	Investment income (Part VIII, column (A ), lines 3, 4, and 7d )		1,100	547
Ě	11	Other revenue (Part VIII, column (A ), lines 5, 6d, 8c, 9c, 10c, and 11e)		43,608	28,604
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line12)		911,882	860,342
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0
\$	15	Salarıes, other compensatıon, employee benefits (Part IX, column (A), lınes 5–10)		465,014	412,293
Expenses	16a	Professional fundraising fees (Part IX, column (A ), line 11e)			0
Â	b	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright_{$			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		459,664	416,716
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		924,678	829,009
<u>ي</u> م	19	Revenue less expenses Subtract line 18 from line 12		-12,796 g of Current	31,333
oΨ				ear	End of Year
ស័ន្តិ		Total assets (Part X, line 16)	I	212,656	
4ssets Bafano	20			-	452,041
det Assets and Bafano	21	Total liabilities (Part X, line 26)		166,499	372,746
Net Assets or Fund Balances				-	

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	)	Sig	**** Inature of officer L HARDMAN PRESIDENT pe or print name and title			2013-07-12 Date		
Paid			Print/Type preparer's name JOHN LESLIE Firm's name	Preparer's signature NGER	Date 2013-07-16	Check If self-employed Firm's EIN	PTIN	
Preparer Use Only			Firm's address ► 100 ASHFORD CTR N STE 310 ATLANTA, GA 303384862			Phone no (770	)) 394-8000	
May the IRS discuss this return with the preparer shown above? (see instructions)								✓ Yes  No

Form	n 990 (2012)				Page <b>2</b>
Par		ent of Program Service A chedule O contains a response	Accomplishments to any question in this Part III		
1	Briefly describe t	the organization's mission			
<u>to f</u>	PROMOTE TOURIS	SM TO THE SOUTHEASTERN	UNITED STATES ACROSS THE	UNITED STATES AND ABROA	D
2	the prior Form 99	ion undertake any significant p 10 or 990-EZ? 2 these new services on Schedu		which were not listed on	∏Yes 〒No
3		ion cease conducting, or make	sıgnıficant changes ın how ıt con	ducts, any program	∏Yes ☑No
	If "Yes," describe	these changes on Schedule O			
4	expenses Sectio		anizations are required to report	ee largest program services, as r the amount of grants and allocati	
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	PROMOTED TOURIS	IM TO THE SOUTHEASTERN UNITED ST	ATES ACROSS THE UNITED STATES AND	ABROAD	
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
<b>4</b> c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program s (Expenses \$	services (Describe in Schedule including	O ) grants of \$	) (Revenue \$	)
40			J		,
4e	i ocar program S	ervice expenses 🕨			Form <b>990</b> (2012)

Form	990 (2012)			Page <b>3</b>
Par	t 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,"</i> complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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? If "Yes," complete Schedule C, Part II	4		
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>	5		No
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</i> " <i>Yes," complete Schedule D, Part 1</i>	6		No
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>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😨	8		No
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>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🔂	10		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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>	11b		No
С	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>	11c		No
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>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
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>	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🐨	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 😨	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States? $\ldots$ $\ldots$ $\ldots$	14a		No
Ь	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>	14b		No
15	Did the organization report on Part IX, column (A ), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		No
16	Did the organization report on Part IX, column (A ), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
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? If "Yes," complete Schedule G, Part I (see instructions)	17		No
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> .	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> " <i>Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Form 990 (2012)

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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>	23	Yes	
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 25</i> .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\ldots$ .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> " <i>Yes," complete Schedule L, Part I</i>	25a		
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</i> " <i>Yes," complete Schedule L, Part I</i>	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If</i> " <i>Yes</i> ," <i>complete Schedule L, Part III</i>	27		No
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)			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Y <i>es," complete Schedule L, Part</i>			
_		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> " <i>Yes</i> ," <i>complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

Form	990 (2012)			Page <b>5</b>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			<u>, .</u> Г
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable <b>1a</b> 5 Enter the number of Forms W-2G included in line 1a <i>Enter -0</i> - if not applicable <b>1b</b> 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	24	Vee	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year? $\ldots$ .	3a		No
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50		
C		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\ldots$ $\ldots$ $\ldots$	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	7.11		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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 <b>13b</b>			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O $\ldots$	14b		

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Par	<b>t VI Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7 "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or chang See instructions. Check if Schedule O contains a response to any question in this Part VI			
	ection A. Governing Body and Management	•••	• •	• •
	ction 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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$ .	5		No
6	Did the organization have members or stockholders?	6		No
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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni		e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	O ther officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
		100		
Se	ection C. Disclosure	100		

18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)
	(3)s only) available for public inspection Indicate how you made these available. Check all that apply
	🔽 O wn website 🔽 A nother's website 🔽 U pon request 🔽 O ther (explain in Schedule O )
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of

20 State the name, physical address, and telephone number of the person who possesses the books and records of the

State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶SUZANNE MOON 555 SUN VALLEY DR SUITE E-5 ROSWELL, GA (770)542-1524

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## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response to any question 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, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

<b>(A)</b> Name and Title	<b>(B)</b> A verage hours per week (list any hours	more t perso	han o n is	one l both	oox, an d	heck unless officer stee)	5	<b>(D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organızatıons below dotted lıne)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W-2/1099- MISC)	organızatıon and related organızatıons
See Additional Data Table										

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

		1							I				
	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	age Position (do not check per more than one box, unless (list person is both an officer ours and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	C	<b>(F)</b> Estima mount of compens from t	ted other ation he
		for related organızatıons below dotted lıne)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensited employee	Former	2/1099-MISC)	2/1099-MISC)		ganızatı relate organıza	d
											-		
											-		
											-		
											<b> </b>		
1b	Sub-Total							►					
с	Total from continuation shee	ts to Part VII, S	ection /	۹.		•	•	•					
d	Total (add lines 1b and 1c) .				•	•	•	►	140,000				22,007
2	Total number of individuals (ii \$100,000 of reportable comp						d abov	e) w	ho received more th	an			
												Yes	No
3	Did the organization list any <b>f</b> on line 1a? <i>If "Yes," complete</i> :										3		No
4	For any individual listed on lir organization and related organ individual	nizations greater	than \$	150,0	000	? Ìf	"Yes,″ a	comp	lete Schedule J for s		4	Vas	

. . . . . . . 4 Yes 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . 5

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

		5	,
	(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those listed above) \$100,000 of compensation from the organization <b>&gt;</b>	who received more than	

No

Form 990	(2012)
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Part VIII Statement of Revenue

Part V		Check if Schedi	ule O contains a respoi	nse to any question i	n this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<i>6</i> 9	1a	Federated cam	paıgns <b>. 1a</b>					
unt	ь	Membership du	es1b	357,833				
Grants umounts	c	Fundraising eve	ents <b>1c</b>					
ΓA,	d		zations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		Government grants	/					
Sin's,	e	-						
e i	f	All other contribution similar amounts not	ons, gifts, grants, and <b>1f</b> ot included above					
é f	g		ons included in lines	1	ĺ			
ont nd i	h	1a-1f \$ <b>Total.</b> Add lines	c 1a-1f		357,833			
<u>s</u>		Total. Add line:	5 1 6 - 11	•••••				
Шe	22	ANNUAL MEETING		Business Code	221.005	224 005		
ever	2a			561499	231,995	231,995		
۲ a	b	MARKETING COLLE		561499	211,840	211,840		
о́я.	c d		<u> </u>	561499	29,523	29,523		
Sei	e							
ran	f	All other progra	am service revenue					
Program Service Revenue	-							
<u> </u>	g		s 2a-2f		473,358			
	3		ome (ıncludıng dıvıden ar amounts)		547			547
	4	Income from inves	stment of tax-exempt bond	proceeds 📕 🕨				
	5	Royalties		🕨	28,604			28,604
			(ı) Real	(11) Personal				
	ba b	Gross rents Less rental						
	_	expenses Rental income						
	C	or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount	(1) Securities	(II) Other				
		from sales of assets other						
	ь	than inventory Less cost or						
		other basis and sales expenses						
	с	Gain or (loss)						
	d	Net gaın or (los	s)	· · · · •				
ane	8a	Gross income f events (not inc						
Other Revenue		\$	s reported on line 1c) ne 18 <b>a</b>					
her	b	Less directer	penses b					
5	с		(loss) from fundraising	events 🛌				
	9a		rom gaming activities					
		See Part IV, lin	ne 19a					
	ь	less directex	penses b					
	с		(loss) from gaming acti					
	10a	Gross sales of returns and allo	owances .					
	L 1-		a b					
			oods sold <b> b</b> (loss) from sales of inv	entory				
		Miscellaneou		Business Code				
	11a							
	Ь							
	с							
	d	All other reven	ue					
	e	Total. Add lines	s11a-11d	🕨				
	12	Total revenue.	See Instructions .	🖌	960 242	473 250		20.151
					860,342	473,358		29,151

