#### **COMMITTEE ON NATURAL RESOURCES**

#### **Disclosure Form**

# As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Oversight Hearing on

"Harnessing American Resources to Create Jobs and Address Rising Gasoline Prices: Family Vacations and U.S. Tourism Industry" March 27, 2012

#### For Individuals:

- 1. Name:
- 2. Address:
- 3. Email Address:
- 4. Phone Number:

\* \* \* \* \*

## For Witnesses Representing Organizations:

- 1. Name: Victor S. Parra
- 2. Name of Organization(s) You are Representing at the Hearing: *United Motorcoach Association* (UMA) and National Tour Association (NTA)
- 3. Business Address:

United Motorcoach Association 113 South West St. #400 Alexandria, VA 22314

National Tour Association 101 Prosperous Place # 350 Lexington, KY 40509

4. Business Email Address:

[Information redacted for privacy]

5. Business Phone Number:

703.838.2929

#### Name/Organization: Victor S. Parra United Motorcoach Association

<u>Title/Date of Hearing: Harnessing American Resources to Create Jobs and Address Rising Gasoline Prices:</u>
Family Vacations and U.S. Tourism Industry – March 27, 2012

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.

No

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.

No

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.

Serve as President and Chief Executive Officer of an industry trade association that has a vital interest in travel and tourism.

- d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) 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.

Current Year: None

Previous Four Years:

<u>United Motorcoach Ass'n v. James Simpson</u>, (1:08-cv-01648; filed September 26, 2008). Subject Matter: Action for judicial review of a June 27<sup>th</sup>, 2008 decision of the Administrator of the Federal Transit Administration (hereafter FTA) violative of Charter Service Regulations §604.50. Federal statutes: 28 U.S.C. §1331, 28 U.S.C. §1337(a), 49 U.S.C. §5301, and 5 U.S.C. §\$701-706.

<u>United Motorcoach Ass'n v. Hon. Peter Rogoff</u>, (1:10-cv-00101; filed May 4, 2010). Subject Matter: Constitutional challenge to Sec. 172 of the Transportation, Housing and Urban Development and Related Agencies Appropriations Act, 2010 (Pub.L No. 111-117, Sec. 172, 123 Stat. 3066 (Dec. 16, 2009) under First and Fifth Amendments. Federal statutes: 28 U.S.C. §1361, 1331, 1346 and 2201.

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

None

Name/Organization: *National Tour Association (NTA)* 

Title/Date of Hearing: Harnessing American Resources to Create Jobs and Address Rising Gasoline Prices:

Family Vacations and U.S. Tourism Industry – March 27, 2012

## <u>In addition, for witnesses representing organizations:</u>

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying. *None* 

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and/or other agencies invited</u>) 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).

### National Tour Association (NTA)

Grant purpose: Establish a Visit USA Center in Shanghai, China.

*Grant amount:* \$281,225.00

Awarded by ITA (International Trade Administration), Dept. of Commerce.

Awarded date: The grant was awarded in September 2009 with effective dates of January 1, 2010 through December 31, 2012

i. 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).

#### None

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

#### None

k. 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)).

#### Attached

## Form **990**

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 2010

**Open to Public** 

Inter	nal Revenue	Service	► The organization may have to use a copy of this return to satisfy state reporting	ng requirements.	Inspection
Α	For the 2	010 calend	dar year, or tax year beginning Jul 1 , 2010, and ending	Jun 30	, 2011
	Check if app		C Name of organization UNITED MOTORCOACH ASSOCIATION	D Employer	Identification Number
		s change	Doing Business As	23-73	L24152
	Name o	change	Number and street (or P.O. box if mail is not delivered to street addr)  Room/su	ite <b>E</b> Telephone	number
	Initial r	eturn	113 S WEST STREET 4TH FLOOR	(703	838-2929
	Termin	ated	City, town or country State ZIP code + 4		
	Amend	ed return	ALEXANDRIA VA 22314	<b>G</b> Gross reco	eipts \$5,618,766.
	Applica	ition pending		I(a) Is this a group return f	
	Ш		VICTOR S. PARRA 113 S WEST ST 4TH FL ALEXANDRIA VA 22314	(b) Are all affiliates includ	ed? Yes No
ī	Tax-exem		501(c)(3) <b>X</b> 501(c) ( <b>6</b> ) <b>◄</b> (insert no.) 4947(a)(1) or 527	If 'No,' attach a list. (s	ee instructions) —
J	Websit	•		<b>I(c)</b> Group exemption num	ber ►
K	Form of o		X Corporation Trust Association Other ► L Year of Formatio		te of legal domicile: <b>VA</b>
		Summar			
			be the organization's mission or most significant activities: TRADE ASS	OCIATION REP	RESENTING
Φ	OW	NER/OP	ERATORS OF MOTORCOACH BUSES BY PROVIDING PROGE	RAMS TO	
auc	DI	SSEMIN	ATE INFORMATION TO MEMBERS ON THE INDUSTRY INC	CLUDING AN_	
Governance	<u>AN</u>	NUAL E	XPO, TRAINING SEMINARS, NEWSLETTERS, AND AFFIN		
300		eck this bo			
જ			ting members of the governing body (Part VI, line 1a)		3 18 4 18
Activities &			dependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2010 (Part V, line 2a)		5 10
Ĭ			of volunteers (estimate if necessary)		6 0
Ac			ed business revenue from Part VIII, column (C), line 12		7a 459,787.
			business taxable income from Form 990-T, line 34		7b 0.
Revenue				Prior Year	Current Year
	8 Cor	ntributions	and grants (Part VIII, line 1h)		
	<b>9</b> Pro	gram serv	ice revenue (Part VIII, line 2g)		
eve			come (Part VIII, column (A), lines 3, 4, and 7d)		
ď			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6. 2,678,641.
			milar amounts paid (Part IX, column (A), lines 1-3)		
		•	to or for members (Part IX, column (A), line 4)		
ø			er compensation, employee benefits (Part IX, column (A), lines 5-10)	•	7. 670,647.
Expenses	<b>16a</b> Pro	fessional	fundraising fees (Part IX, column (A), line 11e)		
xbe	<b>b</b> Tot	al fundrais	ing expenses (Part IX, column (D), line 25) ►		
Ш	<b>17</b> Oth	ner expens	es (Part IX, column (A), lines 11a-11d, 11f-24f)	1,979,72	3. 2,049,713.
	<b>18</b> Tot	al expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,631,41	0. 2,720,360.
	<b>19</b> Rev	venue less	expenses. Subtract line 18 from line 12	105,07	641,719.
or Ices				Beginning of Current	
seets			(Part X, line 16)	3,018,37	
Net Assets or Fund Balances	<b>21</b> Tot	al liabilitie	s (Part X, line 26)	801,07	5. 992,180.
			fund balances. Subtract line 21 from line 20	2,217,29	7. 2,265,944.
Pa	rt II 🤚	Signatur	e Block		
Unde	er penalties o	of perjury, I deation of preparation	eclare that I have examined this return, including accompanying schedules and statements, and to the arer (other than officer) is based on all information of which preparer has any knowledge.	e best of my knowledge ar	nd belief, it is true, correct, and
	'	<u> </u>			
c:		Signatu	re of officer	Date	
Siq He	jn ro				CTO.
116	16		From S. PARRA print name and title.	PRESIDENT &	CEO
		- "	preparer's name Preparer's signature Date	Observation 1	: PTIN
ь-	: J			Check	if Till
Pa			re W. Williford, CPA Theodore W. Williford, CPA	self-employed	
Us	eparer e Only	Firm's name		Final FIN	
	,	Firm's addre	PO BOX 10404  ROCKVILLE MD 20849-0404	Firm's EIN Phone no. (	301) 871-5407
		1	NOCK V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FIIOHE HO.	JUT / U/T-DIO/

May the IRS discuss this return with the preparer shown above? (see instructions)

**4d** Other program services. (Describe in Schedule O.) (Expenses including grants of ) (Revenue \$ 4e Total program service expenses ▶ 2,616,349. Form 990 (2010) TEEA0102 10/06/10

# Form 990 (2010) UNITED MOTORCOACH ASSOCIATION 23-7124152 Page 3 Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		х
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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? If 'Yes,' complete Schedule C, Part III	5	х	
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? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		x
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		х
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.			
	<b>a</b> Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	х	
	<b>b</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>	11 b	х	
	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
	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? If 'Yes,' complete Schedule D, Part IX	11 d	х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		х
	<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b	х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	<b>b</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? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		х
	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? If 'Yes,' complete Schedule F, Parts II and IV	15		х
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		х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х
	<b>b</b> If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

Form 990 (2010) UNITED MOTORCOACH ASSOCIATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
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? If 'Yes,' complete Schedule I, Parts I and II	21		х
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? If 'Yes,' complete Schedule I, Parts I and III	22		х
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	x	
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		x
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?	24d		
25 a	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		
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	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? If 'Yes,' complete Schedule L, Part II	26		x
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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
c	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? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	х	
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38		х

Form **990** (2010) BAA

# Form 990 (2010) UNITED MOTORCOACH ASSOCIATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response to any question in this Part V										
			Yes	No							
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable										
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable										
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	x								
2 a	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>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?											
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)											
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х								
	<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>										
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)?											
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.										
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х							
C	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с									
6 a	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?	6a		х							
b	olf '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		х							
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b									
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х							
d	I If 'Yes,' indicate the number of Forms 8282 filed during the year										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		х							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х							
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	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?	·									
9	Sponsoring organizations maintaining donor advised funds.	8									
	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									
0	Section 501(c)(7) organizations. Enter:										
	Initiation fees and capital contributions included on Part VIII, line 12										
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders										
b	o Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)										
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
b	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year										
	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans										
c	Enter the amount of reserves on hand										
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х							
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b									

Form 990 (2010) UNITED MOTORCOACH ASSOCIATION 23-7124152 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI..... X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year ...... 1 a 18 **b** Enter the number of voting members included in line 1a, above, who are independent ...... 18 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 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? ..... Х Did the organization make any significant changes to its governing documents 4 Х since the prior Form 990 was filed? ..... Did the organization become aware during the year of a significant diversion of the organization's assets? .... 5 Х 6 X Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? ..... 7 a 7 b **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . . Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? ..... 8a Х **b** Each committee with authority to act on behalf of the governing body? ..... 8<sub>b</sub> X Is there any officer, director or 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a **10 a** Does the organization have local chapters, branches, or affiliates? ..... Х 10b 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a Х **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 ..... 12a Х **b** Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b X to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done ..... х 13 Does the organization have a written whistleblower policy? ..... 13 Х 14 х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official ..... 15a X 15b **b** Other officers of key employees of the organization ..... X If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Х taxable entity during the year? **b** If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its 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 Section C. Disclosure Section 6104 requires an organization to make its Forms 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.

	1/ List the states with which a copy of this Form 990 is required to be filed F
--	---

Another's website X Upon request Own website

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.

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

►THE ORGANIZATION \_\_\_\_ 113 S WEST ST 4TH FL ALEXANDRIA \_\_\_VA \_\_22314 \_\_\_\_\_(703) 838-2929

BAA Form 990 (2010)

## 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, 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.

Check this box if neither the organization	n nor any r	elated	dorg	aniz	zatio	n com	npen	sated any current offic	cer, director, or trustee	).
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organiza- tions in Schedule O)	Po adividual trustee or director	ition mstitutional kustee	Check Officer	all Key employee	ap Highest compensated employee	r ormer	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) GODFREY LEBRON	_									
DIRECTOR	5.00	Х						0.	0.	0.
(2) TOM READY	_									
CHAIRMAN	5.00	Х		Х				0.	0.	0.
(3) DENNIS STREIF DIRECTOR	5.00	x						0.	0.	0.
(4) DAN SHOUP										
DIRECTOR	5.00	х						0.	0.	0.
(5) BILL ALLEN	=									
VICE CHAIRMAN	5.00	Х		Х				0.	0.	0.
(6) LARRY HUNT	_									
DIRECTOR	5.00	X						0.	0.	0.
(7) AUTUMN DIPERT BROWN	_									
DIRECTOR	5.00	Х						0.	0.	0.
(8) GLADYS GILLIS								_	_	_
DIRECTOR	5.00	Х						0.	0.	0.
(9) BRIAN ANNETT									2	•
TREASURER	5.00	Х		Х				0.	0.	0.
(10) DAVID BROWN									2	•
DIRECTOR	5.00	X						0.	0.	0.
(11) JAMES BROWN		· ·						0	0	0
DIRECTOR (12) BRIAN SCOTT	5.00	X						0.	0.	0.
DIRECTOR	5.00	x						0.	0.	0.
(13) RALPH YOUNG	3.00	<u> </u>						0.	0.	<u></u>
DIRECTOR	5.00	x						0.	0.	0.
(14) STEVE BROWN	3.00							0.	0.	<u></u>
DIRECTOR	5.00	x						0.	0.	0.
(15) DALE KRAPF										
DIRECTOR	5.00	х						0.	0.	0.
(16) JOAN LIBBY										
DIRECTOR	5.00	x						0.	0.	0.
(17) MARCIA MILTON										
SECRETARY	5.00	x		х				0.	0.	0.

(A)	(B)		. ,	(0	-	I that apply)		(D)	(E)		(	F)
Name and title	Average hours per week (describe hours for related organi- zations		Institutional trustee	Officer			Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization (W-2/1099-MISC)		mount compe fron organ and i	nated of other ensation the ization related zations
	in Sch O)	ustee	trustee		ee	npensated						
(18) MIKE NEUSTADT DIRECTOR	5.00	x						0.	(	).		0.
(19) VICTOR S. PARRA PRESIDENT/CEO	40.00			x	x	x		206,367.	(	).	2	3,926.
(20) KENNETH PRESLEY UMA STAFF	40.00					х		138,403.	(	).		8,494.
(21)	10.00							130,103.		, ·		<u>0,151.</u>
(22)												
(23)												
(24)												
<u>(25)</u>												
<u>(26)</u>												
(27)												
(28)												
(29)												
1 b Sub-total							<b>&gt;</b>	344,770.	(	).	4	2,420.
d Total (add lines 1b and 1c)								344,770.	(	).	4	2,420.
<ul> <li>Total number of individuals (including but not limited from the organization</li> <li>2</li> </ul>								eived more than \$1	00,000 in report	able co	npen	sation
-		ر ا		امسم			ایم: ما				)	res No
3 Did the organization list any <b>former</b> officer, director on line 1a? <i>If 'Yes,' complete Schedule J for such in</i>	dividual										3	х
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th such individual	ortable an \$150	,000 ,000	pens ? <i>If</i>	satio 'Yes	on a s' co	nd ot omple	her ete	r compensation fro Schedule J for	m		4	x
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co											5	x
Section B. Independent Contractors  1 Complete this table for your five highest compensate compensation from the organization.										·	•	·
(A) Name and business address	S							(B) Description o	of services	Con	(C) npens	sation
	S VEC			NV		910		TRADE SHOW FOO	D & BEVERAGE			2,807.
	LANTA			GA		119		LEGISLATIVE/REGULA				3,243.
BUS PUBLICATIONS GROUP PMB 336, 2200 N YARBOROUGH, STE B EL CONVENTION MANAGEMENT G 10474 ARMSTRONG ST FA				TX VA		203		NEWSLETTER E				<u>4,461.</u> 6,991.
FREEMAN AUDIO VISUAL 3325 W SUNSET RD, #A LA				NV				TRADE SHOW				6,912.
2 Total number of independent contractors (including the \$100,000 in compensation from the organization ►		mite	d to	tho	se li	isted	ab	ove) who received	more than			

Pa	rt VIII   Statement of Revenue				
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a   b Membership dues 1 b   c Fundraising events 1 c   d Related organizations 1 d   e Government grants (contributions) 1 e   f All other contributions, gifts, grants, and similar amounts not included above 1 f   g Noncash contributions included in Ins 1a-1f: \$				
<u> </u>	h Total. Add lines 1a-1f				
PROGRAM SERVICE REVENUE	2a ANNUAL EXPO EXEMPT b MEMBERSHIP DUES EXEMPT	1,507,077. 520,258.	0. 520,258.	0.	1,507,077.
VICE	c SEMINARS/MEETINGS EXEMPT	30,778.	30,778.	0.	0.
SER	d NEWSLETTER SUBSCRIPTIONS EXEMPT	5,850.	5,850.	0.	0.
AM:	e FORMS, PUBLICATIONS EXEMPT	10,185.	10,185.	0.	0.
GR	f All other program service revenue				
PRC	g Total. Add lines 2a-2f▶	2,074,148.			
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> </ul>	63,933.	0.	0.	63,933.
	5 Royalties	12,909.	0.	0.	12,909.
	(i) Real (ii) Personal  6a Gross Rents	,			
	(i) Securities (ii) Other				
	7a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses				
	d Net gain or (loss)	67,864.	0.	0.	67,864.
OTHER REVENUE	8a Gross income from fundraising events (not including . \$ of contributions reported on line 1c). See Part IV, line 18				
	c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities. See Part IV, line 19				
	· <u></u>				
	c Net income or (loss) from gaming activities ▶  10a Gross sales of inventory, less returns				
	and allowances				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a DIRECTORY ADS 541800	2,790.	0.	2,790.	0.
	b management fees/reimbursements 561000	242,975.	0.	242,975.	0.
	c NEWSLETTER ADS 541800	214,022.	0.	214,022.	0.
	<b>d</b> All other revenue				
	e Total. Add lines 11a-11d	459,787.			
	<b>12 Total revenue.</b> See instructions ▶	2,678,641.	567,071.	459,787.	1,651,783.

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#### Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must compr	, ,	(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 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 U.S. 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	354,855.			
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	196,138.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16,449.			
9	Other employee benefits	66,465.			
10	Payroll taxes	36,740.			
	Management				
	D Legal	43,525.			
	Accounting				
	Lobbying	,			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
Ģ	g Other				
12	Advertising and promotion				
13	Office expenses	85,407.			
14	Information technology	34,844.			
15 16	Royalties Occupancy	41,213.			
17	Travel	41,213.			
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,829.			
20	Interest	9,450.			
21	· ·	00.000			
22	Depreciation, depletion, and amortization	22,900.			
	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.)	10,393.			
á	LEGISLATIVE/REGULATORY PROGRAM	198,112.			
ŀ	MEMBER BENEFIT &NEWSLETTER	278,171.			
	BOARD & COMMITTEE EXPENSES	77,896.			
	EXPO EXPENSES	1,005,742.			
6	·	105 641			
	All other expenses	125,641. 2,720,360.			
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	2,720,300.			
ΒΔΔ					Form <b>990</b> (2010)

$\overline{}$			(A)		(D)
			Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing	61,242.	1	28,767.
	2	Savings and temporary cash investments	377,224.	2	59,000.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	92,765.	4	76,412.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 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)		6	
A	7	Notes and loans receivable, net		7	
Š		Inventories for sale or use		8	
A S E T S		Prepaid expenses and deferred charges	149,424.	9	64,076.
		Land, buildings, and equipment: cost or other basis.	147,424.	J	04,070.
		Complete Part VI of Schedule D			
		Less: accumulated depreciation	519,301.	10 c	500,573.
		Investments – publicly traded securities		11	
		Investments – other securities. See Part IV, line 11	1,818,416.	12	2,118,226.
		Investments – program-related. See Part IV, line 11		13	
		Intangible assets		14	444 000
		Other assets. See Part IV, line 11		15	411,070.
		Total assets. Add lines 1 through 15 (must equal line 34)	3,018,372.	16	3,258,124.
		Accounts payable and accrued expenses	142,114.	17	182,261.
		Grants payable	F02 F00	18	E0E 402
		Deferred revenue	593,798.	19	787,493.
		Tax-exempt bond liabilities		20	
A B		Escrow or custodial account liability. Complete Part IV of Schedule D		21	
i 2	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II		22	
E S	23	of Schedule L	6F 162	23	22.426
		Secured mortgages and notes payable to unrelated third parties	65,163.	24	22,426.
		Other liabilities. Complete Part X of Schedule D		25	
		Total liabilities. Add lines 17 through 25	801,075.	26	992,180.
-+	20	Organizations that follow SFAS 117, check here X and complete lines	801,075.	20	992,100.
N E T		27 through 29 and lines 33 and 34.			
	27	Unrestricted net assets	2,217,297.	27	2,265,944.
Š		Temporarily restricted net assets	2,211,291.	28	2,205,944.
Ī s		Permanently restricted net assets		29	
Q R	23	Organizations that do not follow SFAS 117, check here ▶ and complete		23	
		lines 30 through 34.			
FUN 3	30	Capital stock or trust principal, or current funds		30	
ВЗ	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
BALANCES	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ņ .	33	Total net assets or fund balances.	2,217,297.	33	2,265,944.
F   3		Total liabilities and net assets/fund balances.	3,018,372.	34	3,258,124.