Form **990** (2012)

## Form 990 (2012) Part IX Statement of Functional Expenses

Do no	Check if Schedule O contains a response to any question in this Pa of include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	<b>]</b> (D) Fundraising
7b, 8l	o, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV , line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	162,007			
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	196,646			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,811			
9	Other employee benefits	17,708			
10	Payroll taxes	24,121			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	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 Schedule O )	13,407			
12	Advertising and promotion	37,942			
13	Office expenses	23,979			
13	Information technology	23,979			
14 15	Royalties				
16		17.020			
10	Occupancy	9,743			
	Travel	9,743			
18	state, or local public officials				
19	Conferences, conventions, and meetings	253,205			
20	Interest	527			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,137			
23	Insurance	3,004			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	BAD DEBT EXPENSES	10,831			
b	OPERATIONAL EXPENSES	9,540			
с	BANK CHARGES	8,271			
d	AUTOMOBILE EXPENSES	4,893			
е	All other expenses	6,298			
25	Total functional expenses. Add lines 1 through 24e	829,009	0	0	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ►				

#### Form 990 (2012)

	990 (2	•				Page <b>11</b>
Par	't X	Balance Sheet Check If Schedule O contains a response to any question in this Pa	art X			· · .
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing		11,690	1	46,526
	2	Savings and temporary cash investments		128,516	2	128,921
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		37,047	4	36,341
	5	Loans and other receivables from current and former officers, dire employees, and highest compensated employees Complete Part Schedule L	ctors, trustees, key II of		F	
ts	6	Loans and other receivables from other disqualified persons (as d 4958(f)(1)), persons described in section 4958(c)(3)(B), and con and sponsoring organizations of section 501(c)(9) voluntary empl organizations (see instructions) Complete Part II of Schedule L		5		
Assets	7	Notes and loans receivable, net			7	
۲,	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		2.465	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 259,049	,	<u> </u>	
	Ь	Less accumulated depreciation	<b>10b</b> 43,804	1,290	10c	215,245
	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		31,648	14	25,008
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		212,656	16	452,041
	17	Accounts payable and accrued expenses		43,534	17	47,587
	18	Grants payable			18	,
	19	Deferred revenue		106,191	19	113,153
	20	Tax-exempt bond liabilities			20	
_	21	Escrow or custodial account liability Complete Part IV of Schedu			21	
Liabilities	22	Loans and other payables to current and former officers, directors key employees, highest compensated employees, and disqualified	, trustees,		21	
abi		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	208,502
	24	Unsecured notes and loans payable to unrelated third parties		10,027	24	3,504
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part >	ofSchedule			
		D		6,747	25	070 740
	26	Total liabilities. Add lines 17 through 25		166,499	26	372,746
90 S = S		Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 a lines 27 through 29, and lines 33 and 34.	and complete			
anc	27	Unrestricted net assets		46,157	27	79,295
<u>B</u> al	28	Temporarily restricted net assets			28	
Ň	29	Permanently restricted net assets			29	
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here	🕨 🦵 and			
õ	1	complete lines 30 through 34.				
žts	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
đ	32	Retained earnings, endowment, accumulated income, or other fund	ds		32	
Net	33	Total net assets or fund balances	• •	46,157	33	79,295
	34	Total liabilities and net assets/fund balances		212,656	34	452,041
					Fc	orm <b>990</b> (2012)

Form	990	(201	2)	
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Par	<b>t XI Reconcilliation of Net Assets</b> Check if Schedule O contains a response to any question in this Part XI			୮
1	Total revenue (must equal Part VIII, column (A), line 12)         1           1         1		8	60,342
2	Total expenses (must equal Part IX, column (A), line 25)		8	29,009
3	Revenue less expenses Subtract line 2 from line 1			31,333
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			
5	A     A       Net unrealized gains (losses) on investments     5			46,157
6	Donated services and use of facilities			1,805
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))			79,295
Par	<b>t XII Financial Statements and Reporting</b> Check If Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990  Cash Accrual 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?	2a		No
	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			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
	🔽 Separate basis 🔰 Consolidated basis 👘 Both consolidated and separate basis			
С	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a		No
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 in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2012)

# Software ID:Software Version:EIN:58-1557360Name:SOUTHEAST TOURISM SOCIETY INC

#### Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any	erage Position (do not check ours more than one box, ber unless person is both eek an officer and a list director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	<b>(E)</b> Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
BILL HARDMAN PRESIDENT &	40 00	x		x				140,000	0	22,007
ROB VARLEY DIRECTOR	1 00	x						0	0	0
SUSAN BRYANT THOMAS CHAIR	1 00	×		x				0	0	0
KELLY MILLER VICE-CHAIR	1 00	×		x				0	0	0
KAREN TREVINO DIRECTOR	1 00	x						0	0	0
PATTI CULP DIRECTOR	1 00	x						0	0	0
RENEE ARENG DIRECTOR	1 00	х						0	0	0
MARY FERGUSON DIRECTOR	1 00	x						0	0	0
MONTINE MCNULTY DIRECTOR	1 00	х						0	0	0
JOE DAVID RICE DIRECTOR	1 00	х						0	0	0
DAVID ALLRED DIRECTOR	1 00	х						0	0	0
DAN ROWE DIRECTOR	1 00	х						0	0	0
CHRIS THOMPSON DIRECTOR	1 00	х						0	0	0
DENNIS TRACY DIRECTOR	1 00	x						0	0	0
KYM HUGHES DIRECTOR	1 00	x						0	0	0
JACK BERRY DIRECTOR	1 00	x						0	0	0
JAY TUSA DIRECTOR	1 00	x						0	0	0
PAT REED DIRECTOR	1 00	x						0	0	0
KALENE GRIFFITH DIRECTOR	1 00	x						0	0	0
KYLE EDMISTON DIRECTOR	1 00	х						0	0	0
KATY BROWN DIRECTOR	1 00	х						0	0	0
ANGIE BRIGGS DIRECTOR	1 00	х						0	0	0
NEAL MCCOY DIRECTOR	1 00	х						0	0	0
KEN SLOAN DIRECTOR	1 00	х						0	0	0
BERKELEY YOUNG DIRECTOR	1 00	х						0	0	0

#### Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Indepen		actors								<i>(</i> )
<b>(A)</b> Name and Title	(B) A verage hours per week (list any	(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)	<b>(E)</b> Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
MONICA SMITH SECRETARY	1 00	x		x				0	0	0
PEGGY MYERS-SMITH DIRECTOR	1 00	x						0	0	0
SUSAN COHEN DIRECTOR	1 00	x						0	0	0
AMY DUFFY DIRECTOR	1 00	x						0	0	0
STEVE MORSE DIRECTOR	1 00	x						0	0	0
TROY BEAM DIRECTOR	1 00	x						0	0	0
SUSAN WHITAKER DIRECTOR	1 00	x						0	0	0
ALISA BAILEY TREASURER	1 00	x		x				0	0	0
WEBSTER FRANKLIN DIRECTOR	1 00	x						0	0	0
KEVIN COSTELLO DIRECTOR	1 00	x						0	0	0
NELSON GUMM DIRECTOR	1 00	x						0	0	0
WRIGHT TILLEY DIRECTOR	1 00	x						0	0	0
KAY BESS DIRECTOR	1 00	x						0	0	0
MARK BROWNING DIRECTOR	1 00	x						0	0	0
CARYN FOSTER DURHAM DIRECTOR	1 00	x						0	0	0
JOHN HUDAK DIRECTOR	1 00	x						0	0	0
EMILY CASSELL DIRECTOR	1 00	x						0	0	0
TRENT MERCER DIRECTOR	1 00	x						0	0	0
HANNAH PARAMORE DIRECTOR	1 00	x						0	0	0
MIKE MANGEOT DIRECTOR	1 00	x						0	0	0
BILL SYRETT DIRECTOR	1 00	x						0	0	0
JEROME TRAHAN DIRECTOR	1 00	x						0	0	0
RITA MCCLENNY DIRECTOR	1 00	x						0	0	0
BETTY CARVER DIRECTOR	1 00	х						0	0	0

efile GRAPHIC	print - DO NOT PROCESS As F	iled Data -			DLN: 93493197007233			
SCHEDULE D					OMB No 1545-0047			
(Form 990)								
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12bOpen to Publictemal Revenue Service► Attach to Form 990. ► See separate instructions.Inspection								
	Name of the organization         Employer identification number           SOUTHEAST TOURISM SOCIETY INC         Employer identification number							
58-1557360 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the								
	zation answered "Yes" to Form 990		unus	of Accounts. Complete if the				
		<b>(a)</b> Dor	or advised funds		(b) Funds and other accounts			
1 Total number a								
	itributions to (during year)							
	nts from (during year) ue at end of year							
5 Did the organi	zation inform all donors and donor adviso organization's property, subject to the or	-		nor advi	ised <b>Ves I No</b>			
used only for a	zation inform all grantees, donors, and d charitable purposes and not for the benef ermissible private benefit?							
	ervation Easements. Complete if			o Forn	n 990, Part IV, line 7.			
☐ Preservati ☐ Protection	conservation easements held by the org on of land for public use (e g , recreation of natural habitat		Preservation of an		rically important land area d historic structure			
Preservatı	on of open space							
	s 2a through 2d if the organization held a he last day of the tax year	a qualified conse	rvation contribution in t	the forn	T			
a Total number	of conservation easements			2a	Held at the End of the Year			
-	restricted by conservation easements			24 2b				
-	iservation easements on a certified histo	oric structure in	cluded in (a)	 2c				
	servation easements modified, transferi 	red, released, ex	tinguished, or terminate	ed by th	ne organization during			
4 Number of sta	tes where property subject to conservat	ion easement is	located 🕨					
5 Does the orga	nızatıon have a written policy regardıng i f the conservation easements it holds?				fviolations, and <b>Yes INo</b>			
6 Staff and volur ►	nteer hours devoted to monitoring, inspe	cting, and enfor	cing conservation easer	nents o	during the year			
	penses incurred in monitoring, inspecting	, and enforcing	conservation easement	s durin	g the year			
	nservation easement reported on line 2( 70(h)(4)(B)(II)?	d) above satisfy	the requirements of sec	tion 17	70(h)(4)(B)(1) <b>[Yes [No</b>			
balance sheet	lescribe how the organization reports col , and include, if applicable, the text of th on's accounting for conservation easeme	e footnote to the						
Part III Organ	nizations Maintaining Collection lete if the organization answered "Y	s of Art, Hist	torical Treasures,	or Ot	her Similar Assets.			
<b>1a</b> If the organiza works of art, h	ation elected, as permitted under SFAS 1 istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	16 (ASC 958), ts held for publi	not to report in its reve c exhibition, education,	or rese	earch in furtherance of public			
b If the organiza works of art, h	ation elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	.16 (ASC 958), its held for publi	to report in its revenue	statem	nent and balance sheet			
(i) <sub>Revenues</sub>	included in Form 990, Part VIII, line 1				►\$			
(ii) <sub>Assets</sub> inc	luded in Form 990, Part X				▶\$			
2 If the organiza	ation received or held works of art, histor unts required to be reported under SFAS							
<b>a</b> Revenues incl	uded in Form 990, Part VIII, line 1				►\$			
<b>b</b> Assets include	Assets included in Form 990, Part X							

•	
For Demonstration A at Nation, and the Instructions for Form 000	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	

che	dule D (Form 990) 2012										Page 2
art	Organizations Maintaining Co	llections of Art	, His	storica	al Tr	easur	·es, or C	the	r Similar A	ssets (a	ontinued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other recor	ds, cł	neck an	ıy of t	he follo	wing that	are a	sıgnıfıcant us	e of its	
а	Public exhibition		d	Γι	Loan d	prexch	ange prog	rams			
b			е		Other						
2	Preservation for future generations										
	Provide a description of the organization's co Part XIII	llections and expla	ın hov	w they 1	furthe	r the or	rganızatıor	ı's ex	empt purpose	ın	
	During the year, did the organization solicit o assets to be sold to raise funds rather than t								nılar	∏ Yes	∏ No
ar	t IV Escrow and Custodial Arrange Part IV, line 9, or reported an am						answere	d "Y	es" to Form	990,	
1	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other ass	sets i	not	∏ Yes	∏ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing tab	ole		-				
							-		Α	mount	
2	Beginning balance						-	1c			
1	Additions during the year						-	1d			
3	Distributions during the year						-	1e			
	Ending balance						L	1f			
	Did the organization include an amount on Fo	rm 990, Part X, line	e 21?	•						∏ Yes	∏ No
	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anation	has b	een pr	ovided in F	art >	<iii< td=""><td></td><td></td></iii<>		
9	<b>t V Endowment Funds.</b> Complete							_			
	Beginning of year balance	<b>(a)</b> Current year	(D	)Prior ye	ar	<b>b (c)</b> I w	o years baci		Three years back	(e)Four	years bac
)								+			
'	Net investment earnings, gains, and losses							+			
1	Grants or scholarships							_			
•	Other expenditures for facilities and programs										
	Administrative expenses										
I	End of year balance							+			
	Provide the estimated percentage of the curr	ent vear end baland	e (lir	ne 1a. c	olumi	n (a)) h	eld as				
1	Board designated or quasi-endowment	,		5, -		(,-,					
)	Permanent endowment ►										
:	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%									
I	Are there endowment funds not in the posses organization by		ation	that are	e held	and ac	Iministere	d for	the	Yes	No
	(i) unrelated organizations								3a	(i)	
	(ii) related organizations							•		(ii)	<u> </u>
)	If "Yes" to 3a(II), are the related organization					• •		•	3	в	
	Describe in Part XIII the intended uses of th										
	<b>t VI</b> Land, Buildings, and Equipme Description of property	<b>nt.</b> See ronn 99	<u>U, Pa</u>	(a)	Cost or		( <b>b)</b> Cost or basis (oth		(c) Accumulate depreciation		Book value
l	_and		•	+							
<b>)</b> [	Buildings						21	0,000	2,	188	207,81
: 1	easehold improvements					_					
	Equipment						4	9,049	41,	616	7,43
e (	Other										

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)
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Schedule D (Form 990) 2012

215,245

Schedule D (Form 990) 2012			Page <b>3</b>
Part VII Investments—Other Securities. Security or category (a) Description of security or category (including name of security)	ee Form 990, Part X, line 12. (b)Book value	<b>(c)</b> Method of v Cost or end-of-year	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. S		3.	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of v	
		Cost or end-of-year	market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	•		
Part IX Other Assets. See Form 990, Part X,			
<b>(a)</b> Desc	cription	(	<b>b)</b> Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Par			
1 (a) Description of liability	(b) Book value		
Federal Income taxes			

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

2. Fin 48 (ASC 740) Footnote 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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Г Part XIII

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	oer R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	1,495,682
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
е	Add lines 2a through 2d	2e	635,340
3	Subtract line <b>2e</b> from line <b>1</b>	3	860,342
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
с	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	860,342
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	1,462,544
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	633,535
3	Subtract line <b>2e</b> from line <b>1</b>	3	829,009
4			
-	Amounts included on Form 990, Part IX, line 25, but not on line <b>1:</b>		
a	Amounts included on Form 990, Part IX, line 25, but not on line <b>1:</b> Investment expenses not included on Form 990, Part VIII, line 7b <b>4a</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4c	

#### Part XIII Supplemental Information

Schedule D (Form 990) 2012

1

Complete this part to 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

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE		THE SOCIETY HAS BEEN GRANTED EXEMPTION FROM FEDERAL INCOME TAXES UNDER SECTION 501 (C)(6) OF THE INTERNAL REVENUE CODE, AND THEREFORE IS ALSO EXEMPT FROM STATE INCOME TAXES AS AN EXEMPT ORGANIZATION, ONLY UNRELATED BUSINESS ACTIVITIES ARE SUBJECT TO INCOME TAXES THE SOCIETY BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS IN FILING AS AN EXEMPT ORGANZIATION WITH NO UNRELATED BUSINESS INCOME