BAA Form **990** (2010)

Pa	rt XI   Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			<u></u>	. X
		_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,6	78,6	41.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,7	20,3	60.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	41,7	19.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,2	17,2	97.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		90,3	66.
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	2,2	65,9	44.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			<u></u>	. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
ı	<b>b</b> Were the organization's financial statements audited by an independent accountant?		2b	Х	
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	audit,	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
•	<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued of separate basis, consolidated basis, or both:	on a			
	Separate basis X Consolidated basis Both consolidated and separate basis				
3	<b>a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	gle	3a		х
l	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		ı
BAA	1		Form	990 (	2010)

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

#### If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• 5	Section 501(c)(4), (5), or (6) or	rganizations: Complete Part III.								
Name	of organization			Employer identification	ation number					
UN:	ITED MOTORCOACH ASS	SOCIATION		23-7124152						
Pa	rt I-A   Complete if the o	rganization is exempt under section	on <b>501(c)</b> or is a s	section 527 organiz	zation.					
1	Provide a description of the o	organization's direct and indirect political ca	mpaign activities in P	art IV.						
2	Political expenditures			▶\$	123,243	١.				
						(				
Pa	rt I-B   Complete if the o	rganization is exempt under section	on 501(c)(3).							
1	Enter the amount of any exci	se tax incurred by the organization under se	ection 4955	<b>►</b> \$						
2	Enter the amount of any exci	▶\$								
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	his year?		Yes N	o				
4 :	a Was a correction made?				Yes N	o				
ı	<b>b</b> If 'Yes,' describe in Part IV.									
Pa	rt I-C Complete if the or	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).						
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities ▶ \$						
2	Enter the amount of the filing	g organization's funds contributed to other o	rganizations for section	on 527 evemnt						
_	function activities									
3	Total exempt function expend	ditures. Add lines 1 and 2. Enter here and o	n Form 1120-POI							
3	line 17b			▶\$						
4	Did the filing organization file	Form 1120-POL for this year?			Yes N	o				
5	Enter the names, addresses	and employer identification number (EIN) o	f all section 527 polition	cal organizations to which	ch the filing					
	organization made payments	. For each organization listed, enter the am	ount paid from the fili	na organization's funds.	Also enter the					
	segregated fund or a political	ons received that were promptly and directly action committee (PAC). If additional space	e is needed, provide i	nformation in Part IV.	i, such as a separate					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing	(e) Amount of political					
	(a) Name	(b) / (dd/c55	(6) 2	organization's funds.  If none, enter-0	contributions received and promptly and directly	t				
				ii rione, enter-o	delivered to a separate political organization.					
					If none, enter -0					
(1)										
(1)										
(2)		L								
(2)										
(2)										
(3)										
(/\										
(4)										
(E)										
(5)										
(6)										

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

Schedule C (Form 990 or 990-EZ) 2010

Part II-A Complete if section 501(	the organizatio (h)).	n is exempt under se	ction 501(c)(3) and	d filed Form 5768 (el	ection under
	• • • • • • • • • • • • • • • • • • • •	ongs to an affiliated group.			
	0 0	trol' provisions apply.			
(The term	Limits on Lobby	ying Expenditures ans amounts paid or incurr	ed.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1 a Total lobbying expenditu	res to influence pu	blic opinion (grass roots lob	bying)		
<b>b</b> Total lobbying expenditu	ures to influence a l	egislative body (direct lobby	ring)		
c Total lobbying expenditu	ures (add lines 1a a	nd 1b)			
<b>d</b> Other exempt purpose e	expenditures				
e Total exempt purpose e	xpenditures (add lir	nes 1c and 1d)			
f Lobbying nontaxable am both columns.	nount. Enter the am	ount from the following table	e in		
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable a	mount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$	\$1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
		of line 1f)			
		s, enter -0			
i Subtract line 1f from line	e 1c. If zero or less	, enter -0			
j If there is an amount oth section 4911 tax for this	her than zero on eit year?	her line 1h or line 1i, did the	e organization file Form	4720 reporting	Yes No
(Son	ne organizations th colum	4-Year Averaging Period L at made a section 501(h) el ns below. See the instruction	ection do not have to o	complete all of the five h 2f.)	
	Lob	bying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> Total
2a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					_
BAA				Schedule C (Forn	n 990 or 990-EZ) 2010

Schedule **C** (Form 990 or 990-EZ) 2010

Page 3

Schedule C (Form 990 or 990-EZ) 2010 UNITED MOTORCOACH ASSOCIATION 23-7124152

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

(election under section 501(ii)).	(a	1)	(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If 'Yes,' describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	مارد)	0"	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	C)(5),	, or	
****			Yes No
			1 X
Were substantially all (90% or more) dues received nondeductible by members?			
<ol> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carryover lobbying and political expenditures from the prior year?</li> </ol>			2 X
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Schedule C (	(Form 990 or 990-EZ) 2010 UNITED MOTORCOACH ASSOCIATION	23-7124152	Page 4
Part IV	Form 990 or 990-EZ) 2010 UNITED MOTORCOACH ASSOCIATION  Supplemental Information (continued)		
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#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

UNITED MOTORCOACH ASSOCIATION 23-7124152 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate contributions to (during year) ..... Aggregate grants from (during year) ...... Aggregate value at end of year ..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . . . . . . . 2a 2b c Number of conservation easements on a certified historic structure included in (a) ...... 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 **>** \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X

BAA

Part III Organizations Maintain	ning Collecti	ons of Art, Histo	rical Treasures, or	Other Similar Ass	ets (continu	ıed)				
<b>3</b> Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):										
a Public exhibition										
b Scholarly research e Other										
c Preservation for future generations										
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.										
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes										
<b>Part IV Escrow and Custodial Arrangements.</b> Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?										
<b>b</b> If 'Yes,' explain the arrangement in	n Part XIV and o	complete the following	g table:		Amount	<u>-</u>				
<b>c</b> Beginning balance				1c	Amount					
<b>d</b> Additions during the year				H + + + + + + + + + + + + + + + + + + +						
e Distributions during the year										
f Ending balance										
2a Did the organization include an am				<u> </u>	Yes	No				
<b>b</b> If 'Yes,' explain the arrangement in		,								
Part V Endowment Funds. Con	nplete if the	organization ans	wered 'Yes' to Forr	m 990, Part IV, line	e 10.					
	(a) Current yea	r <b>(b)</b> Prior year	(c) Two years back	(d) Three years back	(e) Four year	rs back				
1 a Beginning of year balance										
<b>b</b> Contributions										
c Net investment earnings, gains, and losses										
<b>d</b> Grants or scholarships										
e Other expenditures for facilities and programs										
f Administrative expenses										
<b>g</b> End of year balance										
2 Provide the estimated percentage	of the year end	balance held as:								
a Board designated or quasi-endowr	nent 🕨	%								
<b>b</b> Permanent endowment ►	%									
c Term endowment ►	%									
<b>3a</b> Are there endowment funds not in organization by:	the possession	of the organization th	nat are held and adminis	stered for the	Yes	No				
(i) unrelated organizations					3a(i)					
(ii) related organizations					. 3a(ii)					
<b>b</b> If 'Yes' to 3a(ii), are the related or	ganizations liste	d as required on Sch	edule R?		. 3b					
4 Describe in Part XIV the intended										
Part VI Land, Buildings, and E	<b>quipment.</b> S	ee Form 990, Pa	rt X, line 10.							
Description of investment	(a)	Cost or other basis (investment)	<b>(b)</b> Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue				
<b>1 a</b> Land			128,884.			<u>,884.</u>				
<b>b</b> Buildings			456,953.	172,310.		<u>,643.</u>				
c Leasehold improvements			96,975.	33,070.		<u>,905.</u>				
<b>d</b> Equipment			129,394.	106,273.	23	,121.				
e Other			35,950.	35,930.		20.				
Total. Add lines 1a through 1e (Column	(d) must equal i	Form 990, Part X, co.	lumn (B), line 10(c).)		500	,573.				

Schedule **D** (Form 990) 2010

Page 3

Part VII	Investments-Other Securities. See F	orm 990, Part X, li	ne 12.		
	(a) Description of security or category (including name of security)	<b>(b)</b> Book value		<b>(c)</b> Method of valuate Cost or end-of-year mar	tion: ket value
(1) Financ	cial derivatives				
	y-held equity interests	529,800.	Cost		
(3) Other					
	KETABLE SECURITIES	1,588,426.	FMV		
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(l)					
	umn (b) must equal Form 990 Part X, column (B) line 12.) 🕨	2,118,226.			
Part VII	I Investments—Program Related. (See	Form 990, Part X,	line 13)		
	(a) Description of investment type	(b) Book value		(c) Method of valuation	
(1)				Cost or end-of-year mar	ket value
(1)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Colu	mn (b) must equal Form 990, Part X, column (B) line 13.) 🕨				
Part IX	Other Assets. (See Form 990, Part X,	line 15)			
		scription			<b>(b)</b> Book value
	V KEY MAN LIFE INSURANCE				406,550.
(2)					4 500
	PO DEPOSITS				4,520.
(4)					
(5)					
<u>(6)</u> (7)					
(8)					
(9)					
(10)					
	olumn (b) must equal Form 990, Part X, column(B)	. line 15)		<b></b>	411,070.
Part X	Other Liabilities. (See Form 990, Part				•
	(a) Description of liability	(b) Amount			
(1) Fede	eral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)	mn (h) must equal Form 990, Part Y, column (R) line 25)	<b>&gt;</b>			

**<sup>2.</sup>** 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 (ASC 740).

Page 4

Par	t XI	Reconciliation of Change in Net Assets from Form 990 to Audited Financ	ial Statements		
1	Total	revenue (Form 990, Part VIII,column (A), line 12)			
2	Total	expenses (Form 990, Part IX, column (A), line 25)			
3	Exce	ss or (deficit) for the year. Subtract line 2 from line 1			
4	Net u	nrealized gains (losses) on investments			
5	Dona	ted services and use of facilities			
6	Inves	tment expenses			
7	Prior	period adjustments			
8	Other	(Describe in Part XIV)			
9		adjustments (net). Add lines 4 through 8			
10		ss or (deficit) for the year per audited financial statements. Combine lines 3 a			
		Reconciliation of Revenue per Audited Financial Statement		turn	
		revenue, gains, and other support per audited financial statements		1	
		ints included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
		nrealized gains on investments			
		ted services and use of facilities			
		veries of prior year grants			
		(Describe in Part XIV)			
		ines 2a through 2d		2e	
		act line 2e from line 1		3	
		unts included on Form 990, Part VIII, line 12, but not on line 1:			
		tments expenses not included on Form 990, Part VIII, line 7b			
		(Describe in Part XIV.)		4.	
		ines 4a and 4b	<b>-</b>	4c	
		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Stateme		5 Doturn	
		expenses and losses per audited financial statements		1	
		ints included on line 1 but not on Form 990, Part IX, line 25:		'	
		ted services and use of facilities	2a		
		year adjustments	<u> </u>		
		losses	<del> </del>		
		(Describe in Part XIV.)			
		ines <b>2a</b> through <b>2d</b>		2e	
		act line <b>2e</b> from line <b>1</b>		3	
		unts included on Form 990, Part IX, line 25, but not on line 1:			
		tments expenses not included on Form 990, Part VIII, line 7b	4a		
		(Describe in Part XIV.)			
c	: Add I	ines 4a and 4b		4 c	
		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .		5	
		Supplemental Information			
Part :	V, line	his part to provide the descriptions required for Part II, lines 3, 5, and 9; Part 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, line nal information.	s 2d and 4b. Also complete th	is part to provide	

Schedule D (101111990) 2010 UNITED MOTORCOACH ASSOCIATION	23-7124152	Page 5
Part XIV   Supplemental Information (continued)		
	- – – – – – – – – – –	

#### SCHEDULE J (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNITED MOTORCOACH ASSOCIATION

Employer identification number 23-7124152

Par	art I Questions Regarding Compensation			
			Yes	s No
1 a	<b>a</b> Check the appropriate box(es) if the organization provided any of the following to or for a persor VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these iter	n listed in Form 990, Part ms.		
	First-class or charter travel Housing allowance or residen	nce for personal use		
	Travel for companions Payments for business use of	f personal residence		
	Tax indemnification and gross-up payments  Health or social club dues or			
	Discretionary spending account  Personal services (e.g., maid	I. chauffeur. chef)		
		, , , , , , ,		
ŀ	<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to a	payment or explain1	b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	y all officers, directors,	x	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the CEO/Executive Director. Check all that apply.	e organization's		
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or stud	у		
	Form 990 of other organizations X Approval by the board or com	npensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the or a related organization:	ne filing organization		
a	a Receive a severance payment or change-of-control payment from the organization or a related of	organization? 4	а	х
k	${f b}$ Participate in, or receive payment from, a supplemental nonqualified retirement plan?		b	х
c	c Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4</b>	С	х
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in	ı Part III.		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	contingent on the revenues of:			
a	a The organization?	<u>5</u>	а	
t	<b>b</b> Any related organization?	<u>5</u>	b	
	If 'Yes' to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a contingent on the net earnings of:	any compensation		
a	a The organization?		а	
Ł	<b>b</b> Any related organization?		b	
	If 'Yes' to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any not described in lines 5 and 6? If 'Yes,' describe in Part III	n-fixed payments not		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that w contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	ras subject to the initial		
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described	d in Regulations		

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

Schedule J (Form 990) 2010

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation	
(A) Name	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	<b>(F)</b> Compensation reported in prior Form 990 or Form 990-EZ	
(i)	206,367.	0.	0.	6,009.	17,917.	230,293.	227,079.	
1 VICTOR S. PARRA (ii)	0.	0.	0.	0.	0.	0.	0.	
(i)	138,403.	0.	0.	4,152.	14,342.	<u> 156,897.</u>	<u>145,</u> 178.	
2 KENNETH PRESLEY (ii)	0.	0.	0.	0.	0.	0.	0.	
(i)	L							
3 (ii)								
(i)	L					LI		
4 (ii)								
(i)	L							
5 (ii)								
(i)	L							
6 (ii)								
(i)	L							
7 (ii)								
(i)	L							
8 (ii)								
(i)	L							
9 (ii)								
(i)	L					LI		
10 (ii)								
(i)	L					LI		
11 (ii)								
(i)	L					LI		
12 (ii)								
(i)	L							
13 (ii)								
(i)	L					LI		
14 (ii)								
(i)	L							
15 (ii)								
(i)	L							
16 (ii)								
DAA	·				·		dula I (Farma 000) 2010	

BAA

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.

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

UNITED MOTORCOACH ASSOCIATION	23-7124152
Pt_VI-A, Line 6 MEMBERS PAY ANNUAL DUES FOR MEMBERSHIP.	
Pt_VI-A, Line 7a DUES-PAYING MEMBERS ELECT MEMBERS OF THE BOARD.	
Pt_VI-A, Line 7b DUES-PAYING MEMBERS VOTE TO APPROVE BOARD MOTIO	ns.
Pt VI-B, Line 11a THE DRAFT 990 IS CIRCULATED FOR BOARD REVIEW.	
Pt VI-B, Line 12c AN AFFIRMATIVE DISCLOSURE OF CONFLICTS IS REQUI	RED ANNUALLY.
Pt_VI-B, Line 15 COMPENSATION IS REVIEWED AGAINST PUBLISHED DATA	ANNUALLY.
Pt VI-C, Line 19 POLICY DOCUMENTS ARE MADE AVAILABLE UPON WRITTE	N REQUEST.
Pt XI LINE 5= NONDEDUCTIBLE PENALTIES \$342; UNREALIZED GAIN ON MA	ARKETABLE SECURITIES \$90.708.
	=
	<b>_</b> _

## SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

2010

Employer identification number

23-7124152

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

UNITED MOTORCOACH ASSOCIATION

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37. 
► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Part I Identification of Disregarded Entities (	Complete if the	e organiza	ition answ	vered 'Ye	s' to Form	990,	Part IV, line	33.)				
(a) Name, address, and EIN of disregarded entity	(a) Name, address, and EIN of disregarded entity Prime		(b) (c) Primary activity Legal domici or foreign c		c) nicile (state n country)	tate Total income		(e) End-of-year assets		(f) Direct controlling entity		olling
<u>(1)</u>												
<u>(2)</u>												
<u>(3)</u>												
<u>(4)</u>												
<u>(5)</u>												
<u>(6)</u>												
Part II Identification of Related Tax-Exempt O one or more related tax-exempt organiz	rganizations ( cations during	Complete the tax ye	if the org	<u>ı</u> ganizatior	n answere	d 'Yes	s' to Form 990	D, Part	IV, line 34 b	pecaus	e it ha	ıd
(a) Name, address, and EIN of related organization	(b) Primary ac	(b) (c) Legal domic		(c) egal domicile (state or foreign country)		Code	(e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity		(g) Sec 512(b)(13) controlled entity	
											Yes	No
(1) BUS & MOTORCOACH ACADEMY 26-0146595 113 S WEST ST 4TH FL, ALEXANDRIA VA 22314	•1	L	VA		501(C)6							x
(2)			V21		301(0)0							21
<u>(3)</u>												
<u>(4)</u>												
<u>(5)</u>												
<u>(6)</u>												
(7)												

Part III	Identification	of Related	Organizations	<b>Taxable as a Partnership</b> (Complete if the organization answered 'Yes' to Form 9 upizations treated as a partnership during the tax year.)	90, Part IV, line 34
	hecause it had	d one or mo	ore related orga	inizations treated as a partnership during the tax year)	

Decause it had	one or more re	iateu orga	ariizations trea	teu as a partifie	silip during the	tax year.)						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year assets	tior	h) ropor- nate ations?	K-1		i) ral or aging ner?	<b>(k)</b> Percentage ownership
		country)		sections 512-514)			Yes	No	(Form 1065)	Yes	No	
<u>(1)</u>												
(2)												
(3)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) BUSRATES.COM							
20-3753393							
107 S WEST ST PMB 739	MARKETING						
ALEXANDRIA, VA 22314		VA		С			60.00
(2)							
(3)							

## Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Y	'es	No	
1 During the tax year did the organization engage in any of the following transactions with one or more related organization	tions listed in Parts II-IV	?					
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity				1 a	x		
<b>b</b> Gift, grant, or capital contribution to other organization(s)			<u> </u>	1 b		X	
c Gift, grant, or capital contribution from other organization(s)				1 c		X	
<b>d</b> Loans or loan guarantees to or for other organization(s)				1 d		X	
e Loans or loan guarantees by other organization(s)			🗀	1 e		X	
f Sale of assets to other organization(s)				1 f		x	
q Purchase of assets from other organization(s)				1 g		X	
				1 h		X	
h Exchange of assets         i Lease of facilities, equipment, or other assets to other organization(s)							
Lease of facilities, equipment, of other assets to other organization(s)				1 i	Х		
j Lease of facilities, equipment, or other assets from other organization(s)				1 j		x	
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)				1k	x		
I Performance of services or membership or fundraising solicitations by other organization(s)				11		X	
m Sharing of facilities, equipment, mailing lists, or other assets				1m	X		
n Sharing of paid employees				1n		<u>x</u>	
o Reimbursement paid to other organization for expenses							
<b>p</b> Reimbursement paid by other organization for expenses				1p	x		
<b>q</b> Other transfer of cash or property to other organization(s)				1 q		X	
r Other transfer of cash or property from other organization(s)				1r		X	
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including	ng covered relationships a	and transaction threshol	ds.				
(a) Name of other organization	<b>(b)</b> Transaction type (a-r)	(c) Amount involved	Method amo	(d) I of det ount in	termi volve	ning d	
(1) BUS & MOTORCOACH ACADEMY	K	15,000.	CONTI	RACT			
(2) BUSRATES.COM, INC.	K	142,200.	CONT	RACT			
_(3) BUSRATES.COM, INC.	м	33,000.	CONT	RACT			
(4) BUSRATES.COM, INC.	P	154,297.	INVO	ICED			
(5)							
(6)							
BAA TEEA5003 12/23/10		Sche	dule R (	Form 9	990)	2010	

## Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	allocations		tionate I in box 20 of I		ral or aging ner?
			Yes	No		Yes	No		Yes	No
(1)										
(2)										
(2)										
(3)										
27										
<u>(4)</u>										
<u>(5)</u>										
<u>(6)</u>										
24										
(7)										
-										
<u>(8)</u>										
	İ		1							<u> </u>

Schedule R	(Form 990) 2010	UNITED MOTORCOACH ASSOCIATION	23-7124152	Page 5
Part VII	Supplemental	Information		9
1 011 711	Complete this	part to provide additional information for responses to questions ns).	on Schedule R	
	(See Instructio	115).		

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

DISSEMINATE INFORMATION TO MEMBERS ON THE INDUSTRY INCLUDING AN ANNUAL EXPO, TRAINING SEMINARS, NEWSLETTERS, AND AFFINITY PROGRAMS.