Schedule D (Form 990) 2012

Page 4

efil	e GRAPHIC p	rint - DO NOT PROCESS	As Filed Data -		DLN:	9349319	7007	233
Schedule J		Co	OMBNo 1545-0047					
Forr	n 990)	For certain Office	2012					
		► Complete if		swered "Yes" to Form 990,				
•	ent of the Treasury Revenue Service	<b>b</b> . Attach	Part IV, questi	ion 23. separate instructions.		Open to Inspo		
	ne of the organiz		to Form 990. F See :	separate instructions.	Employer ident if			
	THEAST TOURISM S							
			-		58-1557360			
Pa	ti Questi	ons Regarding Compensa	tion					
				<b>,</b> , , , , , , , , , , , , , , , , , ,			Yes	No
1a		opiate box(es) if the organizatior Section A , line 1a Complete Par						
		or charter travel	· _ ·	g allowance or residence for	-			
	<u></u>	companions		nts for business use of pers				
	Tax idemni	ification and gross-up payments		or social club dues or initia				
		ary spending account	Person:	al services (e g , maid, chai	uffeur, chef)			
b		xes in line 1a are checked, did th or provision of all of the expense				1b		
2		ation require substantiation prior			y all officers,			
	directors, trust	ees, and the CEO/Executive Dire	ector, regarding the i	tems checked in line 1a?		2		
3		, if any, of the following the filing o						
		CEO/Executive Director Check a ed organization to establish com						
		tion committee	_	employment contract				
		nt compensation consultant		nsation survey or study				
		of other organizations		al by the board or compensi	ation committee			
	1 10111330		i rippiot					
4	During the year or a related org	r, dıd any person lısted ın Form 9 anızatıon	90, Part VII, Section	n A , line 1a with respect to	the filing organiza	tion		
а	Receive a seve	rance payment or change-of-con	trol payment?			4a		No
b	Participate in, o	or receive payment from, a suppl	emental nonqualified	retirement plan?		4b		No
с		or receive payment from, an equi				4c		No
		of lines 4a-c, list the persons an			ın Part III			
_		and 501(c)(4) organizations only						
5		ted in Form 990, Part VII, Sectic contingent on the revenues of	on A, line 1a, did the	organization pay or accrue	any			
-	•	5				5a		
a h	The organizatio							<u> </u>
b	Any related org	anization? 2 5a or 5b, describe in Part III				5b		<u> </u>
6		ted in Form 990, Part VII, Sectio	on A, line 1a, did the	organization pay or accrue	anv			
-		contingent on the net earnings of			,			
а	The organizatio	on?				6a		
	Any related org					6b		<u> </u>
	-	e 6a or 6b, describe in Part III						<u> </u>
7	-	ted in Form 990, Part VII, Sectio	on A, line 1a, did the	organization provide any no	on-fixed			
, 8	payments not d	lescribed in lines 5 and 6? If "Ye ints reported in Form 990, Part V	s," describe in Part 1	III		7		
5		nitial contract exception describ						
	ın Part III		-			8		
9	If "Yes" to line section 53 495	8, dıd the organızatıon also follo <sup>.</sup> 58-6(c)?	w the rebuttable pres	sumption procedure describ	ed in Regulations	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		<b>(B)</b> Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred In prior Form 990
(1)BILL HARDMAN ( PRESIDENT & CEO (	(i) (ii)	139,000	1,000			22,007	162,007	

Schedule J (Form 990) 2012

Identifier	Return Reference	Explanation

Schedule J (Form 990) 2012

efile GRAPHIC pr	int - DO NOT PROCESS	As Filed Data -	DLN: 93493197007233					
SCHEDULE O (Form 990 or 990-EZ)	Supplementa	Il Information to	o Form 990 or 990-EZ	омв № 1545-0047 <b>2012</b>				
Department of the Treasury Internal Revenue Service		olete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.						
Name of the organizati SOUTHEAST TOURISM SOCI			<b>Employe</b> 58-155	r identification number				

ldentifier	Return Reference	Explanation							
ORGANIZATION'S PROCESS USED	FORM 990, PAGE 6,	THE OFFICERS OF THE BOARD ARE PROVIDED AN ELECTRONIC DRAFT							
TO REVIEW FORM 990	PART VI, LINE 11B	COPY OF THE RETURN FOR REVIEW BEFORE THE RETURN IS FILED							
COMPENSATION PROCESS FOR TOP	FORM 990, PAGE 6,	THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS PROVIDES							
OFFICIAL	PART VI, LINE 15A	OVERSIGHT REGARDING COMPENSATION							
GOVERNING DOCUMENTS	FORM 990, PAGE 6,	THE ORGANIZATION MAKES ALL DOCUMENTS AVAILABLE UPON							
DISCLOSURE EXPLANATION	PART VI, LINE 19	REQUEST							

Fam       45.662 (a)       Depresentation and particulation (including information on Lisked Property)       2012 (a)         Nume(a) above on return SOUTHEAST TOULISM SOCIETY INC       Junches a particulation (including information on Lisked Property)       Mainteent including information on Lisked Property (including information on Lisked Property)       Mainteent including information on Lisked Property (including information on Lisked Property)       Mainteent including information on Lisked Property (including information on Lisked Property (including information on Lisked Property)       Mainteent including information on Lisked Property (including information on Lisked Property (including information on Lisked Property)       Mainteent including information on Lisked Property (including information on Lisked Property (including information on Lisked Property)       Mainteent information information information on Lisked Property (including information on Lisked Property (including information on Lisked Property)       Mainteent information informatinformation information inf	efile GRAPHIC prin	t - DO NOT PR	OCESS A	s Filed D	ata -			DLN:	93493197007233				
Form       YOUL       20012         Checking Life Research served from Research s	1562		Depred	ciation	and Amor	tization			OMBNo 1545-0172				
Interference         Pisce apparte indiructions.         Pitts to your tar return.         Attest to your tar return.         Attest to your tar return.           Nume(s) shown on return SOUTHEAST TOURISM SOUCTRY INC         Business or activity to which this form relates INCIRECT DEPRECIATION         Identifying number INCIRECT DEPRECIATION         Identifying numb			-				2042						
P See separate instructions.         P Attack to your tax return.         Sequence to a 12           Name(s) shown on return         basiness or activuty to which the form relates         NUMERCT DEPRECIATION         Section 70           Name(s) shown on return         basiness or activuty to which the form relates         NUMERCT DEPRECIATION         Section 70           Note: If you have any listed property, complete Part V before you complete Part I.         Numeration 12         Section 179           Note: of you have any listed property, complete Part V before you complete Part I.         1         Stoud           1         Maximum anneut (see instructions)         1         2,000,0           2         Total cost of section 179 property blare during senter-0         4         2,000,0           3         Device intractions         1         2,000,0           4         feeduction in thiration of property blare during the robustions with a column of the senter to a senter -0         4           5         Deliar intractions of the senter to maline of the senter to a senter -0         9         -           7         Listed property: Enterthe amalier of hairs in column (c), listes is and 2 if married         6         -         9           10         Carryover disallowed deduction from line 13 of your 2011 From 4552         -         10         10           10 <t< th=""><th>Department of the Treasury</th><th></th><th>(<b>-</b></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	Department of the Treasury		( <b>-</b>										
Processparate instructions.         P Attach to your tax return.         Sequence to a standard to a biases of accurvity to which the form relates INDERCT DEPECTATION Sources and the form relates and the form rela	Internal Revenue Service (99)								Attachment				
Name(s) shown on return       INDIRECT DEPRECIATION       35-1557350         20111 ELECTION 10 Expanse Certain Property Under Section 179 Mote: Unyou have any listed property, complete Part V before you complete Part V.       1       50.00         1       Maxmen meant (see mistructions)       1       50.00         2       Total cost of section 179 property block enstructions)       2       3       2,000,0         3       Threshold cost of section 179 property block enstructions)       2       3       2,000,0         4       Reduction in limitation Subtract line 3 fram line 2 Hzaro or less, enter -0       4       3       2,000,0         5       Oblar limitation for two year 5 but cost in a fram line 2 Hzaro or less, enter -0       7       8       9         7       Listed property block of a factor 179 property Add emounts in a clum (c), lines 5 and 7       8       9       9         10       Carryweir of disallowed deduction from line 2.9       7       10       11       11         11       Section 179 property Add emounts in a clum (c), lines 5 and 7       10       11       11       12         12       Section 179 property Add emounts in a clum (c), lines 6 and 7       11       11       12       12         13       Section 171 Below for Belowed deduction from line 1.9 dry and 10, list do not enter more than line 1		•	See separate i	nst ruct ions	🕨 🕨 Attach	to your tax ret	urn.		Sequence No 179				
SouthEAST TOURLEM SOCIETY INC  Part3 Election To Expense Certain Property Under Section 179 Mote: If you have any local argopretry, complete Part V Perfore you complete Part I.  Maxmum amount (see instructions)  Compared to fastent 179 property laced in service (see instructions)  Compared to fastent 179 property laced in service (see instructions)  Compared to fastent 179 property laced in service (see instructions)  Compared to fastent 179 property laced in service (see instructions)  Compared to fastent 179 property laced in service (see instructions)  Compared to fastent 179 property laced in service (see instructions)  Compared to fastent 179 property laced in service (see instructions)  Compared to fastent 179 property laced in service (see instructions)  Compared to fastent 179 property laced in service (see instructions)  Compared to fastent 179 property laced in service (see instructions)  Compared to fastent 179 property laced in service (see instructions)  Compared to fastent 179 property laced in service (see instructions)  Compared to fastent 179 property laced in service (see instructions)  Compared to fastent 179 property laced and Other Depresion 100 for the multiple lated and set instructions  Compared to fastent 179 property laced and Other Depresion 100 for the service in the					,		relates		Identifying number				
Part 3       Election To Expense Certain Property, complete Part V. Before you complete Part I.         1       Meximum amount (see instructions)       1       500,0         2       Transchild cost of section 179 property before reduction in limitation (see instructions)       3       2,000,0         3       Timeshild cost of section 179 property before reduction in limitation (see instructions)       3       2,000,0         4       Reduction initration Subtract line 4 from line 1 flarer or less, enter -0.       4       5         5       Oblica limitation for tax var. Subtract line 4 from line 1 flarer or less, enter -0.       5       5         6       (a) Description of property       (b) Cost (butuness use only)       5       5         6       (a) Description of property       (b) Cost (butuness use only)       5       10         7       Listed property inter the smaller of lines 5 on tine 5       10       10       11         18       Usingers indone inter the smaller of lines 9 and 10, iste on or line 5 (see instructions)       11       12       12         2       Carrywore of disallowed deduction form line 3 and 10, iste on property. Dised in service during line 1 and 1 a				INDIREC	T DEPRECIAT	ION							
Election To Expense Certain Property Under Section 179         Meter If you have any listed property, complete Part V before you complete Part I.         1 Maxmum amount (see instructions)         2 Total cost of section 179 property placed in serves (see instructions)         3 Threshold cost of section 179 property before reduction in limitation (see instructions)         4 Reduction in limitation for tay serves batter till at 40 mine 1 Tize on cleas, enter -0-         5 Deliar limitation for tay serves batter till at 40 mine 1 Tize on cleas, enter -0-         6       (a) Description of property         6       (b) Cost (business use on the 1 Tize on cleas, enter -0-         7 Listed property Enter the amount from line 29       7         8 Total elected cost of section 179 property Add amounts in column (2), lines 6 and 7       8         9 Totatave deduction from line 29       7         10 Cerryavar of dasilowed deduction from line 29       7         11 Business income limitation Enter the smaller of business income (not less thin 2ero) or line 5 (see 11         12 Section 179 property (bitter than 10, but do not enter more than line 11       12         13 Cerryavar of asailowed deduction from line 13 liked arrower 11       12         14 Section 270 soppase deduction Add lines 9 and 10, but do not enter more than line 11       12         13 Cerryavar of asailowed deduction from line 13 liked property. Instead, use Fart V.       11	SOUTHEAST TOURISM	SOCIETT INC											
Note:         Type         Tayle         Type         Type <thtype< th="">         Type         Type         <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>58-1557360</td></t<></thtype<>									58-1557360				
1       Maxmum amount (see instructions)       1       1000000000000000000000000000000000000													
2       Total cost of section 179 property placed in service (see instructions)       2       2         3       Threshold cost of section 179 property before reduction in imitation (see instructions)       3       2,000,0         4       Beduction in imitation (see instructions)       4       4         5       Delar limitation for tax year Subtract line 4 from line 1 fizzor oriess, enter -0       4       4         6       (a) Description of property       (b) Cost (business use only)       6       4         6       (a) Description of property Add amounts in column (c), lines 6 and 7       8       9         9       Tentative deduction Term line 13 of your 2011 Form 4552       10       10         10       Carryover of disallowed deduction form line 3 of your 2011 Form 4552       10       11         12       Section 179 express deduction for line 3 of your 2011 Form 4552       11       12         13       Business income limitation Enter the smaller of business in colum (c), lines 6 and 7       11       12         13       Section 179 express deduction for Miles 1 of your 2011 Form 4552       13       12         14       Section 2013 Addiness 3 and 10, but do not enter more than line 11       12       12         14       Section 20 addinese 3 addiness 3 addiness													
3       Thershold cost of section 1/9 property before reduction in limitation (see instructions)       3       2,000,0         4       Reduction in limitation Subtract line 4 from line 2 / Izaro riess, enter -0.       4         5       Dolar initiation for xay sets obtract line 4 from line 1 / Izaro riess, enter -0.       5         6       (a) Description of property       (b) Cost (business use anty)       (c) Elected cost         6       (b) Cost (business use anty)       (c) Elected cost       5         7       Listed property. Enter the amount from line 29       .       7       8         7       Listed cost of section 1/9 property. Add amounts in conne (not less than 2eno) or line 5 (section 1/9 property. Add amounts in conne (not less than 2eno) or line 5 (section 1/9 property. Add amounts in conne (not less than 2eno) or line 5 (section 1/9 property. Add amounts in conne (not less than 2eno) or line 5 (section 1/9 property. Instead, use Part V.       10         12       Section 1/9 properties and 10, lust on center more than line 11       .       12         13       Carrover of disallowed deduction to 2013 Add lines 9 and 10, lust on center more than line 11       .       13         13       Section 1/9 or Part Lill below for listed property. Jose in service during the tax year into one or more general line 1/9 property listed in service during the tax year into one or more general lines.       .         14       Special depreciation Ald/lines 9 hard 10, lust one or more g									500,000				
4       Adduction in limitation Subtract line 3 from line 2 if zero or less, enter -0- if mamed filing separately, see instructions       4         5       Dellar limitation for tax year Subtract line 4 from line 1 fizero or less, enter -0- if mamed 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       2       7         8       Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7       8         9       Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7       8         9       Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7       10         10       Carryover of disallowed deduction from line 13 of your 2011 Form 4562       10         11       Business income limitation. Enter the smaller of business in come (not less than zero) or line 5 (see instructions)       11         12       Section 179 expense deduction Addimes 9 and 10, but do not enter more than line 11       12         13       Sectial Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)       14         14       Social Adjustraction (Do not include listed property) (See instructions)       15         15       Property subjact to section 168 (f)(1) election       15<													
5       Dolkr Immitation for tax year Subtract line 4 from line 1 If zero or less, enter-0- 1f married filling separately, see instructions       5         6       (a) Description of property       (b) Cast (business use only)       (c) Elected cost of section 179 property Add amounts in column (C), lines 5 and 7       8         7       Listed property Enter the smaller of line 29       7       7       8         9       Total elected cost of section 179 property Add amounts in column (C), lines 5 and 7       8       9         10       Carryover of disallowed deduction from line 13 of your 2011 Form 4562       9       10         10       Carryover of disallowed deduction to 2013 Add lines 9 and 10, loss line 12       11       12         12       Section 179 expense deduction Add lines 9 and 10, loss line 12       13       10         Note: Do not use Part II to Polity for Bitzd property. Instead, use Part V.       14       3,5         13       Section 168 (f(1) election       15       16         14       Special deprecision allowance and Other Deprecision (Do not include listed property) lisce instructions.)       14       3,5         14       Special deprecision allowance in tax years beginning before 2012       17       17         15       Other deprecision allowance in Service during before 2012       17       17         16       Other deprecision			•						2,000,000				
Miling 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       7         8       Total elected cost of section 179 property Add amounts in column (c), lines 5 and 7       8         9       Total elected cost of section 179 property Add amounts in column (c), lines 5 and 7       8         9       Total elected cost of section 179 property Add amounts in column (c), lines 5 and 7       8         10       Carryover of disallowed deduction And I and B or line 8       10         11       Business income limitation Enter the smaller of business income (incl less than 2ero) or line 5 (see instructions)       11         12       Section 179 expense deduction to 2013 Add lines 9 and 10, liess line 12       13         13       Carryover of disallowed deduction to 2013 Add lines 9 and 10, liess line 12       13         13       Carryover of disallowed deduction to 2013 Add lines 9 and 10, liess line 12       13         14       Special depresention inflowing CRS5)       14       3,5         15       Port 11       Special depresention inflowing CRS5)       14       3,5         16       Other depresention (including CRS5)       14       3,5       15         16       Other								4					