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

	ternal Rev	enue Service	The organization may have to use a copy of this return to satisfy start or tax year booking inc.	tato roportina en entre e		Open to Public		
A	For t		ary or tax year beginning 7/1/2009	and ending		Inspection		
В	Check if	applicable: Please	C Name of organization UNITED MOTORCOACH ASSOCI		6/30/201			
F		s change use IRS	Doing Business As			ication number		
<u></u>	Name of	form a	Number and street (or P.O. box if mail is not delivered to street address)		23-7124152  com/suite E Telephone number			
F	Termin	- 000	LITS S WEST STREET 4TH FLOOR	1		r		
-	ξ.	Instruc-	City or town, state or country, and ZIP + 4	(103)8	38-2929			
-	-		ALEXANDRIA VA 223	314 <b>G</b> Gros	ss receipts \$	0.00==		
L	1 , Abbuoa	- 1	ame and address of principal officer:	111.31.01		2,995,7		
	***		R S. PARRA 113 S WEST ST 4TH FL, ALEXANDRIA, VA 22	H(b) Are all affilia				
		empristatus. \ \ 50	1(C) ( 6) ◀ (insert no.) 4947(a)(1) or 527	· ]	tes included? :h a list. (see ii	Yes N		
		e: 🕨 www.uma.or	g					
		organization: X Co	poration Trust Association Other	H(c) Group exem				
	Part I	Summary			971 MS	tate of legal domicile: V		
	1	Briefly describe t	he organization's mission or most significant activities: TRA	NDE AGGGGGGG	***************************************			
ø.		OWNER/OPERA	TORS OF MOTORCOACH BUSES BY PROVIDING PROGING THE MOTORCOACH INDUSTRY INCLUDING AN ANNUAL	ANDE ASSOCIATION	REPRESE	NTING		
anc		TO MEMBERS C	IN THE MOTORCOACH INDUSTRY INCLUDING AN ANNU WSLETTER, AND VARIOUS AFFINITY PROCEDURE	AL EXPOSITION T	NATE INFO	DRMATION		
Vern		BI-MONTHLY NE	WSLETTER, AND VARIOUS AFFINITY PROGRAMS.	WE EVE COLLINIA !	RAINING S	SEMINARS,		
Activities & Governance	2	CHECK THIS DOX	If the organization discontinued the	sed of more than 20	=======================================			
ళర ల్ల	3	Number of voting	members of the governing body (Part VI, line 1a)	occion more man 2:	o% of its ne	et assets.		
×iti	5					1		
Acti	6	Total number of	employees (Part V, line 2a) colunteers (estimate if necessary)		. 5	1		
	7a	Total gross unrela	colunteers (estimate if necessary)		6	1		
	b	Net unrelated bus	ated business revenue from Part VIII, column (C), line 12		7a	639,29		
			takabis income nom Form 990-1, line 34		. 7b	-10,01		
ø	8	Contributions and	grants (Part VIII, line 1h)	Prior Yea	ar	Current Year		
Revenue	9		CVCNUC (Fall VIII line 7A)					
Rev	10	investment incom	e (Part VIII column (A) lines 2 4 and 7-1)		,418,233	2,302,75°		
	11	, O + O + 10 C (1 6	TIL VIII, CUIUIIII (A) linee 5 6d 8a 0a 10a 144 \		39,829	31,993		
	12				497,925	661,049		
					,955,987	2,995,793		
	15							
Expenses			POPULATION TO THE PROPERTY OF		830,541	910,994		
ē	b	Total fundraising e	aising fees (Part IX, column (A), line 11e)			<u> </u>		
ú	111	Other expenses (F	'AΠ IX. COlumn (A) lines 11a 11d 44f 046	0 13 14 16 15	<b>建工程制作</b>			
	1	. otal expeliacs. Al	49 IIII S 13-1/ (miist equal Dart IV callum / / / / /	2,	126,881	1,979,723		
		Revenue less expe	enses. Subtract line 18 from line 12	2,	957,422	2,890,717		
is or	20			Davis	-1,435	105,076		
Ssel	20	l otal assets (Part	X, line 16)	Beginning of Curr		End of Year		
Net Assets or Fund Balances	21 22	. oral nabilities (F at	LA. III e Zhi	1	800,934	3,018,372		
Par	# II	Tet assets of fullo	balances. Subtract line 21 from line 20		852,591 948,343	801,075		
		Signature BI	OCK	13	370,040	2,217,297		
		and belief, it is true	perjury, I declare that I have examined this return, including accompanying sch correct, and complete. Declaration of preparer (other than officer) is based on	edules and statements, ar	id to the best of	of my knowledge		
			correct, and complete. Declaration of preparer (other than officer) is based on	all information of which pr	eparer has an	y knowledge.		
Sigr	1			1				
Here	9	Signature of o	fficer 9 1 1					
		<b>1</b>	Bengi .	Date	9			
<del></del>	**************************************	Type or print r	ame and title					
Paid		signature	Date Date	Check if	Preparer's	identifying number		
	arer's	1	afte 11. // llefin & CPH 2/5/2011	self-	(see instruc	tions)		
Use		Firm's name (or you if self-employed),	TWW ASSOCIATES LLC	employed •				
		address, and ZIP + 4	PO BOX 10404 ROCKVILLE MD 20040 0404	EIN	<b>&gt;</b>			
May t	he IRS		n with the preparer shown above? (see instructions)	Phone no.	<b>(</b> 301) 87	1-5407		
For P	rivacy A	ct and Paperwork I	Reduction Act Notice, see the separate instructions.			X Yes No		
(HTA)	-	p	notice, see the separate instructions.					

erwork Reduction Act Notice, see the separate instructions.

Cultified Mail # 70092820000081966974

Form 8868 (Rev. 4-2009)	
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and cheronal complete Part II if you have already been granted an automatic 3-month extension on a previous of the page 1.</li> <li>If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).</li> </ul>	Page 2
If you are filing for an Automatic 3-Month Extension a previou	usly filed Form 8868
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no cop  Name of Exempt Organization	nice panels 1)
print UNITED MOTORCOACH ASSOCIATION	oloyer identification number
File by the Number street and room residence 23.7	124152
the date for 1113 3 VVES 1 STREET ATH ELOOD	IRS use only
return. See City, town or post office, state, and ZIP code. For a foreign address, see instruction	
HISTOCHOUS INTERNAL AND INCOME.	
(File a separate application for each return):	
Form 990-PF	
Form 990-T (sec. 401(a) or 408(a) trust)	Form 6069
Form 990-EZ Form 990-T (trust other than above)	Form 8870
STOPI Do not complete Part II if you were not already and the	
<ul> <li>The books are in the care of</li></ul>	iled Form 8868.
Telephone No. ► (703) 838-2929  FAX No. ► 703 - 838 - 2950  If the organization does not have an office or place of hysiness in the Unit of the Institute of t	22314
FAX No. ► 703 - 238 - 2950  If the organization does not have an office or place of business in the United States, check this box.  If this is for a Group Return, enter the organization's four digit Group Exemption Number (051).	
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	· · · · ·
for the whole group, check this box	ond attack
list with the names and EINs of all members the extension is for.  I request an additional 3-month extension of time until  5/15/2011	. ▶ and attach a
or other terms of the terms of	
If this tax year is for less than 12 months about	6/30/2010
7 State in detail why you need the extension More time is requested to	nge in accounting period
7 State in detail why you need the extension More time is requested to acquire all information needed to acquire all information needed to	to complete
	***************************************
8 a If this application is fee 5	
8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits, See instructions	
less any nonrefundable credits. See instructions.  b If this application is for Form 900 PE 200 T 1720.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and amount paid previously with Form 8868	Ud 5
amount paid previously with Form ages	胡松縣
C Balance Due, Subtract line 8h from line 9- 1-1-1	8b \$
FTD coupon or, If required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	
	8c \$ 0
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my tis true, correct, and comprete, and that I am authorized to prepare this form.	knowledge and helief
Signature - Theulas / Millfort, CPAille - HCLUNTANT	Date > 2/8/2011
CERTIFIED MAIL #	Form 8868 (Rev. 4-2009)
7009 2820 0000 8196 6967	

Department of the Treasury Internal Revenue Service Ogden UT 84201

For assistance, call: 1-877-829-5500

Notice Number: CP211A Date: December 6, 2010

Taxpayer Identification Number:

23-7124152 Tax Form: 990

Tax Period: June 30, 2010

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UNITED MOTORCOACH ASSOCIATION 113 S WEST ST STE 400 ALEXANDRIA VA 22314-2851002



099576

# APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is February 15, 2011.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

1 Briefly describe the organization's mission:     TRADE ASSOCIATION FORMED TO REPRESENT THE INDUSTRY INTEREST OF INDEPENDENT OWNERS AND OPERATORS OF MOTORCOACH BUSES.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		m 990 (2009) UNITED MOTORCOACH ASSOCIATION	23-7124152	Page
TRADE ASSOCIATION FORMED TO REPRESENT THE INDUSTRY INTEREST OF INDEPENDENT OWNERS AND OPERATORS OF MOTORCOACH BUSES.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  11 "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 by exercises services?  11 "Yes" describe these changes on Schedule O.  4 Describe the exempt purpose achievements for each of the organization's three largest program services by exercises. 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 reverue, if any, for each program service reported.  4 (Code (Exercise of 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 reverue, if any, for each program service reported.  4 (Code (Exercise of the exempt purpose achievements of 5 0) (Revenue \$ 0) (		Statement of Program Service Accomplishments		
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27  If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.  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.  4a (Code	7	TRADE ASSOCIATION FORMED TO REPRESENT THE INDUSTRY INTEREST OF INDEPENDENT OF	VNERS AND	
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PROVIDE MEETINGS & SEMINARS FOR MEMBERS AND TO PROVIDE A FORUM FOR MANUFACTURERS & SUPPLIERS TO PRESENT THEIR GOODS & SERVICES TO OWNER/OPERATORS IN THE INDUSTRY  4b (Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0.)  MEMBER SERVICES - PROGRAMS, TO MAKE MEMBERS AWARE OF CERTIFICATION PROGRAMS, SAFETY PROGRAMS, AFFINITY PROGRAMS & LEGISLATIVE/REQUATORY DEVELOPMENTS THAT MAY IMPACT THE INDUSTRY, MEMBERSHIP INCLUDES AN ANNUAL SUBSCRIPTION TO "BUS & MOTORCOACH NEWS" BI-MONTHLY NEWSLETTER  c (Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0)  BUS & MOTORCOACH NEWS A BI-MONTHLY NEWSLETTER MOTORCOACH INDUSTRY ON THE TOPICS OF LEGISLATIVE DEVELOPMENTS, BUS SECURITY, TRAINING & CERTIFICATION, BUS SAFETY, AND BUS OPERATIONS.	4	Describe the exempt purpose achievements for each of the organization's three largest program services be Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to account the	terminal and the second	X N
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0

(Expenses \$ 0 including grants of \$ 4e Total program service expenses ►

(Expenses \$

0)

0)(Revenue \$

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16

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### 23-7124152 Part IV **Checklist of Required Schedules** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Yes No 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 2 Х 3 candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Х Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have Χ the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part Х X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or Χ Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 10 Х 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Х Schedule D, Part VI. Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . 12A Was the organization included in consolidated, independent audited financial statements for the tax 12 X year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. . 12A Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14a Х business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 14b Х organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 15 Х to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services Х on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Did the organization operate one or more hospitals? If "Yes," complete Schedule H.

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18

19

### Part IV Checklist of Required Schedules (continued) Did the organization report more than \$5,000 of grants and other assistance to governments and organizations Yes No in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the Х 22 United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the Х 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Χ c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24b 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? . . 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 24d with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a 25a 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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 25b disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 26 Х 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Х 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28a Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a 28b Х family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . 29 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, Х 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 34 35 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 36 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part 37 Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.

Р	art V Statements Regarding Other IRS Filings and Tax Compliance	3-712415	2	Page
4			Yes	N
1a	The state of the s	12	i si	
b	U.S. Information Returns. Enter -0- if not applicable	10	100	1
C	The state of the s	0	18	
Ī	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	-83		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	X	
	Statements, filed for the calendar year ending with or within the year any and the third			100
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	10		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	2b	X	
3a	this return?			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a	X	┼
4a	At any time during the calefular year, gig the organization have an interest in or a signature as attachment.	3b	X	┼
	over, a infancial account in a foreign country (such as a bank account, securities account, or other financial			
	doodit():,	4a		
b	in res, enter the harne of the foreign country: ▶	44		X
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		v
b	Did any taxable party notify the organization that it was or is a party to a prohibited tay sholter transportion?	5b		X
С	in les to life 5d of 5b, did the organization file Form 8886-T. Disclosure by Tay-Evernt Entity Departure	00		$\hat{}$
6-	Frombited Tax Stieller Transaction?	5c	l	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
b	organization solicit any contributions that were not tax deductible?	6a	x	
D	The state of the organization include with every solicitation an express statement that such contributions as			
7	gins were not tax deductible?	6b	X	
a	Organizations that may receive deductible contributions under section 170(c).			B
-	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
b	and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
	required to file Form 8282?		1	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		_
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1919		
	benefit contract:	7.0		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e   7f	$\dashv$	X
g	To all contributions of qualified intellectual property did the organization file Form 9900 as required	7g	$\dashv$	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	14	$\dashv$	
	required:	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		140	-
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		333	
9	organization, have excess business holdings at any time during the year?	8		_
а	Sponsoring organizations maintaining donor advised funds.	DESCRIPTION OF THE PERSON OF T		
b	Did the organization make any taxable distributions under section 4966?	9a		
0	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
а	Initiation fees and capital contributions included as De 4 years	172 4		170
b	Caross receipts included on Form 000 Post VIII line 40 C	1	1	
1	Section 501(c)(12) organizations. Enter:		13 h	T
а	Gross income from mombers or should all	1 13	-11	12
b	Gross income from other sources (Do not net amounts due or paid to other sources			5.5
	against amounts due or received from them.).		ATT A	
2a :	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in liqu of Form 10412	120		110
b	f "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
	I AV			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			······································
			Yes	No
1a	Enter the number of voting members of the governing body	1000	163	NO
b	Enter the number of voting members that are independent	_		100
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	THE R	311	
	any other officer, director, trustee, or key employee?	2	Section 1	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	<b>—</b>	<del>                                     </del>	<del>  ^</del>
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	1	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Х	-
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			THE W
	the year by the following:			
a	The governing body?	8a	Х	
b	Each confinite with authority to act on behalf of the governing body?	8b	Х	
9	is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached			
Coo	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
Dou	tion B. Policies (This Section B requests information about policies not required by the Internal renue Code.)			
nev	enue Code.)			
10a	Does the arganization have level should be not as a first of		Yes	No
b	The state of the s	10a		X
IJ	The second services and procedures doverning the activities of such chanters		l	
11	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		***************************************
• •	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
11A		11	X	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.	257		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12a	X	
			.	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	<u> </u>	
	describe in Schedule O how this is done	10		
13	Does the organization have a written whistleblower policy?	12c	<del>\ \ \</del>	
14	Does the organization have a written document retention and destruction policy?	13	X	
15	Did the process for determining compensation of the following persons include a review and approval by	14	$^{-}$	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	THE P		901
а	The organization's CEO, Executive Director, or top management official.	150	v	
b	Other officers or key employees of the organization	15a 15b	X	
	if "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	100		
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	-	11.14	1111
	with a taxable entity during the year?	16a	Х	_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	203		80
	the organization's exempt status with respect to such arrangements?	16b	Х	_
	on C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ► NONE	······································		MARINE CO.
8	Section 6104 requires an organization to make its Forms 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.			
_	Own website Another's websiteX Upon request			
9	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.			
0	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► THE ASSOCIATION (703) 838-2929	9		
	113 S WEST ST 4TH FLOOR, ALEXANDRIA, VA 22314			

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

### 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. Use Schedule J-2 if additional space is needed.

- 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. 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.

Check this box if the organization did not compensate any current officer, director, or trustee. (A) (B) (D) (E) (F) Position (check all that apply) Name and Title Average Reportable Reportable Estimated hours per compensation Officer amount of other Highest compensated employee compensation Individual trustee Institutional trustee Key employee week from from related director the organizations compensation (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization and related organizations GODFREY LEBRON CHAIRMAN/DIRECTOR Х Χ n 0 TOM READY VICE CHAIR/DIRECTOR Х Х 5. 0 0 JEFF POLZIEN SECTY/DIRECTOR 5. Х Х 0 0 DAVE BOLEN TREASURER/DIRECTOR 5 Х Х 0 0 0 BILL ALLEN DIRECTOR Х n 0 0 LARRY BENJAMIN DIRECTOR 5. Х 0 0 AUTUMN DIPERT BROWN DIRECTOR 5. Х 0 0 0 GLADYS GILLIS DIRECTOR Х 0 0 0 BRIAN ANNETT DIRECTOR 5. Χ 0 0 0 DAVID BROWN DIRECTOR 5. Χ 0 0 0 JAMES BROWN DIRECTOR 5 Х 0 0 BRIAN SCOTT DIRECTOR 5. Χ 0 0 0 RALPH YOUNG DIRECTOR Х 0 0 STEVE BROWN DIRECTOR Χ 0 0 0 DALE KRAPF DIRECTOR Χ 0 0 0 JOAN LIBBY DIRECTOR 0

Form 990 (2009)

more than \$100,000 in compensation from the organization ▶

Fait VII Section A. Onicers, Directors, 17		npio	yees			ines	t Co	mpensated Em	ployees (contin	ued)
(A)	(B)			•	C)			(D)	(E)	(F)
Name and title	Average hours per week	or director		Officer	Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
MARCIA MILTON DIRECTOR	5	X						0	0	
MIKE NEUSTADT DIRECTOR	5	X						0	0	
VICTOR S. PARRA PRESIDENT/CEO	40.			х	Х	х		203,229	0	23,850
KENNETH PRESLEY UMA STAFF	40.					Х		127,193	0	17,98
1b Total							<b>&gt;</b>	330,422	0	41,835
2 Total number of individuals (including but not reportable compensation from the organization)	limited to those on ►	e liste		ove) 2	who	rece	eived	I more than \$10	0,000 in	
3 Did the organization list any <b>former</b> officer, demployee on line 1a? <i>If</i> "Yes," complete School	lirector or truste	e, ke indi	y em	nploy	ee, c	or hig	hest	compensated		Yes No
4 For any individual listed on line 1a, is the sum the organization and related organizations graindividual	n of reportable of eater than \$150	omp ,000	ensa ? <i>If '</i>	ition "Yes,	and " cor	othei mplei	r con te Sc	npensation from chedule J for suc		X
5 Did any person listed on line 1a receive or ac services rendered to the organization? If "Ye.	crue compensa s," complete Sc	tion t hedu	from	any i	unre uch t	lated	orga	anization for		X
Section B. Independent Contractors									· · · · · · · · · · · · · · · · · · ·	<del></del>
<ol> <li>Complete this table for your five highest comp compensation from the organization.</li> </ol>	pensated indepe	ende	nt co	ntrac	tors	that	rece	ived more than	\$100,000 of	
(A) Name and business add	dress							(B) Description of service	ces Com	(C) pensation
ARAMARK 3150 PAR	ADISE RD, LAS	S VE	GAS	NV	8910	)9 T		E SHOW FOOL		126,797
	33169, ATLAN							SLATIVE & REG		135,144
BUS PUBLICATIONS GF PMB 336,	2200 N YARBO	ROL	JGH,	STE		EL N	1AG/	AZINE PUBLISH	HING	172,611
CONVENTION MANAGE 10474 ARI	MSTRONG ST,	FAIF	RFAX	(, VA	220	30 T	RAD	E SHOW MANA	AGEME	152,335
LAS VEGAS HILTON 3000 PAR	ADISE RD, LAS	VE	GAS,	NV	8910	)9  T	RAD	E SHOW EXHI	BIT SPA	165,231
2 Total number of independent contractors (incl	uding but not lir	nited	to th	ose	liste	d abo	ove)	who received		

Statement of Revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
The state of the s	912, 910, 01 314
Total. Add lines 1a-1f.  c Fundraising events 1c 0 1d	
Total. Add lines 1a-1f.  c Fundraising events 1c 0 1d	
I Islam red lines to the second secon	
I Islam red lines to the second secon	
I Islam red lines to the second secon	
I Islam red lines to the second secon	
I Islam red lines to the second secon	
I Islam red lines to the second secon	
2a FORMS, PUBLICATIONS, DVD SALES   22,698   22,698	
b EXPO REVENUES 1,716,247 c NEWSLETTER SUBSCRIPTIONS 6,662 6.662	1
§ c NEWSLETTER SUBSCRIPTIONS 6,662 6,662	1,716,247
g d MEMBER DUES 523,969 523,969	
<b>e</b> SEMINARS/MEETINGS 33,175 33,175	
f All other program service revenue	
g Total. Add lines 2a–2f	
3 Investment income (including dividends, interest, and	
other similar amounts)	31,993
4 Income from investment of tax-exempt bond proceeds ▶ 0	1 3.15.55
5 Royalties	12,534
(i) Real (ii) Personal	THE STATE OF THE
6a Gross Rents	San Barrier Land
b Less: rental expenses	
c Rental income or (loss)	
d Net rental income or (loss) ▶ 0	
7a Gross amount from sales of (i) Securities (ii) Other	
assets other than inventory	
b Less: cost or other basis	
and sales expenses 0 0	AND SAFE SE
c Gain or (loss)	
d Net gain or (loss)	
8a Gross income from fundraising	
events (not including \$ 0	
of contributions reported on line 1c).	100
See Part IV, line 18	
See Part IV, line 18	
9a Gross income from gaming activities.	
See Part IV, line 19 a 0	
b Less: direct expenses	SCHOOL STATE
c Net income or (loss) from gaming activities ▶ 0  10a Gross sales of inventory, less	
returns and allowances	
b Less: cost of goods sold b	
AA. DIDECTORY ARVENTIONS	
I MENOLETTED ADJUSTANCE	
MANA OF MENT EFFO & DEMONSTRATE AND MANAGEMENT AND	***************************************
12 Total revenue. See instructions	1,760,774

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B). (C)

	o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising
1	Grants and other assistance to governments and		UADCINGCS	general expenses	expenses
	organizations in the U.S. See Part IV, line 21	0		THE RESIDENCE	
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments,	<u> </u>		INCOME STATE OF THE PERSON OF	The state of the s
	organizations, and individuals outside the			THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	
	U.S. See Part IV, lines 15 and 16	0		THE POST OF REAL PROPERTY.	
4	Benefits paid to or for members	0		LUCE SHIPS IN	
5	Compensation of current officers, directors,				
	trustees, and key employees	327,488			
6	Compensation not included above, to disqualified		·		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	422,983			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions).	20,443			
9	Other employee benefits	89,665			
10	Payroll taxes	50,415	<del>*************************************</del>		
11	Fees for services (non-employees):				
а	Management	ol			
b		39,602			
С	Accounting	86,582			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees	o			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	46,610			
14	Information technology	30,030			
15	Royalties	o			
16	Occupancy	53,320			
17	Travel	0	**************************************		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	ol			
19	Conferences, conventions, and meetings	26,887	·		
20	Interest	4,870			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	23,100	0	0	0
23	Insurance	0			
24	Other expenses. Itemize expenses not	FERNSKI DIE	A PEN ROLL S		
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				THE PLANT
	5% of total expenses shown on line 25 below.)				
а	LEGISLATIVE/REGULATORY PROGRAM	173,719			
	MEMBER BENEFIT & MAGAZINE	278,138			· · · · · · · · · · · · · · · · · · ·
	SEMINARS & MEETINGS PROGRAM	15,857			
	BOARD & COMMITTEE EXPENSES	72,679			
	EXPO EXPENSES	1,065,408			
	All other expenses Other operating expenses	62,921			
5	Total functional expenses. Add lines 1 through 24f	2,890,717	0	0	0
6	Joint costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization		land display	and the state of t	
	reported in column (B) joint costs from a combined		чениничен		
	educational campaign and fundraising		***************************************	universities,	
********	solicitation				

**Balance Sheet** 

Form 990 (2009)

### (A) (B) Beginning of year End of year 17,486 1 61,242 2 401.651 2 377,224 3 3 0 4 55,524 4 92,765 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 0 7 0 8 Prepaid expenses and deferred charges . Land. buildings, and equipment: cost or 10a 110,173 9 149,424 10a other basis. Complete Part VI of Schedule D b Less: accumulated depreciation . . . . . 10b 536.975 10c 519,301 11 1,229,720 11 1,369,011 12 Investments—other securities. See Part IV, line 11 . . . . . . . . . 449,405 12 449,405 13 Investments—program-related. See Part IV, line 11 . . . . . . . . . . . . 0 13 0 14 Ol 14 0 15 nΙ 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 2,800,934 16 3,018,372 17 17 101,413 142,114 18 18 19 645,592 19 593,798 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 22 Secured mortgages and notes payable to unrelated third parties . . . . 23 105,586 23 65,163 Unsecured notes and loans payable to unrelated third parties . . . . 24 24 0 25 0 25 0 26 Total liabilities. Add lines 17 through 25. 852,591 26 801.075 Organizations that follow SFAS 117, check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 1,948,343 2,217,297 28 28 29 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 1,948,343 33 2,217,297 34 Total liabilities and net assets/fund balances. 2.800.934 3,018,372

### Part XI **Financial Statements and Reporting** Yes No Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Х Were the organization's financial statements audited by an independent accountant? . . . . . . . Х 2b 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 Х If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were X Consolidated basis Separate basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 3a 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.

Form 990 (2009)

3b

# **Depreciation and Amortization**

# (Including Information on Listed Property)

OMB No. 1545-0172 Attachment Sequence No. 67

Department of the Treasury Internal Revenue Service Name(s) shown on return

► See separate instructions. Attach to your tax return. Business or activity to which this form relates

Identifying number

UNITED MOTORCOACH ASSOCIATION 990 23-7124152 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses 250,000 2 Total cost of section 179 property placed in service (see instructions). . . . 2 5,270 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . 3 800,000 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . 4 0 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 250,000 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 0 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 . . . . . . 9 0 10 Carryover of disallowed deduction from line 13 of your 2008 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. Add lines 9 and 10, but do not enter more than line 11 . . . . 0 13 Carryover of disallowed deduction to 2010. 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. 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). 15 Property subject to section 168(f)(1) election . 15 16 Other depreciation (including ACRS) 23,100 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 . . . . 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 2009 Tax Year Using the General Depreciation System (b) Month and (d) Recovery (c) Basis for (e) (f) (g) (a) Classification of property year placed depreciation period Convention Method Depreciation deduction in service (business/investme 19 a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM SI property 27.5 yrs MM S/L i Nonresidential real 39 yrs. MM S/L property MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs. S/L c 40-year 40 yrs MM S/L Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 22 23.100 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

### SCHEDULE D (Form 990)

# Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

UNITED MOTORCOACH ASSOCIATION 23-7124152 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . 1 Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) . . . Aggregate value at end of year . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06 . . . . . . . . 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 8 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Assets included in Form 990, Part X. **>** \$

Schedule D (Form 990) 2009

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

3 8 6 4 5	Scholarly research	that apply):  d [ e [ ditions ation's collections and explain solicit or receive donations are than to be maintained at the completer than t	Loan or exchare Other  Dolain how they further ons of art, historical the as part of the organization of t	or the organization's extreasures, or other similarition's collection?	rempt purpose in
1a	Is the organization an agent, trustee,	custodian or other interr	nediary for contribut	ions or other assets no	ot
b	included on Form 990, Part X? If "Yes," explain the arrangement in F		e following table:		Yes No
			-		Amount
C	3 3			1c	
d e	, , , , , , , , , , , , , , , , , , ,			. 1d	
f	Distributions during the year			1e     1f	
2a	Did the organization include an amou				0
b	If "Yes," explain the arrangement in F	Part XIV	iine 217	· · · · · · · · · · · · · · · · · · ·	Yes X No
Par		lete if the organization	answered "Yes" to	Form 990. Part IV.	line 10
			rior year (c) Two ye		
1a	Beginning of year balance				
b c	Contributions .				
·	Net investment earnings, gains, and losses				
d	Grants or scholarships				CALL TO THE PERSON OF T
е	Other expenditures for facilities				
	and programs		1 = 1 = 1 = 1 = 1 = 1		
f	Administrative expenses				世 医里尔德克曼
g	End of year balance	<u>ol</u>	0		
2 a	Provide the estimated percentage of t Board designated or quasi-endowmer	the year end balance held	d as:		
b	Permanent endowment		2		
С	Term endowment ▶ %				
3a	Are there endowment funds not in the	possession of the organ	ization that are held	and administered for t	he
	organization by:				Yes No
	(i) unrelated organizations				3a(i)
h	(ii) related organizations				3a(ii)
b 4	If "Yes" to 3a(ii), are the related organ	izations listed as require	d on Schedule R?		3b
Part	Describe in Part XIV the intended use  VI Investments—Land, Buildi	ngs and Equipment	See Form 000 D	art V line 10	
	Description of investment	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	7.15.75
	,	(investment)	basis (other)	depreciation	(d) Book value
1a	Land	. 0	128,884		128,884
b	Buildings	0		0	456,953
C	Leasehold improvements		96,975	0	96,975
d	Equipment	0	37,213	0	37,213
E Total	Other	0	123,959	0	123,959
: Utdl	. Add lines 1a through 1e. (Column (d)	ınust equal ⊢orm 990, P	art Χ, column (B), lin	e 10(c).) ▶	843,984

Schedule D (Form 990) 2009		Pag	16
Part VII Investments—Other Securities.	See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
Financial derivatives	0		
Closely-held equity interests	449,405	COST	-
Other	0		_
	0		
	0		_
	0		
	0		
	0		
	0		_
	0		
Table (Calendary)	0		_
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments—Program Related.	0		ì
	See Form 990, Part X,		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
	0	Cost of end-of-year market value	
	0		
	0		-
	0		
	0		_
	0		_
	0		
	0		
	0		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0		
Part IX Other Assets. See Form 990, Part			-
(a) D	escription	(b) Book value	
			(
			(
			(
			(
			(
			<u>_</u>
			(
			$\frac{c}{c}$
			0
otal. (Column (b) must equal Form 990, Part X, col.  Part X  Other Liabilities. See Form 990. P	(B) line 15.)		0
Other Liabilities. See Form 990, P  (a) Description of liability			_
ederal income taxes	(b) Amount		
TTO. C. T. COTTIC CANCO			

Other Liabilities. See Form 990	, Part X, line 25.	
1. (a) Description of liability	(b) Amount	
Federal income taxes		
	A	
	***************************************	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		

2. FIN 48 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.

Schedule D (Form 990) 2009 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Part XI 2,995,793 Total expenses (Form 990, Part IX, column (A), line 25) . . . . . . . . . . . . . . . . 2 2 2,890,717 3 3 105,076 4 4 110,286 5 5 6 6 7 7 Other (Describe in Part XIV.) 8 8 53,593 9 9 163,879 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 10 268,955 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 3,161,120 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 2a 110.286 h 2b C 2c d 2d 55.042 e 2e 165,328 3 3 2,995,792 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 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 2,995,793 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements . . . . . . 2,892,165 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: b 2b С 2c Other (Describe in Part XIV.) d 2d 1.450 2e 1,450 3 2,890,715 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 2.890.717 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, line 2; 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. Part XII Line 2d CASH BASIS ADJUSTMENT Part XII Line 4b ROUNDING ADJUSTMENT Part XIII Line 2d CASH BASIS ADJUSTMENT Part XIII Line 4b ROUNDING ADJUSTMENT Part XI Line 8 CASH BASIS ADJUSTMENTS & ROUNDING.

### SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number

	ITED MOTORCOACH ASSOCIATION	23-71241	52	,
Pa	art I Questions Regarding Compensation			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these item	Form	Yes	No
	First-class or charter travel Housing allowance or residence for personal use		100	THE REAL PROPERTY.
	Travel for companions Payments for business use of personal residence			121
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		1	100
			1000	103
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			dinie.
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			
2	explain	<u>1b</u>	-	
-	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract		1318	
	☐ Independent compensation consultant ☐ Compensation survey or study		136	
	Form 990 of other organizations  X Approval by the board or compensation committee		1	
		3		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:			
a b	Receive a severance payment or change-of-control payment?	. 4a		Х
c	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?	. 4b		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4c		Х
		250	STATE OF	
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.	100	1	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		1	
а	compensation contingent on the revenues of: The organization?		A STATE	7
b	The organization? Any related organization?	. <u>5a</u>		
	If "Yes" to line 5a or 5b, describe in Part III.	. 5b	-	STERNING STREET
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:	2013		
a	The organization?	. 6a		
b	Any related organization?	. 6b		
7	If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	mi ma		44
•	payments not described in lines 5 and 6? If "Yes," describe in Part III.	_		
8	vere any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was	. 7		
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe	-		
	in Part III	. 8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	a		

23-7124152

anie J (Form 990) Zoo9

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 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

		(B) Breakdown of	of W-2 and/or 1099-MISC compensation	SC companeation				
			(ii) Bonis & incontin	oc compensation	(C) Retirement and			(F) Companiestion
( <b>7</b> ) varne		compensation	compensation	reportable	other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	reported in prior
				compensation	-			Form 990-EZ
VICTOR S. PARRA	€	203,229	0	0	6,402	17.448	070 766	223 033
	≘	0	0	0	0			000,033
	$\equiv$	0	0	0	0	C		
		0	0	0	0	0		0.0
	€	0	0	0	0	0		
	Ξ	0	0	0	0	0		0.0
	€	0	0	0	0	0	0	
		0	0	0	0	0	0	
	Ξ	0	0	0	0	0	0	
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	<b>≡</b>	0	0	0	0	0	0	
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	(	0	0	0	0	0	0	
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	Ξ	0	0	0	0	0	0	
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	<b>E</b>   8	0	0	0	0	0	0	0
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	€ {	0	0	0	O	0	0	0
	<b>E</b>   6	0	0	0	0	0	0	0
	€ (	0	0	0	0	0	0	0
	<b>=</b>	0	0	0	0	0	0	0
	Ξ :	0	0	0	0	0	0	0
	引	Ō	0	0	0	0	0	0

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.
Schedule J (Form 990) 2009

### **SCHEDULE O** (Form 990)

# Supplemental Information to Form 990

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**UNITED MOTORCOACH ASSOCIATION** 

➤ Attach to Form 990. Employer identification number

UNITED MOTORCOACH ASSOCIATION	23-7124152
Form 990 Part VI Section A Line 6,7a,7b DUES-PAYING MEMBERS ANNUALL	Y ELECT BY VOTE MEMBERS OF
THE GOVERNING BOARD, VOTE ON VARIOUS PROPOSALS, MANAGEMEN	IT DECISIONS FOR OPERATING THE
ASSOCIATION SUCH AS THE ANNUAL BUDGET, NEW PROGRAMS, ETC.	
Form 990 Part VI Section A Line 10 A DRAFT COPY OF THE FORM 990 IS CIR	CULATED TO THE BOARD OF
DIRECTORS WHO HAVE UP TO A WEEK TO REVIEW IT AND MAKE ANY CO	MMENTS ON THE PRESENTATION.
Form 990 Part VI Section B Line 12a,b,c THE ASSOCIATION MONITORS CON	FLICT OF INTEREST BY
HAVING AN OPEN-DOOR POLICY. MEMBERS OF THE GOVERNING BODY H	HAVE AN ANNUAL MEETING AT WHICH
CONFLICTS OF INTEREST CAN BE DISCLOSED. IN ADDITION, MEMBERS O	F THE BOARD CAN NOTIFY THE
ASSOCIATION OF CONFLICTS OF INTEREST AT ANY TIME.	
Form 990 Part VI Section B Line 15,a,b THE GOVERNING BOARD DETERMINE	S COMPENSATION OF THE
PRESIDENT & CEO VIA REFERENCE TO CURRENT BUSINESS TRENDS ANI	D SALARY SURVEYS FOR THE TYPE OF
ASSOCIATION AND ITS SIZE ON AN ANNUAL BASIS. COMPENSATION ADJU	ISTMENTS ARE APPROVED BY THE
EXECUTIVE COMMITTEE AND ARE NOTED IN THE MINUTES OF THE BOAR	D.
Form 990 Part VI Section C Line 19 THE ASSOCIATION ALLOWS INSPECTION	OF ITS GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEME	NTS BY MEMBERS AND BY THE PUBLIC
UPON WRITTEN REQUEST.	
***************************************	
	***************************************

SCHEDULE R (Form 990) Department of the Treasury

Name of the organization

UNITED MOTORCOACH ASSOCIATION

Part

Related Organizations and Unrelated Partnerships

▶ See separate instructions.

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$\approx$	ŀ
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OMB No. 1545-0047

Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990. **A** 

Employer identification number 23-7124152

(f)
Direct controlling
entity (f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it 0 0 (e)
Public charity status
(if section 501(c)(3)) O O (e) End-of-year assets C (d) Exempt Code section Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (d) Total income 501(C)6 (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) VIRGINIA (b) Primary activity Primary activity **EDUCATIONAL** had one or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization (a) Name, address, and EIN of disregarded entity S WEST ST PMB 416, ALEXANDRIA, VA 22314 BUS & MOTORCOACH ACADEMY 26-0146595 Part II 107

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

23-7124152 Liberation of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34

<b>3</b> 4	(i) General or managing partner?	Yes No	1									(h) Percentage ownership		80.00%	%	%		0/	%	%	%
raysers as a rainership (Complete II the Organization answered "Yes" to Form 990, Part IV, line 34 sations treated as a partnership during the tax year.)	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	L	<b>D</b>	0	0	0	0	0	C	Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part ated organizations treated as a corporation or trust during the tax year.)	Share of Peend-of-year assets or		0	0				0	0	0
Yes"to ⊦orr	(h) Disproportionate allocations?	Yes No									Iswered "Ye	(f) Share of total income		0	0	0				0	0
answered "	(g) Share of end-of-year assets		C			0	0	0	0	C	inization ar	Share of									
ganization vear.)	I .		C		<b>D</b>	0 0	0	0	0	c	e if the orga	(e) Type of entity (C corp, S corp,	or adsay	C Corp							
during the tax	(f) Share of total income										rust (Complete	(d) Direct controlling entity		N/A							
ar thership (৩৩ as a partnership	(e) Predominant income (related, unrelated, excluded from tax under sections	110000									orporation or T	(c) Legal domicile (state or foreign country)		VA							
izations treated	(d) Direct controlling entity										Taxable as a Cated organization	(b) Primary activity		MARKETING					A THE REAL PROPERTY OF THE PRO		
	(c) Legal domicile (state or foreign country)										anizations or more rela	uo		22314	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	# F	1 2 3 5 5 7 8	# # # # # # # # # # # # # # # # # # #		
because it had one or more related orgar	(b) Primary activity										Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answard in 34 because it had one or more related organizations treated as a corporation or frust during the tax year)	(a) Name, address, and EIN of related organization		ALEXANDRIA, VA	1		# # # # # # # # # # # # # # # # # # #	5 8 1 2 2 8 8 8 8 5 5 5 5 5 5 5 7 7 7 7 7 7 7 7 7	# # # # # # # # # # # # # # # # # # #	# # # # # # # # # # # # # # # # # # #	
pecause it had	(a) Name, address, and EIN of related organization		# # # # # # # # # # # # # # # # # # #			1 2 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	# 1			Part IV Identification IV, line 34 bec	Name, address, and E	S S OM MOO STEADS IS	PUSPER LES, COM, INC. 2U-3/53393 107 S WEST ST PMB 739, ALEXANDRIA, VA 22314	1			# # # # # # # # # # # # # # # # # # #	# # # # # # # # # # # # # # # # # # #	THE REPORT OF THE PROPERTY OF	

23-7124152

Part V

# Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

16,500 15,000 127,900 76,834 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Yes 4 ٢ 9 <u>e</u> **=** Ę 무 פֿ ļ d <del>\*</del> Performance of services or membership or fundraising solicitations for other organization(s). Transaction During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? type (a-r) × Ε Q. Purchase of assets from other organization(s). Sharing of facilities, equipment, mailing lists, or other assets.
Sharing of paid employees. Gift, grant, or capital contribution from other organization(s)....... Loans or loan guarantees by other organization(s). . . . . . . Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity. Performance of services or membership or fundraising solicitations by other organization(s). Lease of facilities, equipment, or other assets from other organization(s). . . . Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Name of other organization Reimbursement paid by other organization for expenses. Loans or loan guarantees to or for other organization(s). Other transfer of cash or property from other organization(s) Gift, grant, or capital contribution to other organization(s). Reimbursement paid to other organization for expenses. Sale of assets to other organization(s). BUS & MOTORCOACH ACADEMY Exchange of assets. . . . BUSRATES.COM, INC. BUSRATES.COM, INC. BUSRATES.COM, INC. ٩ b ပ E = 0 3 2 3 (4) N 9 (9)

# Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(g)	(2)	5					
Name, address, and EIN of entity	Primary activity	nicile	Are all partners	(e) Share of	(f) Disproportionate		E	;
			section 501(c)(3)	end-of-year assets	allocations?		managing	ing .
			organizations?			(Form 1065)	partner?	<u>~</u>
			Yes No		Yes No		\ \ \ \	N.
				0		0		-
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						)	-	

Part VII, Section B, Line 1 (990) - Highest Compensated Independent Contractors

Na	ime and address of each independent contractor paid more than \$100,000	Description of Services	
	Name ARAMARK	TRADE SHOW FOOD & BEVERAGE	Compensation 126,797
1.	Street 3150 PARADISE RD	The state of the s	126,797
••	City LAS VEGAS ST NV ZIP 89109	Explanation	
	Check if Business X Foreign Country	,	
	Name PRIME POLICY GROUP LLC	LEGISLATIVE & REGULATORY	135,144
2.	Street PO BOX 933169		100,177
	City ATLANTA ST GA ZIP 31193	Explanation	
	Check if Business X Foreign Country		
3.	Name BUS PUBLICATIONS GROUP INC	MAGAZINE PUBLISHING	172.611
	Street PMB 336, 2200 N YARBOROUGH, STE B		
	City EL PASO ST TX ZIP 79925	Explanation	
***************************************	Check if Business X Foreign Country		
	Name CONVENTION MANAGEMENT GROUP INC	TRADE SHOW MANAGEMENT	152,335
4.	Street 10474 ARMSTRONG ST		102,000
٠,	City FAIRFAX ST VA ZIP 22030	Explanation	
	Check if Business X Foreign Country	,	
	Name LAS VEGAS HILTON	TRADE SHOW EXHIBIT SPACE	165 221
5.	Street 3000 PARADISE RD		165,231
٠.	City LAS VEGAS ST NV ZIP 89109	Explanation	
~	Check if Business X Foreign Country	,	



# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Internal Revenue Service  The organization may have to use a copy of this return to satisfy state  A For the 2008 colored and a service   The organization may have to use a copy of this return to satisfy state  A For the 2008 colored and a service   The organization may have to use a copy of this return to satisfy state  A For the 2008 colored and a service   The organization may have to use a copy of this return to satisfy state  A For the 2008 colored and a service   The organization may have to use a copy of this return to satisfy state  The organization may have to use a copy of this return to satisfy state  The organization may have to use a copy of this return to satisfy state  The organization may have to use a copy of this return to satisfy state  The organization may have to use a copy of this return to satisfy state  The organization may have to use a copy of this return to satisfy state  The organization may have the copy of the	e reporting requirem	Open to Public
A For the 2008 calendar year, or tax year beginning JULY 1 , 2008, and end		
B Check if applicable: Please C Name of organization UNITED MOTORCOACH ASSOCIATION		0 , 20 09 mployer identification numb
Address change use IRS label or Doing Business As		
Name change   print or type.   Number and street (or P.O. box if mail is not delivered to street address)   Room/s		23 7124152 elephone number
Initial return See 113 S WEST STREET		
Termination Specific Instruc- City or town, state or country, and ZIP + 4	4TH FL ( 7)	03 ) 838-2929
Amended return tions. ALEXANDRIA VA 22314	1	
Application pending F Name and address of principal officer: VICTOR PARRA		ross receipts \$ 3,028,3
113 S WEST ST 4TH FL, ALEXANDRIA, VA 22314		return for affiliates? Yes
I Tax-exempt status:     501(c) ( 6 )    (insert no.)	H(b) Are all affili	ates included? Yes
J Website: ► WWW.UMA.ORG		ach a list. (see instructions)
C Type of every leading 100 miles	H(c) Group exemption	
Part I Summary   L Year of forma	tion: 1971 M Sta	ate of legal domicile: VA
OWNER/OPERATORS OF MOTORCOACH BUSES BY PROVIDING PROGRATORS OF MOTORCOACH INDUSTRY INCLUDING AN ANNUA BI-MONTHLY NEWSLETTER, AND VARIOUS AFFINITY PROGRAMS.  Check this box  if the organization discontinued its operations or disposed of more than Number of voting members of the governing body (Part VI, line 1a).  Number of independent voting members of the governing body (Part VI, line 1 Total number of employees (Part V, line 2a).  Total number of volunteers (estimate if page 2000).	AMS TO DISSEMI LL EXPOSITION, T	N REPRESENTING NATE INFORMATION FRAINING SEMINARS,
3 Number of voting members of the governing body (Part VI, line 1a)		- 1
4 Number of independent voting members of the recommittee of the recom		3 1
<ul> <li>Number of independent voting members of the governing body (Part VI, line 1</li> <li>Total number of employees (Part V, line 2a)</li> </ul>	b)	4 1
6 Total number of employees (Part V, line 2a). 6 Total number of volunteers (estimate if necessary)		5
The results of volunteers (estimate if flecessary)		6
<ul> <li>7a Total gross unrelated business revenue from Part VIII, line 12, column (C).</li> <li>b Net unrelated business taxable income from Form 990-T, line 34.</li> </ul>		'a 495,40
The state of the s		'b -65,40
8 Contributions and grants (Part VIII line 1b)	Prior Year	Current Year
and granto (rait viii, mie iri)		*****
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A) lines 3, 4, and 7d)	2,290,77	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	113,78	39,82
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue—add lines 8 through 11 (must occur Red VIII) actions (A) (1)	521,84	497,92
add into 5 anough 11 (must equal Part VIII, column (A), line 12)	2,926,41	1 2,955,98
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	753,57	8 830,54
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising fees (Part IX, column (A), lines 11e)  17 Total fundraising expresses (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,970,77	2,126,881
18 Total expenses. Add lines 13–17 (must equal Part IX column (Δ) line 25)	2,724,35	
19 Revenue less expenses. Subtract line 18 from line 12	202,06	
	Beginning of Year	End of Year
20 Total assets (Part X, line 16)	2,900,098	
21 Total habitues (Fart A, line 20)	861,069	2,000,004
TO THE PARTY OF TH	2,039,029	
art II Signature Block		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedul and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on a	es and statements, and ill information of which	to the best of my knowledge preparer has any knowledge
re Signature of officer	D. (.	
	Date	
Type or print name and title		
Preparer's signature / // // // // // // Date Chesself-emp		s identifying number actions)
Only if self-employed). TWW ASSOCIATES LLC	EIN >	2
address, and ZIP + 4 PO BOX 10404, ROCKVILLE, MD 20849-0404		(4) 074 5407
the IRS discuss this return with the preparer shown above? (see instructions)		

Form 8868 (Rev. 4-2009)

U.S. Postal Service MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

OGAS TO SET TO

Department of the Treasury

Internal Revenue Service

OGDEN UT 84201-0074

5441

IRS USE ONLY

29404-318-63520-9 237124152

A0118053

For assistance, call: 1-877-829-5500

Notice Number: CP211A Date: December 21, 2009

**Taxpayer Identification Number:** 

23-7124152 Tax Form: 990

Tax Period: June 30, 2009

082435.673130.0287.006 1 AB 0.360 370 



082435

UNITED MOTORCOACH ASSOCIATION 113 S WEST ST STE 400 ALEXANDRIA VA 22314-2851002

# APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We have received your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.