6       (a) Description of property       (b) Cost (Dusiness use only)       (c) Elected cost         6       (a) Description of property       (c) Elected cost       (c) Elected cost         7 Listed property. Enter the amount from line 29       (c) Elected cost       7         8       Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7       0         9       Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7       0         10       Carryover of deailowed deduction from line 3 of your 2011 Form 4562       10         11       Bismess income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)       11         112       Section 179 expense deduction to 2013 Add lines 9 and 10, but do not enter more than line 11       12         12       Section ADTIII Ibelow for listed property. Instead, use Part U.       13         Note: Do not use Part II or Not listed property. Instead, use Part V.       14       3,5         15       Property subject to section 18(f)(1) election       15       15         16       Other depreciation (not one chickle listed property.) (See instructions.)       15         17       MACRS deductions for assets placed in service mutary vars beginning before 2012       17       17         18       If you are electing to groupuny assets placed in servi		-			-			_					
6       only       (c) Proceed to set         7       Listed property Enter the amount from line 29       7       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 6       7       8         10       Carryover of duallowed deduction from line 3 of your 2011 Form 4562       9       10         11       Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)       11         12       Section 179 expense deduction Add lines 9 and 10, but do not entermore than line 11       12         13       Section 179 expense deduction for bisted property. Instead, use Part V.       Pertiti Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)         14       3,5       14       3,5         15       Property subject to section 186 (R(1) election       16         16       Detribution (c) rule and sests beginning before 2012       17         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	filing separately, se	e instructions					• • • •	5					
6       only       (c) Proceed to set         7       Listed property Enter the amount from line 29       7       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 6       7       8         10       Carryover of duallowed deduction from line 3 of your 2011 Form 4562       9       10         11       Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)       11         12       Section 179 expense deduction Add lines 9 and 10, but do not entermore than line 11       12         13       Section 179 expense deduction for bisted property. Instead, use Part V.       Pertiti Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)         14       3,5       14       3,5         15       Property subject to section 186 (R(1) election       16         16       Detribution (c) rule and sests beginning before 2012       17         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					(b) Cost (b)								
7 Listed property Enter the amount from line 29       7         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 lines 5 or line 8       9         10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562       10         11 Business income limitation Enter the smaller of business more (not less than zero) or line 5 (see instructions)       11         12 Section 179 expense deduction Add lines 9 and 10, lot do not entermore than line 11       12         13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, lots line 12       13         14 Section 179 property line for listed property. Instead, use Part V.       14         15 Property subject to section 168(P(1) election       14         16 Other depreciation (including AGRS)       16         17 MACRS deductions for assets placed in service among before 2012       17         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       17         19 Typerty       337 7 0       14       20 DB         19 Typerty       337 7 0       14       20 DB       25 yrs         19 Typerty       337 7 0       14       200 DB       25 yrs       16         19 S	6 (a)	Description of pi	roperty				(c) Elected	cost					
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 6       9         10       Carryover of disallowed deduction from line 13 of your 2011 Form 452 c       10         11       Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)       10         12       Section 179 expense deduction and lines 9 and 10, but do not enter more than line 1       12         13       Carryover of disallowed deduction to 2013 Add lines 9 and 10, but do not enter more than line 1       12         13       Carryover of disallowed deduction and lines 9 and 10, but do not enter more than line 1       12         14       Special Depreciation Allowance and Other Depreciation (Do not include listed property) blaced in service during the tax year (see instructions)       14         15       Property subject to section 168 (f)(1) election       15         16       Other depreciation (Do not include listed property.) (See instructions.)       15         17       MACRS deductions for assets placed in service max years beginning before 2012       17         17       MACRS deduction of peroper laced in service than years beginning before 2012       17         18       If you are electing to group any assets placed in service during the x year into one or more general asset accounts, check here       17<	6								1				
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 then 3 of your 2011 Form 456 2       10         11       Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)       10         12       Section 179 expense deduction from then 13 of your 2011 Form 456 2       10         13       Carryover of disallowed deduction to not include listed property. Instead, use Part II       12         13       Carryover of disallowed deduction to 2013 Add lines 9 and 10, but do not enter more than line 1       12         14       Section 158 (F)(1) election       14       3,5         15       Property subject to section 168 (f)(1) election       14       3,5         16       Other depreciation (Including ACRS)       15       16         17       MACRS deductions for assets placed in service during the tax year into one or more general asset accounts, check here       17       17         17       MACRS deductions for assets placed in service during the tax year into one or more general asset accounts, check here       17       17         18       If you are electing to group any assets place on service during the tax year into one or more general asset accounts, check here													
9       Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · · · · · · · · · · ·	7 Listed property Ente	r the amount from	line 29 .			. 7			l				
10       Carryover of disallowed deduction from line 13 of your 2011 Form 4562       10         11       Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)       11         12       Section 179 expense deduction 2013 Add lines 9 and 10, but do not enter more than line 11       12         13       Carryover of disallowed deduction 2013 Add lines 9 and 10, less line 12       ▶         13       Section 179 expense deduction 2013 Add lines 9 and 10, less line 12       ▶         14       Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)         14       Special depreciation allowance for qualified property. (Include listed property.) (See instructions.)         15       0 ther depreciation (Co not include listed property.) (See instructions.)         16       Part 111       MACRS deductions for assets placed in service during the tax year into one or more general asset accounts, check here       17         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       17         19       If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here       17         19       If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here       17         1	8 Total elected cost of	of section 179 pro	operty Add am	nounts in co	olumn (c), lines	6 and 7 ••		8					
11       Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)       11         12       Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11       12         13       Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12       13         13       Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12       13         14       Jack       14         15       Decide depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)         14       Jack         15       Property subject to section 168(f(1) election       14         16       Other depreciation (Including ACR5)       15         17       If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here       17         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       (c) Pasis for depreciation (Inclumes for water into one or more general service (Inclume between the use of the use instructions)         19a 3-year property       (a) Classification of property       (b) Month and year placed in service buring 2012 Tax Year Using the General Depreciation System         19a 3-year property       (b) Month and year place in (b) Monthand year place in (c) Herbine (a properety)       (c) Pa	9 Tentative deduction	n Enter the small	er of line 5 or l	ıne 8 🔸 🔸				9					
Instructions)       11       12         12 Section 179 expense deduction Add lines 9 and 10, less line 12       13       12         Stacarycer of disallowed deduction to 2013 Add lines 9 and 10, less line 12       13       13         Note: Do not use Part II or Part III below for listed property. Instead, use Part V.       Part 31       Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions)         14       3,5         15       Property subject to section 168(f)(1) election       14       3,5         16       Other depreciation (Include 1sted property). (See instructions.)       16         Section A         17         MACRS Depreciation (Co not include Isted property.) (See instructions.)         Section A         17         MACRS deductions for assets placed in service during the tax year into one or more general asset accounts, check here .         Addition of property. (See instructions)         Section B-Assets Placed in Service During 2012 Tax Year Using the General Depreciation (deduction degreciation (louisness/investment uservice	10 Carryover of disallo	wed deduction fro	om line 13 of y	our 2011 F	orm 4562 •			10					
12       Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11       12       12         13       Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12       13       13         Note: Do not use Part II       Special Depreciation Allowance and Other Depreciation (Do not include listed property ) faced in service during the tax year (see instructions)       14       3,5         13       Special depreciation (Rulding ACRS)       14       3,5         15       Property subject to section 168(f)(1) election       15       16         16       Other depreciation (ncluding ACRS)       16       17         17       MACRS deductions for assets placed in service units years beginning before 2012       17         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       17         19       Other depreciation (f) Month and year placed in Service During 2012 Tax Year Using the General Depreciation System (c) Convention (f) Method       (g)Depreciation (g)Depreciation (g)Depreciation System         19       3-year property       3,194       5       HY       200 DB       66         19-year property       3,194       1       1       1       10       10         19       Property       3,294       1       1       10	11 Business income lii	mitation Enter th	e smaller of bu	siness inco	me (not less th	nan zero) or line	e 5 (see						
13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12       13         Note: Do not use Part II or Part III below for listed property. Instead, use Part V.       13         14       Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (see instructions)         15       Property is see instructions)         16       Image: Control (Image: Contro	instructions) •							11					
Note: Do not use Part III or Part III below for listed property. Instead, use Part V.         Part III       Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions         14       3,5         15       Property subject to section 168(f)(1) election       14         0       Other depreciation (Including ACRS)       15         16       Other depreciation (Including ACRS)       16         17       MACRS Depreciation (Do not include listed property.) (See instructions.)       16         18       Other depreciation (Including ACRS)       17         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       17         19       If you are electing to group any assets placed in Service During 2012 Tax Year Using the General Depreciation System (e) Convention (f) Method (g)Depreciation generation (service beinstructions)       17         19       3-year property       3,194       0       14         19       3-year property       3,37       7.0       HY       200 DB       65         19       3-year property       25 yrs       S/L       16       16       17         19       3-year property       25 yrs       S/L       16       16       16       16       16	12 Section 179 expen	se deduction Add	d lines 9 and 1	0, but do no	ot enter more th	an line 11		12					
Part II       Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)         13       Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)       14       3,5         15       Property subject to section 168(f)(1) election       15       15         16       Other depreciation (including ACRS)       16       17         17       MACRS Depreciation (Do not include listed property.) (See instructions.)       17         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       17         19       If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here       17         (a) Classification of property       (b) Month and year placed in (business/investment use only-see instructions)       (d) Recovery period       (e) Convention       (f) Method       (g)Depreciation deduction         19a 3-year property       3,194       5.0       HY       200 DB       66         10-year property       3,37       7.0       HY       200 DB       66         10-year property       2.5 yrs       MM       5/L       16         12-year property       2.7 S yrs       MM       5/L<	13 Carryover of disallow	ed deduction to 2	013 Add lines	9 and 10, I	ess line 12	. 13							
Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)         14       Special depreciation Allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)         14       3,55         15       14       3,55         15       14       3,55         15       14       3,55         20       14       3,55         15       14       3,55         Other depreciation (Including ACRS)       16         Part 11       MACRS Depreciation (Do not include listed property) (See instructions)         17         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       17         Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System         (a) Classification of property       (b) Month and year placed in service instructions)         19a 3-year property       3337       7       HY       20       <	Note: Do not use Part	t II or Part III l	below for liste	ed proper	tv. Instead, u	se Part V.							
the tax year (see instructions)       14       3,5         15       Property subject to section 168(f)(1) election       16         16       Other depreciation (including ACRS)       16         Section A         17         MACRS Depreciation (Do not include listed property.) (See instructions.)         Section A         17         MACRS deductions for assets placed in service during the tax year into one or more general asset accounts, check here         asset set placed in service during the tax year using the General Depreciation System         Generation of (b) Month and year placed in service during the tax year into one or more general asset accounts, check here         asset set placed in Service During 2012 Tax Year Using the General Depreciation System         (c) Basis for depreciation to use or more general asset accounts, check here         asset set placed in service during the tax year using the General Depreciation System         (d) Classific during the service use on instructions)         (d) Sasis for depreciation fuelowing schwestment use         only—see instructions)         19         19         19         19         10							nclude listed	proper	ty ) (See instructions )				