We have approved your request and have extended the due date to file your return to February 15, 2010.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

# Reminder - You May Be Required to File Electronically

Exempt organizations may be required to file certain returns electronically. For tax years ending on or after December 31, 2006, the electronic filing requirement applies to exempt organizations with \$10 million or more in total assets if the organization files at least 250 returns in a calendar year, including income, excise, employment tax and information returns. Private foundations and charitable trusts will be required to file Forms 990-PF electronically regardless of their asset size, if they file at least 250 returns annually. For more information, go to www.irs.gov. Click "Charities and Non-Profits" and look for the "e-file for Charities and Non-Profits" tab.

For tax forms, instructions and information visit www.irs.gov. (Access to this site will not provide you with your specific taxpayer account information.)

P	art III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: TRADE ASSOCIATION FORMED TO REPRESENT THE INDUSTRY INTERESTS OF INDEPENDENT OWNERS AND
	OPERATORS OF MOTORCOACH BUSES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
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.
4a	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) ANNUAL EXPOSITION - ANNUAL TRADE SHOW DESIGNED TO PROVIDE MEETING AND SEMINARS TO REGISTRANTS PRESENTING RELEVANT TALKS AND DISCUSSIONS ON THE MOTORCOACH INDUSTRY, TO PROVIDE MANAUFACTURERS AND PARTS SUPPLIERS A FORUM TO PRESENT THEIR GOODS AND SERVICES TO OWNERS/OPERATORS IN THE MOTORCOACH INDUSTRY.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  MEMBER SERVICES - PROGRAMS TO MAKE MEMBERS AWARE OF CERTIFICATION PROGRAMS, SAFETY  PROGRAMS, AFFINITY PROGRAMS, AND LEGISLATIVE AND REGULATORY DEVELOPMENTS THAT MAY  IMPACT THE INDUSTRY. MEMBERSHIP INCLUDES AN ANNUAL SUBSCRIPTION TO "BUS & MOTORCOACH  NEWS" BI-MONTHLY NEWSLETTER.
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  BUS & MOTORCOACH NEWS - BI-MONTHLY NEWSLETTER PUBLICATION TO DISSEMINATE INFORMATION  TO MEMBERS ON THE MOTORCOACH INDUSTRY ON THE TOPICS OF LEGISLATIVE DEVELOPMENTS,  BUS SECURITY, TRAINING & CERTIFICATION, BUS SAFETY, AND BUS OPERATIONS.
	······································
d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>e</u>	Total program service expenses ► \$ (Must equal Part IX, Line 25, column (B).)

Part IV	Checklist	of	Require	d	Sched	lules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		<b>✓</b>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	000 000 000 000 000 000 000 000 000 00	<b>✓</b>
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		<b>✓</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		·
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	-		<b>*</b>
10 11	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	10	<b>√</b>	<b>✓</b>
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	<b>/</b>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		✓
b	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		<b>✓</b>
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? If "Yes," complete Schedule F, Part II.	15		✓
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, Part III	16	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	✓
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G. Part I	17		✓
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		$\checkmark$
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	00	,	
01-		23	Y	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.	24a		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			<u> </u>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
٨	to defease any tax-exempt bonds?	24c		······································
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  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	24d 25a		***************************************
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	-		
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	26		<b>.</b>
-	res, complete Schedule L, Part III	27	:	¥

# Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		<b>✓</b>
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.	28b		<b>√</b>
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		<b>√</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>√</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<b>✓</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>✓</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	<b>✓</b>	enter soldidare da con
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	<b>✓</b>	
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	-		ang ang ang ang Aribert State (Antonio State (Antonio State (Antonio State (Antonio State (Antonio State (Anto
	vi , , , , , , , , , , , , , , , , , , ,	37		1

Form **990** (2008)

Pá	art V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	N
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
C				
	gaming (gambling) winnings to prize winners?	1c	✓.	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  2a  11			
b	The state of the s	2b	1	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	2.17		The same
	instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	1	B
b		3b	✓	
	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		<b>√</b>
b	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.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓.
b	and any the strains action that it was or is a party to a prombited tax sheller transaction?	5b		✓
c	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Sample and the sample	6a		✓
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).	F g	133	
а	\$75?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	required to file Form 8282?	7c	CALLED TO SERVICE SERV	✓
	If "Yes," indicate the number of Forms 8282 filed during the year	DE F	501	
е		7e		1
f		7f		✓
g		7g		
		7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	<b>509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	0	02010	
	Political and the second of th	9a		
b		9b		
	Section 501(c)(7) organizations. Enter:		EB	HE
а	Initiation fees and capital contributions included on Part VIII, line 12	23		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		TE S	
1	Section 501(c)(12) organizations. Enter:	5		
	Gross income from members or shareholders	12	1	
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)  Section 4947(a)(1) page exempt shortishly trusts to the appropriate filling 5 and 200 in the control of			
b	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 year.   12b	2a		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the	DATE:	103	INC
4	circumstances, processes, or changes in Schedule O. See instructions.			
	a Enter the number of voting members of the governing body	CHICAGO		1
	The state of the s		100	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		District of	1250
_	any other officer, director, trustee, or key employee?	2		✓
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		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6	✓	
78				
	of the governing body?	7a	1	:
ł	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	<b>BILL</b>	SH SI	1 3
_	the year by the following:		lerb.	
	The governing body?	0-	1	
Ł		8a	<b>∨</b>	
_	The same desired to determ behavior the governing body:	8b	٧	
9a	or annator in the state of the	9a		✓
t	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?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	✓	
11	Is there any officer, director or 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	11		1
Se	ction B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	/	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	1	
_	Door the organization regularly and applicable	1 4		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13	Dong the experiencies have a written did to the	13	<b>V</b>	
14		+		*************
15	Does the organization have a written document retention and destruction policy?	14	1	2151
15	Did the process for determining compensation of the following persons include a review and approval by	300	2.0	
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	THE ST		-
		15a	<b>✓</b>	^
b		15b	<b>✓</b>	
	Describe the process in Schedule O. (see instructions)	353	BELL !	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
		16a	✓	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	11 1		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	450		
	the organization's evenuet status with respect to any	16b	/	
Sec	tion C. Disclosure			-
17	List the states with which a copy of this Form 990 is required to be filed ▶NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)	(2)n =	nd A	
	available for public inspection. Indicate how you make these available. Check all that apply.	(3)5 0	іпу)	
19	and the second s			
13	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict o	t inter	rest	
00	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and record organization: ► VICTOR PARRA, 113 S WEST ST 4TH FLOOR, ALEXANDRIA, VA 22314 AT 703-838-2929	ds of	the	

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- 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 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.

Check this box if the organization did not		any	offic	cer,	dire	ector,	trus	tee, or key en	nployee.	
(A)	(B)				C)			Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Name and Title	Average hours per week	ndividual trustee	Institutional trustee	chec Officer	Key employee	Highest compensated employee	Pormer Former			
BILL ALLEN DIRECTOR	5							.00	.00	00
	-	✓				-		.00	.00	.00
AUTUMN DIPERT-BROWN DIRECTOR	5	1						.00	.00	.00
LARRY BENJAMIN		V		-	-	<u> </u>			~	**************************************
DIRECTOR	5	1				***************************************		.00	.00	.00
GLADYS GILLIS	_									
DIRECTOR	5	1					-	.00.	.00	.00
BRIAN ANNETT	5									
DIRECTOR	3	1						.00	.00	.00
DAVID R. BROWN	5							.00	00	00
DIRECTOR		✓						.00.	.00	.00.
JAMES BROWN	5						- Victoria	.00	.00	.00
DIRECTOR BRIAN SCOTT		<b>√</b>								.00
DIRECTOR	5		The state of the s	1		T management		.00	.00	.00
RALPH YOUNG		✓	-				-			
DIRECTOR	5	1			Tana Cara		1	.00	.00	.00
STEVE BROWN		<b>-</b>		-			-			
DIRECTOR	5	1	de de la companie	-			7	.00	.00	.00
DALE KRAPF	5									
DIRECTOR	J	✓						.00	.00	.00
JOAN LIBBY	5		Approximate and a	900	-			.00	.00	00
DIRECTOR		✓						.00	.00	.00
MARCIA MILTON	5		1		No. of Contra	***************************************	- Anna Anna Anna Anna Anna Anna Anna Ann	.00	.00	.00
DIRECTOR		<b>√</b>		-					.00	.00
MIKE NEUSTADT DIRECTOR	5	/			1000	Olas de la constitución de la co	Trees of the same	.00	.00	.00
			-							One of the second states of the second secon
	de de la communicación de	and the second second				-			- managaman managaman masandadadada madada ipringayayayayayayayayayayayayayayayayayayay	
	ar an any control of the control of	made of the second				AND DESCRIPTION OF THE PARTY OF	Line and the second	PERSONAL AND ADMINISTRATION OF THE PROPERTY OF		***************************************

P	art VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	ploy	ees	, an	ıd Hig	hes	t Compensate	d Employees (co	ontinued)
	(A)	(B)				C)		(D)		(E)	(F)
	Name and title	Average hours per week	ndividual trustee or director		Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	ODFREY LEBRON RECTOR / CHAIR	5	/		1			-	.00	.00	.00
	DM READY RECTOR / VICE CHAIR	5	1		<b>√</b>				.00	.00	.00
	FF POLZIEN RECTOR / SECRETARY	5	1		√		-		.00	.00	.00
	AVE BOLEN RECTOR / TREASURER	5	1		<b>√</b>				.00	.00	.00
	CTOR S. PARRA RESIDENT / CEO	40			· •	1			201,110.91	.00	21,922.00
	NNETH E. PRESLEY MPLOYEE	40			•	•	1		125,923.93	.00	17,913.00
						100			and the state of t	alle 19 alulus, alulusiani alulusiani aluksi ay ilay jama ay	
		and the contract of the contra				i					
											Complete de la companya del la companya de la compa
									***************************************		
											The state of the s
1b	Total					-			327,034.84	.00	39,835.00
2	Total number of individuals (including those organization ▶ 2	in 1a) who	o rece	eive	d m	ore	than	\$10			tion from the
3	Did the organization list any <b>former</b> officer employee on line 1a? If "Yes," complete Sc	r, director o	or tru	stee ch ir	e, ke ndivi	ey e idua	mplo a/ .	yee,	or highest co	mpensated	3 🗸
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? If "Yes," complete Schedule J for such										4 🗸
5	Did any person listed on line 1a receive of services rendered to the organization? If "Y	or accrue o 'es," compl	comp lete S	ensa che	atior dule	n fro	om a	ny u ch p	inrelated organ	nization for	5 🗸
	ction B. Independent Contractors										***************************************
1	Complete this table for your five highest co- compensation from the organization.	mpensated	l inde	pen	den	t cc	ontrac	tors	that received	more than \$100	),000 of
	(A) Name and business address							(B) Description of services			(C) ompensation
СО	NVENTION MANAGEMENT GROUP INC						-	TRA	DE SHOW MO	SMT	164,765
								*******			
2	Total number of independent contractors (in compensation from the organization ► 1	ncluding th	ose ii	າ 1)	wh	o re	ceive	d m	ore than \$100	,000 in	

Pa	irt V	III Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
tributions, gifts, grants	<b>E</b> 1	a Federated campaigns 1	а		- I I I I I I I I I I I I I I I I I I I		1 312, 313, G 314
gra	פַּר	b Membership dues 1	b				
ts,	₹	c Fundraising events 1	C				
ġ.	<u> </u>	d Related organizations 10	d				
ns,	EIS.	e Government grants (contributions). 1	9				
Ę	Ē.	f All other contributions, gifts, grants,					STATE OF STATE
Ë.	5	and similar amounts not included above 11					3.5
Contributions, o		<ul><li>Moncash contributions included in lines 1a-1f:</li><li>Total. Add lines 1a-1f</li><li></li></ul>					
		h Total. Add lines 1a-1f	Business Code				56
Program Service Revenue	2	BM NEWS SUBSCRIPTIONS	Dusiness Code	5,506	5,506		
Rev	2	TRADE SHOW/ EXPO	* *	1,843,096	3,300		1 943 000
ce		PUBLICATION SALES		20,793	20,793		1,843,096
še v		SEMINARS/MEETINGS		39,095	39,095		
E		MEMBER DUES		482,991	482,991		
ogre	1	f All other program service revenue		26,752	26,752	······································	
<u> </u>	Ç	Total. Add lines 2a-2f	>	2,418,233	THE STATE OF THE PARTY.	Midsimit	
	3	Investment income (including divide other similar amounts) Income from investment of tax-exempt		49,176			49,176
	5	Royalties	· ·	13,637			13,637
		(i) Real	(ii) Personal			A CHARLES	13,037
	6a	Gross Rents					
	1	Less: rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 63,0	00				
	b	Less: cost or other basis and sales expenses . 72,3	47				
		Gain or (loss)	47				
	d	Net gain or (loss)	. <u></u>	-9,347			-9,347
Revenue	8a	Gross income from fundraising	1				
Ver		events (not including \$				ta Ralling	
Re		of contributions reported on line 1c). See Part IV, line 18					A THE REST
er	<b>L</b>		a		HARLEY TO		
Other	C	Less: direct expenses	b events	I SERVICE DE LA COMPTENSION DE	THE PERSON NAMED IN	THE THE PARTY	
		Gross income from gaming activities.					
	L	See Part IV, line 19					
	D	Less: direct expenses	b				
	2		tivities				
	IUa	Gross sales of inventory, less			THE WAY		
	h	returns and allowances Less: cost of goods sold	b b				
		Net income or (loss) from sales of inve			A DESCRIPTION OF THE REAL		
		Miscellaneous Revenue	Business Code				
	11a	DIRECTORY ADVERTISING	541800	25,965	de manu	25,965	WI THE PARTY OF THE
	b	BM NEWS ADVERTISING	541800	204,472		204,472	
	c	NSTA FEES & REIMBURSEME	561000	253,851		253,851	
	-	All other revenue			Prop	233,031	
		Total. Add lines 11a–11d	<b>&gt;</b>	484,288		Market Label of	14 8 8
		Total Revenue. Add lines 1h, 2g, 3,		7,			
	-	9c, 10c, and 11e		2,955,987	575,137	484.288	1.896.562

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	On not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. 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	213,387			
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	479,803			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	19,664			
9	Other employee benefits	71,705			inter — Color alla colorina — — — que se en enconsesso se estados Palabadas a de la colorida del colorida del colorida de la colorida del la colorida de  la colorida de la
10 11 a	Payroll taxes	45,982			
b		39,778			
c		68,599			
	Lobbying		***		
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other	56			
12	Advertising and promotion	16,697			
13	Office expenses	197,411			
14	Information technology	29,862			
15	Royalties	40.404			***************************************
16	Occupancy	49,191			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	36,202	~~~		
20	Interest				
21	Payments to affiliates	22,813			
22 23	Depreciation, depletion, and amortization .  Insurance	22,013			
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
a b	LEGISLATIVE & REGULATORY PGM MEMBER BENEFIT PROGRAM	181,426 4,226			
С	SEMINARS & MEETINGS PROGRAM	18,421			AND THE PARTY OF T
d	BOARD & COMMITTEE EXPENSES	76,121			thinking may be a second of the subsequence over \$1.55 per
е	TRADE SHOW EXPENSES	1,150,152		PP-44 all this bit was the first of the first gave accommunity to the second state of	
f	All other expenses BM NEWS EXPENSES	235,926	-		
	Total functional expenses. Add lines 1 through 24f	2,957,422			
26	Joint Costs. Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

G	art X	Balance Sheet			Page 1
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	48,840	) 1	17,486
	2	Savings and temporary cash investments.	625,536	2	401,651
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	132,863	4	55,524
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
_	9	Prepaid expenses and deferred charges	197,335	9	110,173
	10a	Land, buildings, and equipment: cost basis 10a 838,557			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	556,774	10c	536,975
	11	Investments—publicly traded securities	1,338,750	11	1,229,720
	12	Investments—other securities. See Part IV, line 11		12	449,405
	13	Investments—program-related. See Part IV, line 11	***************************************	13	
	14	Intangible assets		14	
	15 16	Other assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 34)	2 222 222	15	and the second s
	17	Accounts payable and accrued expenses	2,900,098	16	2,800,934
	18	Grants payable	83,087	17 18	101,413
	19	Deferred revenue	777,982	19	645,592
	20	Tax-exempt bond liabilities	777,002	20	043,392
ies	21	Escrow account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	105,586
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	861,069	26	852,591
alances	Periodologia Famourous	Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	2,039,029	27	1,948,343
8	28	Temporarily restricted net assets		28	
Fund	29	Permanently restricted net assets		29	
ō		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	2.00		
Net Assets		Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et	32 33	Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances		32	
z	34	Total liabilities and not prosts that		33	1,948,343
Pa	rt XI	Financial Statements and Reporting	2,900,098	34	2,800,934
					Yes No
1		unting method used to prepare the Form 990: <a> Z</a> Cash <a> Accrual</a>	Other		
2a	Were	the organization's financial statements compiled or reviewed by an independent	endent accountant?		2a ✓
b	Were	the organization's financial statements audited by an independent accour	ntant?		2b ✓
С	If "Yes	s" to lines 2a or 2b, does the organization have a committee that assumes res	ponsibility for oversi	ght o	f
	the au	udit, review, or compilation of its financial statements and selection of an indepresult of a federal award, was the organization required to undergo an auc	pendent accountant? dit or audits as set f	orth	<b>2c √</b>
	the Si	ingle Audit Act and OMB Circular A-133?			3a ✓
	11 100	s," did the organization undergo the required audit or audits?			3b