15       Property subject to section 168(f)(1) election       15         16       Other depreciation (including ACRS)       16         Section A         17         MACRS Depreciation (Do not include listed property.) (See instructions.)         Section A         17         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 .         Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System         (c) Basis for digere placed in Service During 2012 Tax Year Using the General Depreciation System         (a) Classification of property         (b) Month and year placed in geny eleventum genization diversement use only—see instructions)         (d) Basis for diversement use only—see instructions)         193 3-year property         5	14 Special depreciatio	n allowance for qu	ualified propert	y (other tha	an listed proper	ty) placed in s	ervice during						
16       Other depreciation (including ACRs)       16         Part III       MACRS Depreciation (Do not include listed property.) (See instructions.) Section A       17         17       MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · · · · · · · · · · · · · ·	the tax year (see in	structions)						14	3,533				
Part 111       MACRS Depreciation (Do not include listed property.) (See instructions.) Section A       17         17       MACRS deductions for assets placed in service of in tax years beginning before 2012 · · · · · · · · · · · · · · · · · · ·	15 Property subject to	section 168(f)(1	) election					15					
Section A         17       MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · · · · · · · · · · · · · ·	16 Other depreciation	(including ACRS)	)					16					
17       MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · · · · · · · · · · · · · ·	Part IIII MACRS D	epreciation (I	<b>Do not</b> inclue	de listed p	roperty. <b>)</b> (Se	e instruction	s.)						
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       Image: tasset of the tax year into one or more general asset accounts, check here         Section B-Assets Placed in Service During 2012 Tax Year Using the General Depreciation System         (a) Classification of property       (b) Month and year placed in depreciation (business/investment use only—see instructions)       (d) Recovery period       (e) Convention       (f) Method deduction deduction         19a 3-year property       3,194       5.0       HY       200 DB       6:         c 7-year property       337       7.0       HY       200 DB       6:         c 10-year property       337       7.0       HY       200 DB       6:         c 10-year property       25 yrs       S/L       M       6:       6:         g 25-year property       25 yrs       S/L       M       6:       6:         g 25-year property       27.5 yrs       MM       S/L       5:       6:         g 25-year property       27.5 yrs       MM       S/L       5:       6:         i Nonresidential real property       27.5 yrs       MM       S/L       6:         b 12-year       12.9 yrs       S/L       5:       5:       5:       6: <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>													
Image: Section B-Assets Placed in Service During 2012 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       (d) Recovery period       (e) Convention       (f) Method       (g)Depreciation deduction         19a 3-year property       0nly-see instructions)       (d) Recovery period       (e) Convention       (f) Method       (g)Depreciation deduction         19a 3-year property       3,194       5.0       HY       200.0B       63         c 7-year property       337       7.0       HY       200.0B       63         c 10-year property       337       7.0       HY       200.0B       63         c 10-year property       2.5 yrs       S/L       M       64         e 15-year property       2.5 yrs       S/L       M       64         f 20-year property       2.5 yrs       MM       S/L       54       65         i Norresidential real property       2.7 5 yrs       MM       S/L       54       65         i Norresidential real property       2.1 210,000       3.9 yrs       MM       S/L       2.46         property       2.1 210,000       3.9 yrs       MM       S/L       2.46								17					
Section B-Assets Placed in Service During 2012 Tax Year Using the General Depreciation System         (a) Classification of property       (b) Month and year placed in service       (c) Basis for use       (d) Recovery period       (e) Convention       (f) Method       (g) Depreciation deduction         19a 3-year property       019-see instructions)       019-see instructions)       (d) Recovery period       (e) Convention       (f) Method       (g) Depreciation deduction         19a 3-year property       31,194       5.0       HY       200 DB       66         c7-year property       337       7.0       HY       200 DB       66         e15-year property       337       7.0       HY       200 DB       66         f 20-year property       25 yrs       MM       5/L       6         g 25-year property       27.5 yrs       MM       S/L       6         h Residential rental property       27.5 yrs       MM       S/L       2         i Nonresidential real property       39 yrs       MM       S/L       2       2         g 21-vear       C-Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System       2       2         g 20 Class life       12 yrs       S/L       5       1       1       2			-				·						
(a) Classification of property       (b) Month and service       (c) Basis for depreciation (business, function (business, function) (business, function) (business, function) (business, function)       (d) Recovery period       (e) Convention       (f) Method       (g) Depreciation deduction         19a 3-year property								<u> </u>					
(a) Classification of property       (b) Month and vear placed in service       (depreciation use only service)       (d) Recovery period       (e) Convention       (f) Method       (g)Depreciation deduction         19a 3-year property	Section B—As	sets Placed in			<u>.2 Tax Year</u>	Using the G	ieneral De	precia	ation System				
(a) Classification of propertyyear placed in service(business/investment use only—see instructions)(c) Convention period(f) Method(g) Depreciation deduction19a 3-year property3,1945.0HY200 DB635-year property3377.0HY200 DB63c7-year property33377.0HY200 DB63d10-year property2.5 yrsS/L100100g 25-year property2.5 yrsS/L100100g 25-year property2.5 yrsMMS/L100g 25-year property2.7 5 yrsMMS/L2.46property2.012-072.10,00039 yrsMMS/L2.46section C-Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System202.402.4620a Class life12 yrsS/L40 yrsMMS/L2.46b12-year12 yrsS/L40 yrsMM3.12.462122 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 instructions.226,6		(b) Month and			<i>.</i>								
Service     use only—see instructions)     Image: service only—see instructions)     Image: service only—see instructions)       19a 3-year property     3,194     5.0     HY     200 DB     63       c 7-year property     337     7.0     HY     200 DB     63       c 7-year property     337     7.0     HY     200 DB     63       d 10-year property     337     7.0     HY     200 DB     63       e 15-year property     337     7.0     HY     200 DB     63       e 15-year property     25.yrs     S/L     64     64       g 25-year property     25.yrs     S/L     64       g 25-year property     27.5 yrs     MM     S/L     64       h Residential rental property     2012-07     210,000     39 yrs     MM     S/L     2,46       property     2012-07     210,000     39 yrs     MM     S/L     2,46       b 12-year     5/L     5/L     5/L     5/L     5/L     2,46       b 12-year     12 yrs     S/L     5/L     5/L <td></td> <td></td> <td>1</td> <td></td> <td>•••</td> <td>(e) Conventio</td> <td>on <b>(f)</b> Meth</td> <td>nod</td> <td></td>			1		•••	(e) Conventio	on <b>(f)</b> Meth	nod					
19a 3-year property       3,194       5 0       HY       200 DB       63         c 7-year property       337       7 0       HY       200 DB       63         c 7-year property       337       7 0       HY       200 DB       63         d 10-year property       337       7 0       HY       200 DB       63         e 15-year property       337       7 0       HY       200 DB       63         e 15-year property       25 yrs       S/L       63       64         g 25-year property       25 yrs       S/L       63       64         g 25-year property       25 yrs       S/L       63       63         h Residential rental property       27 5 yrs       MM       S/L       63         property       2012-07       210,000       39 yrs       MM       S/L       24,46         property       39 yrs       MM       S/L       24,46       2	property	service			period				deddetion				
b5-year property       3,194       5 0       HY       200 DB       63         c7-year property       337       7 0       HY       200 DB       4         d10-year property       337       7 0       HY       200 DB       4         e15-year property       1       1       1       1       1       1         f 20-year property       25 yrs       5/L       1	<b>19a</b> 3-year property	+	siny—see ills			+							
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d 10-year property		1							48				
f 20-year property       25 yrs       S/L         g 25-year property       25 yrs       S/L         h Residential rental property       27 5 yrs       MM         g 25-year property       27 5 yrs       MM         i Nonresidential real property       2012-07       210,000       39 yrs         g 25-year property       2012-07       210,000       39 yrs       MM       S/L       2,46         g 25-year property       39 yrs       MM       S/L       2,46       2,46         g 20a Class life       Section C-Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System       5/L       20a         20a Class life       S/L       S/L       5/L       5/L         b 12-year       12 yrs       S/L       5/L       2         c 40-year       40 yrs       MM       S/L       5/L       2         Part IV       Summary (see instructions)       21       21       21         22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter       22       6,6													
g 25-year property       25 yrs       S/L         h Residential rental property       27 5 yrs       MM       S/L         i Nonresidential real property       2012-07       210,000       39 yrs       MM       S/L       2,46         i Nonresidential real property       2012-07       210,000       39 yrs       MM       S/L       2,46         g 2012-07       200,000       12 yrs       S/L       2,1	<b>e</b> 15-year property												
h Residential rental property       27 5 yrs       MM       S/L         i Nonresidential real property       2012-07       210,000       39 yrs       MM       S/L       2,46         i Nonresidential real property       2012-07       210,000       39 yrs       MM       S/L       2,46         groperty       39 yrs       MM       S/L       2,46         Section C-Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System       20       20         20a Class life       5/L       5/L       5/L       5/L         b 12-year       12 yrs       S/L       5/L       5/L         c 40-year       40 yrs       MM       S/L       5/L       5/L         Part IV       Summary (see instructions)       21       21       21         22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter       22       6,6         here and on the appropriate lines of your return Partnerships and S corporations—see instructions · ·       22       6,6 </td <td>f 20-year property</td> <td>_</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	f 20-year property	_											
propertyImage: construction of the systemMMS/LImage: construction of the systemi Nonresidential real property2012-07210,00039 yrsMMS/L2,46i Nonresidential real property2012-07210,00039 yrsMMS/L2,46Section C-Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System20a Class lifeb 12-yearS/LS/Lb 12-year12 yrsS/Lc 40-year40 yrsMMS/LPart IVSummary (see instructions)21 Listed property Enter amount from line 280 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions · · · · · · · · · · · · · · · · · · ·	<b>g</b> 25-year property												
i Nonresidential real property       2012-07       210,000       39 yrs       MM       S/L       2,46         Section C-Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System         20a Class life       S/L       S/L         b 12-year       12 yrs       S/L         c 40-year       40 yrs       MM       S/L         Part IV       Summary (see instructions)       21         21 Listed property Enter amount from line 28													
property       39 yrs       MM       S/L         Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System         20a Class life         b 12-year       12 yrs       S/L         c 40-year       40 yrs       MM       S/L         Part IV         Summary (see instructions)         21 Listed property Enter amount from line 28		2012.07		210.000	•								
Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System         20a Class life       S/L         b 12-year       12 yrs       S/L         c 40-year       40 yrs       MM       S/L         Part IV       Summary (see instructions)       21         21 Listed property Enter amount from line 28       • • • • • • • • • • • • • • • • • • •		2012-07		210,000	•				2,468				
20a Class life       S/L         b 12-year       12 yrs       S/L         c 40-year       40 yrs       MM       S/L         Part IV       Summary (see instructions)       21         21 Listed property Enter amount from line 28       • • • • • • • • • • • • • • • • • • •		ion C—Assate Pla	l ced in Service !	During 2013	1		·	n Svet	Lem				
b 12-year       12 yrs       S/L         c 40-year       40 yrs       MM       S/L         Part IV       Summary (see instructions)       21 Listed property Enter amount from line 28       28       28       20 in column (g), and line 21 Enter         22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter       21 here and on the appropriate lines of your return Partnerships and S corporations - see instructions       22 for an and a set of the appropriate lines of your return Partnerships and S corporations - see instructions       22 for an and a set of the appropriate lines of your return Partnerships and S corporations - see instructions       22 for an and a set of the appropriate lines of your return Partnerships and S corporations - see instructions       22 for an and a set of the appropriate lines of your return Partnerships and S corporations - see instructions       22 for an and a set of the appropriate lines of your return Partnerships and S corporations - see instructions       22 for an and a set of the appropriate lines of your return Partnerships and S corporations - see instructions       22 for an and a set of the appropriate lines of your return Partnerships and S corporations - see instructions       21 here and a set of the appropriate lines of your return Partnerships and S corporations - see instructions       22 for an and a set of the appropriate lines of your return Partnerships and S corporations - see instructions - set of the appropriate lines of your return Partnerships and S corporations - set of the appropriate lines of your return Partnerships and S corporations - set of the appropriate lines of your return Partnerships and set of the appropriat								JII JYSI					
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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       21         here and on the appropriate lines of your return Partnerships and S corporations—see instructions       22	,	ry (see instruc	tions)			•							
here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 22 6,6								21					
here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 22 6,6	22 Total. Add amounts fi	om line 12, lines	14 through 17	, lines 19 a	and 20 in colum	nn (g), and line	21 Enter						
23 For assets shown above and placed in service during the current year, enter the								22	6,687				
					year, enter the								
portion of the basis attributable to section 263A costs			tion 263A cost	ts		.   23							