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

	III TO MOTOR CO. A CALL A CO. C.		Employer identification number
	IITED MOTORCOACH ASSOCIATION		23 7124152
Lik	ort I Organizations Maintaining Do the organization answered "Yes	nor Advised Funds or Other Similar " to Form 990, Part IV, line 6.	Funds or Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and funds are the organization's property, subj	donor advisors in writing that the assets ect to the organization's exclusive legal c	held in donor advised ontrol? Yes No
6	Did the organization inform all grantees, do used only for charitable purposes and not	onors, and donor advisors in writing that	grant funds may be
Pa		plete if the organization answered "Yes"	to Form 990, Part IV line 7
1	Purpose(s) of conservation easements held	the the examination (shorts all that and the	to Form 990, Part IV, line 7.
•	Preservation of land for public use (e.g.		
	Protection of natural habitat		on of an historically important land area
	Preservation of open space	Preservati	on of certified historic structure
2	Complete lines 2a–2d if the organization held on the last day of the tax year.	d a qualified conservation contribution in the	e form of a conservation easement
			Held at the End of the Year
а	Total number of conservation easements ,		
b	Total acreage restricted by conservation ea	asements	2b
С	Number of conservation easements on a co	ertified historic structure included in (a)	2c
d	Number of conservation easements include	ed in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified the taxable year ►		
4	Number of states where property subject to	conservation easement is located •	
5	Does the organization have a written policy enforcement of the conservation easements	regarding the periodic monitoring, inspec	tion, violations, and
6	Staff or volunteer hours devoted to monitor		during the year
7	Amount of expenses incurred in monitoring	inspecting and enforcing easements du	ring the year > \$
8	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requiremen	ts of section
9	In Part XIV, describe how the organization r balance sheet, and include, if applicable, th the organization's accounting for conservati	reports conservation easements in its rever e text of the footnote to the organization's fon easements.	nue and expense statement, and s financial statements that describes
Par	t III Organizations Maintaining Collection Complete if the organization answer	ctions of Art, Historical Treasures, or ered "Yes" to Form 990, Part IV, line 8.	Other Similar Assets.
1a	If the organization elected, as permitted und art, historical treasures, or other similar asset provide, in Part XIV, the text of the footnote	's held for public exhibition, education, or re	search in furtherance of public convice
	If the organization elected, as permitted und historical treasures, or other similar assets his provide the following amounts relating to the (i) Revenues included in Form 990, Part VII	leid for public exhibition, education, or resesse items:   , line 1	search in furtherance of public service,
_	(ii) Assets included in Form 990, Part X .		• \$
	If the organization received or held works of following amounts required to be reported under the properties included in Form 200. Post VIII. Its	nder SFAS 116 relating to these items:	
b	Revenues included in Form 990, Part VIII, lir Assets included in Form 990, Part X	e:	\$ \$

Sch	edule D (Form 990) 2008								Page
Pa	rt III Organizations Maintaini	ng Collections	of Art,	Histori	cal Treasu	res, or	Other Simila	ar Ass	
3	Using the organization's accession items (check all that apply):								
а	Public exhibition			d 🗌	Loan or ex	change	programs		
b	Scholarly research			е 🗌					
С	reconstance for return general								
4	Provide a description of the organiz Part XIV.	ation's collection	s and e	xplain h	ow they furt	her the	organization's	s exem	pt purpose in
5	During the year, did the organization sassets to be sold to raise funds rather	solicit or receive d than to be maint	onations ained as	of art, I part of	nistorical trea the organiza	asures, c tion's cc	or other similar		Yes No
Pa	Trust, Escrow and Custo Part IV, line 9, or reported	odial Arrangem	ents. Co	omplete	e if organiza	ation an			orm 990,
1a	Is the organization an agent, trustee included on Form 990, Part X?	e, custodian or of	ther inte	rmediar 	y for contrib	outions o	or other assets	s not	Yes No
b	If "Yes," explain the arrangement in	Part XIV and cor	mplete ti	ne follov	wing table:			e entre entr	**************************************
								Amo	unt
C	Beginning balance					. 1		-	
	Additions during the year					. 1			
e f	Distributions during the year								
	Ending balance					. 1			<b>—</b> ———————————————————————————————————
b	If "Yes," explain the arrangement in	Part XIV.	, Part X.	, ime 2 i			• • • • •		Yes No
	rt V Endowment Funds. Cor		zation a	ınswere	ed "Yes" to	Form	990. Part IV	line	10.
		(a) Current year		ior year	(c) Two ye				(e) Four years back
1a	Beginning of year balance							31110	THE PARTY OF THE P
b	0 10 0						泪恨聲到。		
С	Investment earnings or losses .			PERMIT I		FILLIE			THE PLANT
d	Grants or scholarships			里。					
е	Other expenditures for facilities and programs								
f g	Administrative expenses End of year balance								
2	Provide the estimated percentage of	the year and hal	ance he	ld aa:					
 а	Board designated or quasi-endowme	ine year end bar ant 🕨	oz	iu as:					
b	Permanent endowment ►		70						
С	Term endowment ▶ %	70							
	Are there endowment funds not in the	possession of th	e organi:	zation th	at are held :	and adm	ninistered for t	ha	
	organization by:	,	9		ide dio riola	and dan	minotored for the	116	Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations					* *			3a(ii)
b	If "Yes" to 3a(ii), are the related organ	nizations listed as	s require	d on So	chedule R?				3b
4	Describe in Part XIV the intended use								
i eli	IVI Investments—Land, Buil	E .		t. See I	orm 990, I	Part X,	line 10.	y	
~~~~~~	Description of investment	(a) Cost or oth (investme			ost or other is (other)	(c) (	Depreciation	(0	d) Book value
1a	Land								
	Buildings							20-2	
С	Leasehold improvements								

d Equipment .e Other . . .

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

Part VII Investments - Other Securit	ies. See Form 990, Par	X. line 12.	Pa
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	aluation: market value
Financial derivatives and other financial products.			
Closely-held equity interests	449,405	COST	
Other			
	· · ·		
	v .		
otal. (Column (b) should equal Form 990, Part X, col. (B) line 12.)			
		05	
		X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year	lluation:
		Cost or end-or-year i	narket value
			THE AND AND AND AND ASSESSMENT OF THE ASSESSME
			Photo I hade year
otal. (Column (b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, P	art X, line 15.		
	(a) Description		(b) Book value
	and distinct the second section of the process of the second section of the section of the second section of the section o		
77700 F 0.071 at 1 and 1			
			7 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
otal. (Column (b) should equal Form 990, Part X, co	ol. (B) line 15.) , , ,	<u> </u>	
art X Other Liabilities. See Form 990	, Part X, line 25.		
(a) Description of liability	(b) Amount		
deral income taxes			
The first of the f			
al. (Column (b) should equal Form 990, Part X, col. (B) line 25.)		THE RESERVE THE PROPERTY OF THE PERSON OF TH	

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.

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		
	Losses reported on Form 990, Part IX, line 25	b=130	
	Other (Describe in Part XIV) 2d		
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,887,230
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV)	8	
С	Add lines 4a and 4b	4c	70,192
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,957,422
Par	t 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 XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XI. LINE 8 - CASI	I BASIS ADJUSTMENT \$51,798.
------------------------	------------------------------

PART XII, LINE 46 - CASH BASIS ADJUSTMENT \$18,394, UNREALIZED LOSS ON INVESTMENT \$141,048, ROUNDING (\$2)
PART XIII, LINE 4b - CASH BASIS ADJUSTMENT \$70,192.

Schedule D (Foi	Supplemental Information (continued)	Page 5
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### SCHEDULE J (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Attach to Form 990. To be completed by organizations

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization

**UNITED MOTORCOACH ASSOCIATION** 

Department of the Treasury

Internal Revenue Service

that answered "Yes" to Form 990, Part IV, line 23.

23 7124152 Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . . 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a: b Participate in, or receive payment from, a supplemental nonqualified retirement plan?... 4b c Participate in, or receive payment from, an equity-based compensation arrangement?. 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?........... 5a **b** Any related organization? . . . . . . 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?............. 6a 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

при верения при								
		(b) Breakdown of	of W-2 and/or 1099-MISC compensation	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of advisor	
<b>(A)</b> Name	***************************************	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(0-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
VICTOR S. PARRA	€ €	201,110.91		\$ 1 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		21,922.00	223,032.91	191,369.00
KENNETH E. PRESLEY	<b>E</b>	125,923.93				47 043 00	00 000 011	
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Schedule J (Form 990) 2008

Schedule J (Form 990) 2008

### **SCHEDULE 0** (Form 990)

### Supplemental Information to Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

90	2008
de e	Open to Public
Employer iden	Inspection tification number

UNITED MOTORCOACH ASSOCIATION	23	7124152
PART VI, SECTION A, LINE 6,7a,7b		
THE ASSOCIATION HAS DUES PAYING MEMBERS WHO ANNUALLY ELECT BY	VOTE MEMBERS OF	THE GOVERNING
BODY AND WHO VOTE ON VARIOUS PROPOSALS AND MANAGEMENT DECIS		
THE ASSOCIATION (SUCH AS THE ANNUAL BUDGET, ADOPTION OF NEW PRO		
PART VI, SECTION A, LINE 10		
A DRAFT COPY OF THE FORM 990 IS CIRCULATED TO THE BOARD OF DIRECT	TORS AND THEY ARE	GIVEN
A WEEK TO REVIEW IT AND MAKE ANY COMMENTS ON THE PRESENTATION.	^ ~	
	*****	· · · · · · · · · · · · · · · · · · ·
PART VI, SECTION B, LINE 12a,b,c	• • • • • • • • • • • • • • • • • • • •	
THE ASSOCIATION MONITORS CONFLICT OF INTEREST BY HAVING AN OPEN-	DOOR POLICY. MEME	BERS OF THE
GOVERNING BOARD HAVE AN ANNUAL MEETING AT WHICH CONFLICTS OF IN	NTEREST CAN BE DISC	CLOSED.
IN ADDITION MEMBERS OF THE BOARD CAN NOTIFY THE ASSOCIATION OF CO	ONFLICTS OF INTERES	ST AT ANY TIME.
	***************************************	***************************************
PART VI, SECTION B, LINE 15,a,b	~~~~	***************************************
THE ASSOCIATION'S GOVERNING BOARD DETERMINES COMPENSATION OF T	HE PRESIDENT/CEO V	IA REFERENCE
TO CURRENT BUSINESS TRENDS AND SALARY SURVEYS FOR THE TYPE OF A	SSOCIATION AND ITS	SIZE ON AN
ANNUAL BASIS. COMPENSATION ADJUSTMENTS ARE APPROVED BY THE EXI	ECUTIVE COMMITTEE	AND ARE
NOTED IN THE MINUTES OF THE BOARD.		
PART VI SECTION C. LINE 40	***************************************	
PART VI , SECTION C, LINE 19		
THE ASSOCIATION ALLOWS INSPECTION OF ITS GOVERNING DOCUMENTS, CO		POLICY, AND
FINANCIAL STATEMENTS BY MEMBERS AND BY THE PUBLIC UPON WRITTEN F	REQUEST.	******* *** ******
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

## SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED MOTORCOACH ASSOCIATION

Part

Related Organizations and Unrelated Partnerships

Open to Public

OMB No. 1545-0047

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions.

Employer identification number

7124152

23

(F)
Direct controlling entity (F) Direct controlling Public charity status (if section 501(c)(3)) (E) End-of-year assets (E) (**D**) Exempt Code section (**D**) Total income Legal domicile (state or foreign country) Legal domicile (state or foreign country) Primary activity Primary activity <u>B</u> <u>@</u> Identification of Related Tax-Exempt Organizations Identification of Disregarded Entities (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity Part

Schedule R (Form 990) 2008

Identification of Related Organizations Taxable as a Partnership Part III

(A) Name, address, and EIN of related organization	(B) Primary activity	Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
							- 1		
							Yes No		Yes No
	Property of contract manages (see section) and see included manages (see section) and section manages (see s								
	Andrew An								
# # # # # # # # # # # # # # # # # # #									
Part IV Identification of	of Related Orga	anizations	Taxable as a (	Identification of Related Organizations Taxable as a Corporation or Trust	ıst				

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(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp., S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
-BUSRATES.COM, INC, 107.S WEST ST PMB.739, ALEXANDRIA VA 22314	MARKETING	VIRGINIA	N/A	C CORP	HNCN	H NON	
						anon and an	%00 0.00
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Schedule R (Form 990) 2008

# Transactions With Related Organizations Part V

Note. Complete line 1 if any entity is listed in Parts II III or IV		
1 During the tax year, did the organization engage in any of the following transfer		Yes No
a Receipt of (i) interest (ii) annuities (iii) rovalties (iv) rant from a controlled con	arts II-IV?	
b Gift, grant, or capital contribution to other occasionations.		1a ~
c Gift, grant, or capital contribution from other programment (2)		1b /
d Cans or Inamediate to our formation of the output of the		10 /
		14
e Loans of loan guarantees by other organization(s)		> \
		Je /
f Sale of assets to other organization(s)		
g Purchase of assets from other organization(s)		14 ~
h Exchange of assets		19
Lease of facilities equinment or other accept to attended to		th /
adaptions, or other assets to other organization(s)		1
Lease of facilities, equipment or other accord from other proofs.	•	
k Performance of services of services assets from other organization(s)		- I
		14
The Sharing of Collision of Membership or fundraising solicitations by other organization(s)		-
		À
n sharing of paid employees		<b>&gt;</b>
		- Ju
p Reimbursement paid by other organization for expenses		10
		1p ~
		- 1g ->
2 If the answer to any of the above is "Yes," see the instructions for information on who must sometime to any of the above is "Yes," see the instructions for information on who must sometime to any of the above is "Yes," see the instructions for information on who must sometime to any of the above is "Yes," see the instructions for information on who must sometime to any of the above is "Yes," see the instructions for information on who must sometime to any of the above is "Yes," see the instructions for information on who must see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," and "Yes," and "Yes," and "Yes," and "Yes," and "Yes," are the instructions for information of the above is "Yes," and "Yes," are the instructions for information of the above is "Yes," and "Yes," and "Yes," and "Yes," and "Yes," are the above is "Yes," are the above is "Yes," are the above is "Yes," and "Yes," are the above is "Yes," are the above is "Yes," and "Yes," are the above is "Yes," are the above is "Yes," and "Yes," are the above is "Yes," are the above is "Yes," and "Yes," are the above is "Yes," are the above is "Yes," and "Yes," are the above is "Yes," are the above is "Yes," and "Yes," are the above is "Yes," are the above is "Yes," and "Yes," are the above is "Yes," are the abov		1r /
	onships and transa	ction thresholds.
Name of other organization(s)	(B) Transaction	(C) Amount involved
	type (a-r)	
BUSRATES.COM, INC.		
		8.200
(2) BUSKALES, COM, INC		
		47,893
(3)		West and the second
(4)		Alamana Adequamo same posicio del masso sobre e e e e e e e e e e e e e e e e e e
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	Schedule	Schedule R (Form 990) 2008

### Part VI Un

# Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(0)	(b)	אבאווובווו חמיוו	iersrips.			
Name, address, and EIN of entity	Primary activity	(C) Legal domicile	(D) Are all partners		Œ,		Ξ
		(state or foreign country)	section 501(c)(3) organizations?	end-of-year assets	usproportions?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
			Yes No		Yes No		Yes
							Vincent and the second and the secon
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Schedule R (Form 990) 2008

Department of the Treasury Internal Revenue Service

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

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

	LOI	the 2010 calendar year, or tax year beginning and e	ending		
В	Check applic	k if C Name of organization		D Employer idea	ntification number
	X Ad	dress NATIONAL TOUR ASSOCIATION, INC.			
	Na	me ange Doing Business As		31.	-1049903
<u> </u>	lnii ret		toom/sulte	E Telephone nun	nber
Ĺ	Ter ate	Till- 101 PROSPEROUS PLACE 3	50		59) 264-6540
Ļ	- Am	ended City or town, state or country, and ZIP + 4		G Gross receipts \$	5,164,173
Ŀ	tloi	Plica LEXINGTON, KY 40509		H(a) Is this a grou	p return
	per	F Name and address of principal officer: LLSA SIMON		for affiliates?	
_		SAME AS C ABOVE		H(b) Are all affiliates	s included? 🛄 Yes 🔲 No
		exempt status: 501(c)(3) [X] 501(c) ( 6 ) ◀ (insert no.) [ 4947(a)(1) or	527	if "No," attac	h a list. (see instructions)
		site: ➤ WWW.NTAONLINE.COM		H(c) Group exemp	
		of organization: Corporation Trust X Association Other ▶	L Year o	of formation: 1951	1 M State of legal domicile: KY
	ant I	Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO AD MEMBERS AND THE PACKAGED TRAVEL INDUSTRY	VANCE	THE INTER	RESTS OF NTA
Ī	2	Check this box ▶ ☐ if the organization discontinued its operations or dispose	d of more	than 25% of its nei	t secoto
ě	3			i i	3   17
Ō	4	Number of independent voting members of the governing body (Part VI, line 1b)			4 17
SS	5	Total number of Individuals employed in calendar year 2010 (Part V, line 2a)			5 0
ij	6	Total number of volunteers (estimate if necessary)			6 442
ਰਿ	7 6	Total unrelated business revenue from Part VIII, column (C), line 12			
⋖	l	Net unrelated business taxable income from Form 990 T, line 34			7b 0.
	T			Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		1,070,877	
Revenue	9	Program service revenue (Part VIII, line 2g)		3,177,317	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,562	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		386,439	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,643,195	. 5,164,173.
	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	. 0.
g	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.
×	b	Total fundralsing expenses (Part IX, column (D), line 25)	) <u>.</u>		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		4,604,148	
,	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,604,148	5,388,558.
76-	19	Revenue less expenses. Subtract line 18 from line 12		39,047	-224,385.
Net Assets or Fund Balances			Begli	nning of Current Year	
Set	20	Total assets (Part X, line 16)		3,367,307	. 3,100,751.
A A	21	Total liabilities (Part X, line 26)		1,628,519	
Ž2	22	Net assets or fund balances. Subtract line 21 from line 20		1,738,788	. 1,514,403.
12.000	*********	Signature Block			····
		alties of perjury, I declare that I have examined this return, including accompanying schedules an			my knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer ha		- 2
		Signatura of officer		<del></del>	4-11
Sign				Date	
Here	•	LISA SIMON, PRESIDENT			
		Type or print name and title	Det	- Louis I	
n-''		Print/Type preparer's name  Preparer's signature	Date	[1] I [1]	PTIN
Paid		DEBORAH C. SMITH, CPA Deborah Smith			yed
Prepa		Firm's name MOUNTJOY CHILTON MEDLEY LLP		Firm's EIN ▶	
Use (	uiy	Firm's address 175 EAST MAIN STREET, SUITE 200			NEO E14 HOOG
		LEXINGTON, KY 40507-1368		Phone no. 8	359-514-7800
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

### Form 8868

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

### Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

• If yo	ou are filing for an Automatic 3-Month Extension, compl	lete only F	Part I and check this box			<b>▶</b> 🗓
If yo	u are filing for an Additional (Not Automatic) 3-Menth E	xtension,	complete only Part II (on page 2 of t	his fo	rm).	,
Do not	t complete Part II unless you have already been granted	l an autom	atic 3-month extension on a previous	y filed	Form 8868.	
Electro	onic filing (e-file). You can electronically file Form 8868 i	f you need	a 3-month automatic extension of time	e to fi	le (6 months for a co	progration
require	ed to file Form 990⋅T), or an additional (not automatic) 3⋅m	onth exter	nsion of time. You can electronically file	e Forr	n 8868 to request ar	nevtension
of time	to file any of the forms listed in Part I or Part II with the e	xception o	of Form 8870. Information Return for T	ranefe	ere Associated Mith	Cortoin
Person	al Benefit Contracts, which must be sent to the IRS in pa	per forma	t (see Instructions). For more details o	n tha	electronic filing of thi	io form
visit wv	vw.irs.gov/efile and click on e-file for Charities & Nonprofi	ts.	t (and motional). I of more details o	ii tije i	etectronic ming of th	is totti,
Parl			ubmit original (no copies needed).			
A corpo	oration required to file Form 990-T and requesting an auto	matic 6-m	onth extension - check this box and c	omple	ete	
Partio	nly		*****			▶ □
All othe to file in	r corporations (including 1120-C filers), partnerships, REI ncome tax returns.	MICs, and	trusts must use Form 7004 to request	an ex	tension of time	
Type or print	Name of exempt organization			Eı	nployer identificati	on number
File by the	NATIONAL TOUR ASSOCIATION,				31-1049903	3
due date fo fi≝ng your return, See	or Number, street, and room or suite no. If a P.O. box, s 546 EAST MATN STREET	see instruc	etions.			
instruction		orelgn add	dress, see instructions.			
Catav th		-1				
Enterth	e Return code for the return that this application is for (file	e a separa	te application for each return)	•••••		[0]1
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0	01	Form 990-T (corporation)		<del></del>	07
Form 99	0-BL	02	Form 1041-A			08
Form 99	0-EZ	03	Form 4720			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069		· · · · · · · · · · · · · · · · · · ·	11
Form 990	0-T (trust other than above)	06	Form 8870	-	······································	12
	CATHY BOYD	,			<u> </u>	
• The b	ooks are in the care of ▶ 2365 HARRODSBUF	RG ROP	AD - LEXINGTON, KY	405	04	
	hone No.▶ (859) 264-6540		FAX No. ►			
• If the	organization does not have an office or place of business	in the Uni	ited States, check this box		<b>&gt;</b>	· 🗀
f this	is for a Group Return, enter the organization's four digit (	Group Exe	mption Number (GEN) . If th	nis is f	or the whole group	check this
box 🕨	If it is for part of the group, check this box ▶	and attac	th a list with the names and EINs of al	i mem	bers the extension is	e for.
1 Ire	quest an automatic 3-month (6 months for a corporation	required to	o file Form 990-T) extension of time un	til		
<del></del>	AUGUST 15, 2011 , to file the exempt	organizati	on return for the organization named a	above	. The extension	
	or the organization's return for:					
	X calendar year 2010 or					
<b>-</b> [	tax year beginning	, and	ending	<del></del>	·····••	
2 If th	ne tax year entered in line 1 is for less than 12 months, ch	eck reaso	n: 🔲 Initial return 🗀 Fina	al retu	m	
3a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, or	r 6069, ent	ter the tentative tax, less any			
	refundable credits. See instructions.			3a	\$	0.
<b>b</b> If th	is application is for Form 990-PF, 990-T, 4720, or 6069, e	nter any re	efundable credits and	<u> </u>	-	
<u>estir</u>	mated tax payments made. Include any prior year overpa	yment allo	wed as a credit.	3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pays					
	sing EFTPS (Electronic Federal Tax Payment System), Se			3с	\$	0.
Caution.	f you are going to make an electronic fund withdrawal wit			8879-	EO for payment instr	uctions.
LHA Fo	or Paperwork Reduction Act Notice, see Instructions.				Form 8868 (Re	

023841 01-03-11

Form 8868 (Rev. 1-2011)

	m 990 (2010) NATIONAL TOUR ASSOCIATION, INC. 31-104	9903	3 [	Page (
			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1	1
	If "Yes," complete Schedule A	.   1		Х
2	is the organization required to complete Schedule B, Schedule of Contributors?		X	
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	1	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection			
	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 98-197 If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to		1	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		<b></b> _	
	If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Х	
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 167 If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		ŀ	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
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		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		1	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
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		<u>X</u>
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 11e7 if "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>2</b> 0a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		C 0	00 /0/	240

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For	n 990 (2010) NATIONAL TOUR ASSOCIATION, INC.		31-104	<u>990</u>	3 F	age 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response to any question in this Part V					
	,			6000000	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable	1a	1			
þ			L	0		
C		-				
	(gambling) winnings to prize winners?			10	X	
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			0		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction					W
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	-	X
b	, , , , , , , , , , , , , , , , , , , ,		·····	3b	-	ļ
4a				1.		х
4.	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		Λ
D	If "Yes," enter the name of the foreign country:	A	.4.			
F.	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.			5b		X
c	if "Yes," to line 5a or 5b, did the organization file Form 8886-T?			50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t			00		
	any contributions that were not tax deductible?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		
ь	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 w	as requ	ilred			
	to file Form 8262?	,	***************************************	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 of			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di					*******
	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.			000		
	Did the organization make any taxable distributions under section 4966?			9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person?	*********		30		***
		10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
		11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		entere est
		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		555550000
1	Note. See the instructions for additional information the organization must report on Schedule O.					
b .	Enter the amount of reserves the organization is required to maintain by the states in which the	ı				
		13b				
		13c				<u></u>
4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	- 1	Х

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ......

Form **990** (2010)

Page 7

### 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.

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

- 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)	(B)	T	- 3./		C)		-	(D)	(E)	(F)
Name and Title	Average			Pos	itior	1		Reportable	Reportable	Estimated
	hours per	(0	hecl	( all	that	app	yly)	compensation	compensation	amount of other
	Week	Ligit .					Ì	from the	from related organizations	compensation
	(describe hours for	or director				pag		organization	(W-2/1099-MISC)	from the
	related	15	agg .	i	l R	beus		(W-2/1099-MISC)	,	organization
	organizations	ᄪ	8		함	15 8		·		and related
	in Schedule O)	Individual trustee	Institutional trustee	<b>₽</b>	Keyemployee	Highest compensated employee	Former	-		organizations
MICHELE MICHALEWICZ			-							
IMMEDIATE PAST CHAIRMAN	1.00	Х				•	<u> </u>	0.	0.	0.
CATHERINE M. GRETEMAN									_	_
CHAIRMAN AND CEO	1.00	Х	<u>L</u> .	X	<u> </u>		<u> </u>	0.	0.	0.
GREG ECKHART			١.							
DMO DIRECTOR	1.00	Х			<u>L</u> .			0.	0.	0.
LAURIE LINCOLN		ŀ	Ì							0
DIRECTOR	1.00	X				ļ	<u> </u>	0.	0.	0.
CAROLYN CHRZAN BOSS		l								0
TOUR SUPPLIER DIRECTOR	1.00	X	L				<u> </u>	0.	0.	0.
ANNE DAVIS						]			ا م	0
DIRECTOR	1.00	X	<u> </u>		<u> </u>	<u> </u>		0.	0.	0.
SHERRI GUIBORAT									0.	0
DIRECTOR	1.00	X	<u> </u>	ļ		ļ.—	<u> </u>	0.	U •	0.
JIM WARREN .	1 00							0.	0.	0.
DIRECTOR	1.00	X	_					0.	0.	
JIM REDDEKOPP JR.	1 1 00	.,		37				0.	0.	0.
VICE CHAIRMAN	1.00	Х		Х				0.	0.	<u> </u>
JORGE CAZENAVE	1 00	77						0.	0.	0.
DIRECTOR	1.00	X				_		V •	· ·	
MAHEN SANGHRAJKA	1 00	3,7						0.	0.	0.
DIRECTOR	1.00	X						V *	· · · · · · · · · · · · · · · · · · ·	
GREG TAKEHARA	1 00	v						0.	0.	0.
DIRECTOR	1.00	Х						V.•	<b>V.</b>	
CATHLEEN JOHNSON	1 00	х						0.	0.	0.
DIRECTOR	1.00	Λ	_				$\vdash$	V •	<b>`</b> .	
PAUL NAKAMOTO	1 00	х						0.	0.	0.
DIRECTOR	1.00	^						0.		
NICHOLAS CALDERAZZO	1.00	v		х				0.	0.	0.
SECRETARY/TREASURER	1.00	Λ		_						
FRED DIXON	1.00	X						0.	0.	0.
DIRECTOR	1.00	^		$\dashv$				0.		
JENNIFER SUTCLIFFE	1.00	Х		ļ				0.	0.	0.
DIRECTOR	1.00	А	1			ــــا		U * 1		orm <b>990</b> (2010)

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Form **990** (2010)

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	an	<b>&amp;</b>	III Statement of Reve	nue					<u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ŧ;	2	1 8	a Federated campaigns	1a					
Contributions, gifts, grants	3	ŀ	Membership dues	1b					
s,	2	•	Fundraising events	1c					
<u>.</u>	ĕ	C	d Related organizations	1d					
Ş.		6	Government grants (contribu	tions) 1e					
Ę.	3	f	All other contributions, gifts, gran						
Ę			similar amounts not included abo	ve 1f 1,	406,122	•			
g	2	g	Noncash contributions included in tine	s 1a-1f:\$1,	406,122	•			
Ŏ,	ō	f	Total. Add lines 1a-1f	,	<u> </u>	1,406,122.			
					Business Code				
8		2 a	DUES AND FEES		721000	3,357,871.	3,357,871.		
Z	Ş	b							
S	5	· c							
ğ	}	d	·						<u> </u>
Program Service Revenue		е		<del>-</del>					
υ.			All other program service reve			2 257 071			
	<del> </del>		Total. Add lines 2a-2f			3,357,871.			
	'	3	Investment income (including			18,412.			18,412.
		4	other similar amounts)			10,412.			10,412.
	1	4	Income from investment of ta	, .		381,768.			381,768.
	'	5	Royalties			3017700.			3017100.
	١,	2 4	Gross Rents	(i) Real	(ii) Personal				
	`		Less: rental expenses			1			
			Rental Income or (loss)						
			Net rental income or (loss)		<b></b>				
	١,		Gross amount from sales of	(i) Securities	(ii) Other				
	'	_	assets other than inventory	17/ 550 21/1/152	10, 0 11.101	-			
		b	Less: cost or other basis						
		-	and sales expenses	,					
		С	Gain or (loss)						
			Net gain or (loss)			•			•
Φ	8	a	Gross income from fundraising	g events (not					
Other Revenue			including \$	of					
ě			contributions reported on line	1c). See					
F	ŀ		Part IV, line 18	a					
疲		b	Less: direct expenses	b					
•		¢	Net income or (loss) from fund	raising events	<b>&gt;</b>	_			
	9	а	Gross income from gaming ac	tivities. See					
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gami		<b>&gt;</b>				
	10	а	Gross sales of inventory, less r						
			and allowances						
			Less: cost of goods sold						
l		¢	Net income or (loss) from sales						
		<u></u>	Miscellaneous Revenue	•	Business Code				
	11		-	1				<del> </del>	
		b	<u> </u>	l					
		C	All all and an arrangement						
		d	All other revenue	_	<b>b</b>	8			
			Total. Add lines 11a-11d Total revenue. See instructions.			5 164 172	3 357 871	0.	400,180.
3200	12 9		rutar revenue. See instructions.		🖊	21121120	7,331,011.	U • [	Form <b>990</b> (2010)
2-21	-10								1 UIII 2 2 C (2010)

Part X Balance Sheet (B) End of year (A) Beginning of year 1,172,024. 1,497,348. 1 Cash · non-interest-bearing 754,980. 758,127. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 931,329. 990,469. Accounts receivable, net ..... Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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) 6 7 7 Notes and loans receivable, net \_\_\_\_\_ Inventories for sale or use 8 47,713. 67,575. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 34,132. basis. Complete Part VI of Schedule D ....... 10a 0. 32,994. b Less: accumulated depreciation \_\_\_\_\_\_ 10b 10c 11 11 Investments · publicly traded securities 12 Investments · other securities. See Part IV, line 11 12 13 13 Investments · program-related. See Part IV, line 11 116,437. 19,500. 67,562. 12,000. Intangible assets \_\_\_\_\_ 14 14 15 15 Other assets. See Part IV, line 11 3,100,751. 323,224. 3,367,307. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 248,935. 17 17 Accounts payable and accrued expenses \_\_\_\_\_ 18 18 Grants payable 1,364,254. 1,263,124. 19 19 Deferred revenue \_\_\_\_\_ 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D iabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties ..... 15,330. 25 25 Other liabilities. Complete Part X of Schedule D 1,586,348. 1,628,519. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here 👂 🔀 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,738,788. 1,514,403. 27 Unrestricted net assets \_\_\_\_\_ 27 28 28 Temporarily restricted net assets Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117, check here 🕨 📖 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund ...... 32 Retained earnings, endowment, accumulated income, or other funds 1,738,788. 33 1,514,403. Total net assets or fund balances 33 3,367,307. 3,100,751. Total liabilities and net assets/fund balances .....

Form 990 (2010)

### Schedule B (Form 990, 990-EZ, or 990-PF)

**Schedule of Contributors** ▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

N	ATIONAL TOUR ASSOCIATION, INC.	31-1049903
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 6 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	,
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	a. See instructions.
General Rule	(1), (a), or (10) organization built officer boxes for some the deficial rate and a opening flat	
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo elete Parts I and II.	ney or property) from an <b>y</b> one
Special Rules		
509(a)(1) and 170(	c)(3) organization filing Form 990 or 990·EZ that met the 33 1/3% support test of the regulb)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the gi	
aggregate contribu	c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or cruelty to children or animals. Complete Parts I, II, and III.	•
contributions for use If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribuse exclusively for religious, charitable, etc., purposes, but these contributions did not aggraded, enter here the total contributions that were received during the year for an exclusively complete any of the parts unless the General Rule applies to this organization because it rep, etc., contributions of \$5,000 or more during the year.	egate to more than \$1,000. religious, charitable, etc., eceived nonexclusively
out it <b>must</b> answer *No* on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (. Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 on grequirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Employer Identification number

### NATIONAL TOUR ASSOCIATION, INC.

31-1049903

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7.	THEATRE DIRECT & BROADWAY.COM/GROUPS  729 7TH AVENUE, FLOOR 6  NEW YORK, NY 10019	\$ 86,500.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	ALASKA TRAVEL INDUSTRY ASSOCIATION  2600 CORDOVA STREET, SUITE 201  ANCHORAGE, AK 99503	\$ 20,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	HISTORIC TEMPLE SQUARE  15 EAST SOUTH TEMPLE SQUARE  SALT LAKE CITY, UT 84150	\$5,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	RHODE ISLAND TOURISM DIVISION  315 IRON HORSE WAY, SUITE 101  PROVIDENCE, RI 02908	\$7,000.	Person Payroll Noncash X  (Complete Part II if there is a noncash contribution.)
(a) No.	, (b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11	MEXICO TOURISM BOARD  152 MADISON AVENUE, SUITE 1800  NEW YORK, NY 10016	\$ <u>15,000.</u>	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12	LAS VEGAS CVA 3150 PARADISE ROAD LAS VEGAS, NV 89109		Person Payroll Noncash X (Complete Part II If there is a noncash contribution.)

023452 12-23-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Page 1 of 3 of Employer Identification number

### NATIONAL TOUR ASSOCIATION, INC.

31-1049903

	,
	<u> </u>
(c) FMV (or estimate) (see instructions)	. (d) Date received
_	
<u> </u>	12/31/10
(c) FMV (or estimate) (see instructions)	(d) Date received
*\$	12/31/10
(c) FMV (or estimate) (see instructions)	(d) Date received
-	
\$ 15,040.	12/31/10
(c) FMV (or estimate) (see instructions)	(d) Date received
_	
\$9,805.	12/31/10
(c) FMV (or estimate) (see instructions)	(d) Date received
\$5,000.	12/31/10
(c) FMV (or estimate) (see instructions)	(d) Date received
	•
	FMV (or estimate) (see instructions)  \$ 1,010,500.  (c) FMV (or estimate) (see instructions)  \$ 7,750.  (c) FMV (or estimate) (see instructions)  \$ 15,040.  (c) FMV (or estimate) (see instructions)  \$ 9,805.  (c) FMV (or estimate) (see instructions)  \$ 9,805.

Page 3 of 3 of Employer Identification number

### NATIONAL TOUR ASSOCIATION, INC.

31-1049903

Part II	Noncash Property (see instructions)		1049900
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
13	TOUR OPERATOR CALENDARS		
		\$ 7,000.	_12/31/10_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
14	NOTEPADS		
<del></del>		\$\$	12/31/10
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
15	THURSDAY LUNCH (FOOD, BEVERAGE, ENTERTAINMENT)	_	