For Paperwork Reduction Act Notice, see separate instructions. Cat No 12906N

Form 4562 (	2012)																Ρ	age
Part V			<b>ty</b> (Include				other v	ehicl	es, cei	rtain e	compu	Iter	s, an	d pro	perty	/ use	d fo	r
			recreation,				ha ata	ndard	d milar		to or	dad	luction					
			vehicle for 24a, 24b, c															le.
Section A-																		
			the business/in								es," ıs tl				_	_	_	
			(c)				(e)										(i)	
(a) Type of prop	ertv (list	(b) Date placed in	Business/ investment		<b>1)</b> r other		r deprecia		(f) Recovery		<b>g)</b> :hod/			h) :iation/		Eŀ	ected	
vehicles		service	use	ba	SIS	1 ·	ss/investr e only)	nent	period	Conv	ention			iction			ion 17 cost	79
			percentage							4h	1				$\rightarrow$			
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28 Add amo	unts in co	I Slumn (h) lur	ies 25 throug	1h 27 En	ter here ;	I and on lu	ne 21	nade '		<u>28</u>								
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year ( <b>do</b>	not inclu	de commutir	ig miles)	•														
<b>31</b> Total cor	nmuting i	miles driven	during the ye	ear .														
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<b>33</b> Total mil	es driven	during the y	ear Add line	s 30														
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<b>36</b> Is anothe	er vehicle	avaılable fo	r personal us	se? .														
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Part VI	Amo	<u>rtization</u>																
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			begins						e cion	p€	ercenta	ge				, cui		
42 A mortiza	tion of co	sts that beg	ins during ya	ur 2012	tax year	(see ins	tructio	ns)										
		-	an before yo		-	• •	• • •	·		• •		13						
44 Total. A d	ld amount	ts ın column	(f) See the I	nstructio	ns for wh	ere to re	port	•			-   4	4						