		\$\$.	04/15/10
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
16	THURSDAY DINNER, TEAM BUILDING, ICEBREAKER, CITY TOUR, TAPAS DINE AROUND, SIGHTSEEING TOURS, DINNER	\$ 94,222.	05/10/10
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
17	FRIDAY RECEPTION & DINNER (FOOD, BEVERAGE, ENTERTAINMENT)	-	
		\$	04/16/10
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► See separate instructions.

2010

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

	at POAT (A) (B) (A)	stana Camalaia Dari III			
	otion 501(c)(4), (5), or (6) organiza of organization	tions: Complete Part III.	<u> </u>	Emp	loyer identification number
Manie C	•	T MOUD ACCOCTAM	CON TNC		31-1049903
XXXXXXXXX	NATIONA	L TOUR ASSOCIAT	dor coction 501/c	or is a section 527 o	
Part	FA Complete II the ort	janization is exempt un	der section so ito	7 01 13 4 3004011 021 0	1 garneadorn
				: p .410	
1 Pr	ovide a description of the organiz	ation's direct and indirect politi	cal campaign activities	sin Partiv.	
2 Pc	litical expenditures				***
3 Vo	lunteer hours		**************************		
*********	***************************************			1/01	
Part	B Complete if the org	<u>janization is exempt un</u>	der section 501(c	)(3). • •	
1 En	ter the amount of any excise tax	incurred by the organization un	ider section 4955		
2 En	ter the amount of any excise tax	incurred by organization manag	gers under section 495	5 P \$	Yes No
3 Ift	he organization incurred a sectio	n 4955 tax, did it file Form 4720	) for this year?		
	as a correction made?				L Yes L No
b  f "	Yes," describe in Part IV.			Newsont coetion E01/	0//3/
Part	C Complete if the org	janization is exempt uni	der section build	, except section 50 it	C)(3).
1 En	ter the amount directly expended	i by the filing organization for se	ection 527 exempt fun-	ction activities	
2 En	ter the amount of the filing organ	lzation's funds contributed to o	ther organizations for	section 527	
ex	empt function activities			\$	
3 To	tal exempt function expenditures	. Add lines 1 and 2. Enter here	and on Form 1120-PO	L.,	
line	e 17b			<b></b>	
4 Did	the filing organization file Form	1120-POL for this year?			L] Yes L] No
4 Did	d the filing organization file Form ter the names, addresses and en	1120-POL for this year?	IN) of all section 527 p	olitical organizations to which	L Yes L No h the filing organization
4 Did 5 En	d the fillng organization file Form ter the names, addresses and en ade payments. For each organiza	1120-POL for this year? nployer identification number (E tion listed, enter the amount pa	iN) of all section 527 p	olitical organizations to whic ization's funds. Also enter th	h the filing organization amount of political
4 Did 5 En ma	d the fillng organization file Form ter the names, addresses and en ade payments. For each organiza ntributions received that were pro	1120-POL for this year? nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to	IN) of all section 527 p id from the filing organ a separate political or	olitical organizations to whic ization's funds. Also enter th ganization, such as a separa	h the filing organization amount of political
4 Did 5 En ma	d the fillng organization file Form ter the names, addresses and en ade payments. For each organiza	1120-POL for this year? nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to	IN) of all section 527 p id from the filing organ a separate political or	olitical organizations to whic ization's funds. Also enter th ganization, such as a separa	h the filing organization a amount of political te segregated fund or a
4 Did 5 En ma	d the fillng organization file Form ter the names, addresses and en ade payments. For each organiza ntributions received that were pro	1120-POL for this year? nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to	IN) of all section 527 p id from the filing organ a separate political or	olitical organizations to whic ization's funds. Also enter th ganization, such as a separa t IV.  (d) Amount paid from	te segregated fund or a  (e) Amount of political
4 Did 5 En ma	the filing organization file Form ter the names, addresses and en ade payments. For each organiza ntributions received that were pro- litical action committee (PAC). If a	1120-POL for this year?  nployer identification number (E tion listed, enter the amount pa  mptly and directly delivered to  additional space is needed, pro	iN) of all section 527 p id from the filing organ a separate political or vide information in Par	olitical organizations to whicization's funds. Also enter the ganization, such as a separative.  (d) Amount paid from filing organization's	h the filing organization a amount of political te segregated fund or a  (e) Amount of political contributions received and
4 Did 5 En ma	the filing organization file Form ter the names, addresses and en ade payments. For each organiza ntributions received that were pro- litical action committee (PAC). If a	1120-POL for this year?  nployer identification number (E tion listed, enter the amount pa  mptly and directly delivered to  additional space is needed, pro	iN) of all section 527 p id from the filing organ a separate political or vide information in Par	olitical organizations to whic ization's funds. Also enter th ganization, such as a separa t IV.  (d) Amount paid from	te segregated fund or a  (e) Amount of political
4 Did 5 En ma	the filing organization file Form ter the names, addresses and en ade payments. For each organiza ntributions received that were pro- litical action committee (PAC). If a	1120-POL for this year?  nployer identification number (E tion listed, enter the amount pa  mptly and directly delivered to  additional space is needed, pro	iN) of all section 527 p id from the filing organ a separate political or vide information in Par	olitical organizations to whicization's funds. Also enter the ganization, such as a separative.  (d) Amount paid from filing organization's	h the filing organization e amount of political te segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
4 Did 5 En ma	the filing organization file Form ter the names, addresses and en ade payments. For each organiza ntributions received that were pro- litical action committee (PAC). If a	1120-POL for this year?  nployer identification number (E tion listed, enter the amount pa  mptly and directly delivered to  additional space is needed, pro	iN) of all section 527 p id from the filing organ a separate political or vide information in Par	olitical organizations to whicization's funds. Also enter the ganization, such as a separative.  (d) Amount paid from filing organization's	h the filing organization e amount of political te segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate
4 Did 5 En ma	the filing organization file Form ter the names, addresses and en ade payments. For each organiza ntributions received that were pro- litical action committee (PAC). If a	1120-POL for this year?  nployer identification number (E tion listed, enter the amount pa  mptly and directly delivered to  additional space is needed, pro	iN) of all section 527 p id from the filing organ a separate political or vide information in Par	olitical organizations to whicization's funds. Also enter the ganization, such as a separative.  (d) Amount paid from filing organization's	h the filing organization e amount of political te segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
4 Did 5 En ma	the filing organization file Form ter the names, addresses and en ade payments. For each organiza ntributions received that were pro- litical action committee (PAC). If a	1120-POL for this year?  nployer identification number (E tion listed, enter the amount pa  mptly and directly delivered to  additional space is needed, pro	iN) of all section 527 p id from the filing organ a separate political or vide information in Par	olitical organizations to whicization's funds. Also enter the ganization, such as a separative.  (d) Amount paid from filing organization's	h the filing organization e amount of political te segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
4 Did 5 En ma	the filing organization file Form ter the names, addresses and en ade payments. For each organiza ntributions received that were pro- litical action committee (PAC). If a	1120-POL for this year?  nployer identification number (E tion listed, enter the amount pa  mptly and directly delivered to  additional space is needed, pro	iN) of all section 527 p id from the filing organ a separate political or vide information in Par	olitical organizations to whicization's funds. Also enter the ganization, such as a separative.  (d) Amount paid from filing organization's	h the filing organization e amount of political te segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
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4 Did 5 En ma	the filing organization file Form ter the names, addresses and en ade payments. For each organiza ntributions received that were pro- litical action committee (PAC). If a	1120-POL for this year?  nployer identification number (E tion listed, enter the amount pa  mptly and directly delivered to  additional space is needed, pro	iN) of all section 527 p id from the filing organ a separate political or vide information in Par	olitical organizations to whicization's funds. Also enter the ganization, such as a separative.  (d) Amount paid from filing organization's	h the filing organization e amount of political te segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
4 Did 5 En ma	the filing organization file Form ter the names, addresses and en ade payments. For each organiza ntributions received that were pro- litical action committee (PAC). If a	1120-POL for this year?  nployer identification number (E tion listed, enter the amount pa  mptly and directly delivered to  additional space is needed, pro	iN) of all section 527 p id from the filing organ a separate political or vide information in Par	olitical organizations to whicization's funds. Also enter the ganization, such as a separative.  (d) Amount paid from filing organization's	h the filing organization e amount of political te segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
4 Did 5 En ma	the filing organization file Form ter the names, addresses and en ade payments. For each organiza ntributions received that were pro- litical action committee (PAC). If a	1120-POL for this year?  nployer identification number (E tion listed, enter the amount pa  mptly and directly delivered to  additional space is needed, pro	iN) of all section 527 p id from the filing organ a separate political or vide information in Par	olitical organizations to whicization's funds. Also enter the ganization, such as a separative.  (d) Amount paid from filing organization's	h the filing organization e amount of political te segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
4 Did 5 En ma	the filing organization file Form ter the names, addresses and en ade payments. For each organiza ntributions received that were pro- litical action committee (PAC). If a	1120-POL for this year?  nployer identification number (E tion listed, enter the amount pa  mptly and directly delivered to  additional space is needed, pro	iN) of all section 527 p id from the filing organ a separate political or vide information in Par	olitical organizations to whicization's funds. Also enter the ganization, such as a separative.  (d) Amount paid from filing organization's	h the filing organization e amount of political te segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
4 Did 5 En ma	the filing organization file Form ter the names, addresses and en ade payments. For each organiza ntributions received that were pro- litical action committee (PAC). If a	1120-POL for this year?  nployer identification number (E tion listed, enter the amount pa  mptly and directly delivered to  additional space is needed, pro	iN) of all section 527 p id from the filing organ a separate political or vide information in Par	olitical organizations to whicization's funds. Also enter the ganization, such as a separative.  (d) Amount paid from filing organization's	h the filing organization e amount of political te segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
4 Did 5 En ma	the filing organization file Form ter the names, addresses and en ade payments. For each organiza ntributions received that were pro- litical action committee (PAC). If a	1120-POL for this year?  nployer identification number (E tion listed, enter the amount pa  mptly and directly delivered to  additional space is needed, pro	iN) of all section 527 p id from the filing organ a separate political or vide information in Par	olitical organizations to whicization's funds. Also enter the ganization, such as a separative.  (d) Amount paid from filing organization's	h the filing organization e amount of political te segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990 or 990-EZ) 2010

LHA

Schedule C (Form 990 or 990 EZ) 2010 NATIONAL TOUR ASSOCIATION, INC. 31-104990 Part II B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

			a)		(b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	and an intermediate the state of the sta				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
8	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Railles, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV			ļ	
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
_d	If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?	- F04/-V	<b>'</b> -\		
<b>≪</b> €J.\$	IIIA Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on Sur(c)(	o), or se	ection	
		,		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	-	Х
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				Х
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		Х
1	"Yes."  Dues, assessments and similar amounts from members		1	1,522	2,640
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
	Current year		1	71	.,250
	Carryover from last year		, <del></del>	51	,185
	Total				,435
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	30	,453
	f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p			Λ1	000
_	expenditure next year?		4	91	,982
	Taxable amount of lobbying and political expenditures (see instructions)	****************	5		
*******	Supplemental Information				·· ··- ··
	ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and	i Part II·B, lij	ne 1i. Also	, complete	this part
r any	additional information.				
	·			<del></del>	······································
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Schedule D (Form 990) 2010

Page 2 (i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance (g) Amount of A non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax exempt by cash disbursement (f) Manner of of cash grant (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of grant (c) Region Part II can be duplicated if additional space is needed. Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) (a) Name of organization Part ณ

31-1049903

INC.

NATIONAL TOUR ASSOCIATION,

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010

29

Par	Foreign Forms		1 4.50
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yés	X No
		Schedule F (Forr	n 990) 2010

10531114 756699 47310

### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization								Employe	r identi	fication (	number	
	TIONAL							31 - 10	4990	) 3		
Part I Excess Benefit	t Transacti	ons (sect	lon 501(c)(	3) and section	on 501(c)(4) organizati	ons only	).			•		
Complete if the orga	anization ansv	vered "Yes	on Form	990, Part IV	, line 25a or 25b, or Fo	orm 990-	EZ, Part	V, line 4	0b.			
1 (a) Name of disqualified person				]	(b) Description	of trans	action				Corrected?	
(4) (14)	oquamioa por				(-) =====					Yes	No	
			· · ·	,							<u> </u>	
										<del> </del>		
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				····		<del></del>				<del> </del>	<b> </b>	
										1	<b></b>	
2 Enter the amount of tax imp section 4958		_	_	=		-		<b>b</b> • •		<del></del>		
3 Enter the amount of tax, if a					ation							
CITIES THE AMOUNT OF CAX, IF A	11y, On 1111 <del>0</del> 2, c	roove, tem	ibulaed by	THE OIGAINZ	adon		• • • • • • • • • • • • • • • • • • • •	🏴 🔻				
Part II Loans to and/o	r From Inte	erested	Persons				<del></del>					
Complete if the orga	nization answ	ered "Yes	on Form	990, Part IV,	line 26, or Form 990-I	Z, Part \	/, line 3	Ba.				
(a) Name of Interested	(b) Loan to	or from	(c) Origin	nal principal		(e)	in	(f) App	oroved ard or	(g) Written		
person and purpose	the organ	ization?	an	nount		defa	ault?	comn	ittee?	agreer	nent?	
	То	From				Yes	No	Yes	No	Yes	No	
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						<del>                                     </del>						
	1											
					,							
Total				<u></u> ▶ \$	···							
Part III Grants or Assis		-										
Complete if the organ		ered "Yes"					1	<i>I</i> -1 A		14 6		
(a) Name of interested p	oerson		(b) Helatic	tionship between interested person and the organization (c) Amount and type of assistance								
CATHY GRETEMAN		СНА	IRMAN				ST	TPEN	30	,766		
CAITH GRELEFIAN CHAIRFIAN				·		1						
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

### SCHEDULE M (Form 990)

### **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 31–1049903

	NATIONAL TOU	IR ASSC	CIATION,	INC.	31-1049903
Pa	int I Types of Property				
<del>(2000)</del>		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications			1.	
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes	·			
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock	•			
11	Securities · Partnership, LLC, or				
	trust interests				- 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18
12	Securities · Miscellaneous				
13	Qualified conservation contribution ·				
	Historic structures		_		.,,
14	Qualified conservation contribution · Other				
15	Real estate - Residential				
16	Real estate · Commercial				
17	Real estate · Other				
18	Collectibles				
19	Food inventory				· · · · · · · · · · · · · · · · · · ·
20	Drugs and medical supplies				
21	Taxidermy	<u></u>			
22	Historical artifacts				
23	Scientific specimens	. ,			
24	Archeological artifacts		4.0	1 406 100 7	CARD MADIENT TIATING
25	Other (HOSPITALITY)	X	46	1,406,122.	FAIR MARKET VALUE
26	Other ()				
27	Other ()			·	
28	Other ()				
29	Number of Forms 8283 received by the organization completed Form 828				ly I n
30a	During the year, did the organization receive by				
	at least three years from the date of the initial of	ontribution,	and which is not re	equired to be used for exemp	ot purposes for
	the entire holding period?				30a · X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance p				ions? 31 X
32a	Does the organization hire or use third parties of contributions?				32a X
b	If "Yes," describe in Part II.				
33	If the organization did not report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	cked,
-	describe in Part II.	- 1.7			
HA	For Paperwork Reduction Act Notice, see t	he Instructi	ons for Form 990		Schedule M (Form 990) (2010)

### SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

NATIONAL TOUR ASSOCIATION, INC.	31-1049903
FORM 990, PART VI, SECTION A, LINE 3: NATIONAL TOUR ASSOC	IATION DELEGATED
CONTROL OVER MANAGEMENT DUTIES TO IMG AND THEY INCLUDE, B	UT ARE NOT LIMITEI
TO: HIRING, FIRING, SUPERVISING PERSONNEL, PLANNING OR E	XECUTING BUDGETS
OR FINANCIAL OPERATIONS, AND SUPERVISING EXEMPT OPERATION	S OR UNRELATED
TRADES OR BUSINESSES OF THE ORGANIZATION.	
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS	S APPROXIMATELY
2,800 MEMBERS THAT PAY ANNUAL DUES TO BELONG TO THE ORGAN	IZATION.
FORM 990, PART VI, SECTION A, LINE 7A: ALL BOARD POSITIONS	S ARE ELECTED BY
THE MEMBERS, WITH THE EXCEPTION OF 3 AT-LARGE POSITIONS AS	PPOINTED BY THE
CHAIRMAN.	
FORM 990, PART VI, SECTION A, LINE 7B: BYLAW AMENDMENTS MU	ST BE APPROVED
BY THE MEMBERS, WHICH INCLUDES DEFINITION OF MEMBERSHIP CA	TEGORIES,
GOVERNANCE STRUCTURE, VOTING ELIGIBILITY, ORGANIZATIONAL N	AME AND PURPOSE,
AND ANNUAL BUSINESS MEETING REQUIREMENTS.	
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION PR	OVIDED COPIES OF
A DRAFT FORM 990 TO ITS GOVERNING BODY BEFORE FILING.	

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS MUST DISCLOSE ANY POTENTIAL CONFLICTS TO THE EXECUTIVE COMMITTEE. IFTHE EXECUTIVE COMMITTEE SEES A CONFLICT THEY REPORT SUCH TO THE BOARD. BOARD MEMBERS MAY BE REQUIRED TO REFRAIN FROM VOTING OR DISCUSSION AS DIRECTED.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization Department of the Treasury Internal Revenue Service **SCHEDULE R** (Form 990)

# Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990.

NATIONAL TOUR ASSOCIATION, INC.

Part

2010 Open to Public Inspection OMB No. 1545-0047

Employer identification number 31-1049903

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax exempt organizations during the tax year.) E End-of-year assets e Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Partit

(a) Name address and Divi	æ :	(0)	<b>(</b> P)	(e)	(£)	9	
of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	Section 512(b)(13) controlled entity?	12(b)(13) billed ty?
The second secon	7,712,12			((s)(a) Lnc		Yes	Š
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For Paperwork Reduction Act Notice, see the Instructions for Eggs	tor Commonweal						
					Schedule B (Form 990) 2010	Form 997	1000
101000							?

032161 12-21-10 LHA

# Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1645-0047

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For t	ne 2009 calendar year, or tex year beginning and	ending	4	
В	Check applica	Please Use IRS C Name of organization		D Employer identifi	cation number
	Add oher	label of NATIONAL TOUR ASSOCIATION, INC.	· · · · · · · · · · · · · · · · · · ·	21 1	040000
<u> </u>	Nan Sher	ge tyρο. Doing Business As		<del></del>	049903
	Initia Tem atex		Room/suite	E Telephone numbe (859	) 226-4219
	Ame	nded tions. City or town, state or country, and ZIP + 4		G Gross receipts \$	4,643,195.
	_](App	LEXINGTON, KY 40508		H(a) is this a group re	eturo
	pone			for affillates?	Yes X No
		SAME AS C ABOVE			ludod? Yes No
1	Tayo	kempt status: X 501(c) ( 6  ) ◀ (insert no.)	··· v		list. (see instructions)
		ite: N/A		H(c) Group exemption	
		of organization: ☐ Gerporation ☐ Trust X Association ☐ Other	i Vast		State of legal domicile; KY
		Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO AI MEMBERS AND THE PACKAGED TRAVEL INDUSTRY	OVANCE	THE INTERE	STS OF NTA
폌	2	Check this box   If the organization discontinued its operations or dispos	ed of more	then 25% of its net as	sais.
2	3	Number of voting members of the governing body (Part VI, line 1a)			17
G	4	Number of independent voting members of the governing body (Part Vi, line 1b)			17
Ø.	1	· · · · · · · · · · · · · · · · · · ·		<u></u>	0
<u>\$</u>	5	Total number of employees (Part V, line 2a)		•••••	407
ξ.	6	Total number of volunteers (estimate if necessary)		, , , , , , , , , , , , , , , , , , ,	0.
Ą	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		····	0.
	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34	····		
	]	A 19 at 1 2 70 at 100 16 at 14		Prior Year 1,097,353.	Current Year 1,070,877.
a	B	Contributions and grants (Part VIII, line 1h)		3,759,296.	3,177,317.
Revenue	9	Program service revenue (Part VIII, line 2g)		21,712.	8,562.
2	10	Investment Income (Part VIII, column (A), Ilnes 3, 4, and 7d)		266 907	386,439.
	11	Other revenue (Part Vill, column (A), lines 5, 6d, 8o, 9o, 10o, and 11e)		366,897.	
	12	Total revenue • add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,245,258.	4,643,195.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses		Professional fundralsing fees (Part IX, column (A), line 11e)			
Ř		Total fundralsing expenses (Part IX, column (0), line 25)			
111	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		4,980,827.	4,604,148.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,980,827.	4,604,148.
	19	Revenue less expenses. Subtract line 18 from line 12		264,431.	39,047.
Net Assats or Fund Balances			Beg	Inning of Current Year	End of Year
	20	Total assets (Part X, line 16)	.,,	3,328,715.	3,367,307.
d B	21	Total l'abilities (Part X, line 26)		1,628,974.	1,628,519.
題	22	Net assets or fund balances. Subtract line 21 from line 20	1411111	1,699,741.	1,738,788.
Pa	rt II	Signature Block			
		Under penalties of perjury, I declare that I have exemited this return, including accompanying schedules and and complete. Declaration of which preparer fellow than officer is based on all information of which preparer has an	statements, en	gbelivons ym to tead art at bi	and batel, it is into, correct,
		and confidence thousand the found that of the found to be a second to the second to th	) emineral coffee	11/9	1
Sign	ı	Noa I Time		17/9	[10]
Here		Signature of officer		Date	, — — — · · · ·
		LISA SINON, PRESIDENT			
		Type or print name and title	4		
D-14	,	Preparer's Date	Chie	k if Preparer	a Identifying number nuclions)
Pald		signature training signature	Chạc self- empl	loyed 🕨 🔲	465-04-8349
•	arer's	Firm's name (or MOTIVE TOV CRITTEON MEDITEY T.T.P.		EIN ►	1 7
Use (	nuiÀ	self-employed), 175 EAST MAIN STREET, SUITE 200			
		address, and LEXINGTON, KY 40507-1368	• •	Phone no. ▶ 85	9=2 <del>55-4950</del>
May	the If			*************	X Yes No

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief. it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Deborah Smith Titie ► CPA

Form 8868 (Rev. 4-2009)

Form **8868** (Rev. April 2009) Application for Extension of Time To File an **Exempt Organization Return** 

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

If you ar	e filipe for an Automotic 2 Marth Eutomoine, namelate auto Part I and cheals this hav		<b>▶</b> X
	re filing for an Automatic 3-Month Extension, complete only Part I and check this box re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2		
1 001 00	mplete Part II unless you have already been granted an automatic 3-month extension on a previ		
			Onn 0000.
arti	Automatic 3-Month Extension of Time. Only submit original (no copies needed)		
corporati	ion required to file Form 990-T and requesting an automatic 6-month extension - check this box a	nd complete	<del>)</del>
art I only	·	-	
other co	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to req	uest an exte	ansion of time
	me tax returns.	,	
ted below ot automa u must s	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic env. (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 estatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite submit the fully completed and signed page 2 (Part II) of Form 8866. For more details on the electory of the file for Charities & Nonprofits.	lectronically e or consolic	if (1) you want the additions dated Form 990.T. Instead,
pe or int	Name of Exempt Organization	Em	ployer identification numb
"	NATIONAL TOUR ASSOCIATION, INC.		31-1049903
by the date for g your	Number, street, and room or sulte no. If a P.O. box, see instructions.  564 EAST MAIN STREET	<b></b>	
m, See ructions,	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	<del> </del>	
	LEXINGTON, KY 40508		
eok tvor	e of return to be filed (file a separate application for each return):		
Form		orm 4720	
		orm 5227	
_		Form 6069	
_ Form	990-PF	orm 8870	
Telephor If the org If this is t	AGNES RANKIN  sks are in the care of > 2365 HARRODSBURG ROAD - LEXINGTON, I  ne No. > (859) 226-4219 FAX No. >  ganization does not have an office or place of businese in the United States, check this box  for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  . If It is for part of the group, check this box > and attach a liet with the names and EIN	If this is fo	or the whole group, check t
Telephor If the org	ks are in the care of ► 2365 HARRODSBURG ROAD - LEXINGTON, In the No. ► (859) 226-4219 FAX No. ► ganization does not have an office or place of businese in the United States, check this box	If this is fo s of all memi me until	or the whole group, check to
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I requestion of this left in the left in t	ks are in the care of ▶ 2365 HARRODSBURG ROAD - LEXINGTON, In the No. ▶ (859) 226-4219 FAX No. ▶  ganization does not have an office or place of businese in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box ▶ and attach a liet with the names and EIN the standard and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of the organization's return for:  I calendar year 2010 to file the exempt organization return for the organization return for:  I calendar year 2009 or tax year beginning , and ending fixed year is for less than 12 months, check reason: Initial return Final return application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any soundable credits, See instructions.	If this is fo s of all memi me until amed above	or the whole group, check to bere the extension will cover.  The extension
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I request in the left in the l	ks are in the care of ► 2365 HARRODSBURG ROAD - LEXINGTON, In the No. ► (859) 226-4219  ganization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  I fit is for part of the group, check this box ► and attach a liet with the names and EIN the organization of the group, check this box ► and attach a liet with the names and EIN the organization's return for the organization return for the organization return for the organization return for the organization's return for:  I calendar year 2009 or tax year beginning, and ending, and ending	If this is for sof all meminates above.	or the whole group, check to bere the extension will cover. The extension  Change in accounting periods.
I requesting the series of the	ks are in the care of ► 2365 HARRODSBURG ROAD — LEXINGTON, In no No. ► (859) 226–4219  Ganization does not have an office or place of businese in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box ► and attach a liet with the names and EIN usest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of the UGUST 15, 2010, to file the exempt organization return for the organization not the organization's return for:  Calendar year 2009 or tax year beginning, and ending, and ending  It tax year is for less than 12 months, check reason: Initial return Final return application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any situndable credits, See instructions.  Application is for Form 990-PF or 990-T, enter any refundable credits and estimated anyments made. Include any prior year overpayment allowed as a credit.  The Decomposition of the group of the properties of the couple of the properties. See the prior year overpayment allowed as a credit.  The Decomposition of the group of the properties of the	If this is for sof all memior and above.  3a 3b	or the whole group, check to bere the extension will cover. The extension  Change in accounting periods.
I request in this in the second in the second in this in the second in t	ks are in the care of ▶ 2365 HARRODSBURG ROAD - LEXINGTON, In the No. ▶ (859) 226-4219 FAX No. ▶  ganization close not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN).  If it is for part of the group, check this box ▶ and attach a liet with the names and EIN the standard an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of the organization's return for:  Calendar year 2010 to file the exempt organization return for the organization in the organization's return for:  Calendar year 2009 or tax year beginning , and ending , and ending , and ending  Attack year is for less than 12 months, check reason: Initial return Final return application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any enfundable credits. See instructions.  Application is for Form 990-PF or 990-T, enter any refundable credits and estimated asyments made. Include any prior year overpayment allowed as a credit.  The Due, Subtract line 3b from line 3a. Include your payment with this form, or, if required, est with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).  Instructions.	If this is for sof all memioral me until carned above.  3a 3b 3c	or the whole group, check to bere the extension will cover. The extension  Change in accounting periods.
I request in this in the second is for this in	ks are in the care of ► 2365 HARRODSBURG ROAD — LEXINGTON, In no No. ► (859) 226–4219  Ganization does not have an office or place of businese in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box ► and attach a liet with the names and EIN usest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of the UGUST 15, 2010, to file the exempt organization return for the organization not the organization's return for:  Calendar year 2009 or tax year beginning, and ending, and ending  It tax year is for less than 12 months, check reason: Initial return Final return application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any situndable credits, See instructions.  Application is for Form 990-PF or 990-T, enter any refundable credits and estimated anyments made. Include any prior year overpayment allowed as a credit.  The Decomposition of the group of the properties of the couple of the properties. See the prior year overpayment allowed as a credit.  The Decomposition of the group of the properties of the	If this is for sof all memioral me until carned above.  3a 3b 3c	or the whole group, check to bere the extension will cover. The extension  Change in accounting periods.

		49903	Page 2
	art III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
	TO ADVANCE THE INTERESTS OF NTA MEMBERS AND THE PACKAGED TRAV	EL	
	INDUSTRY		
		•••	· · · · · · · · · · · · · · · · · · ·
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule Q.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
_	If "Yes," describe these changes on Schedule Q.		140
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.		
	allocations to others, the total expenses, and revenue, it any, for each program service reported.		
4a	(Code: ) (Expenses \$ 2,280,780 • including grants of \$ ) (Revenue \$	<del></del>	
-74	(Code: )(Expenses \$ 2,280,780 including grants of \$ )(Revenue \$ CONVENTION AND MEETING EXPENSES: ANNUAL CONVENTION AND OTHER	мътот	NICC )
	AND EVENTS ARE HELD FOR THE PURPOSE OF PROVIDING MEMBERS WITH		MAD
	OPPORTUNITY TO EXCHANGE IDEAS AND INFORMATION.	THE	
	OLIORIUMIII TO ENCHANGE IDEAD AND INFORMATION.		
		, . ,	
		· · · · · · · · · · · · · · · · · · ·	
<b>/</b> L	(Code: ) (Expenses \$ 645,397 • including grants of \$ ) (Revenue \$		
4Ь	(Code: ) (Expenses \$ 645,397. including grants of \$ ) (Revenue \$ TOURISM: VARIOUS COMMITTEES AND CAMPAIGNS DESIGNED TO PROMOTI	<b>.</b>	)
	PROFESSIONALISM, INCREASED COMMUNICATION, AND EFFICIENCY IN THE	1E TRAV	/EL.
	AND TOURISM INDUSTRY FOR THE BENEFIT OF THE GENERAL PUBLIC.		
		• •	
			, <del>,,,</del>
	·	<del>,</del>	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)
d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ Including grants of \$ ) (Revenue \$ )		
е	Total program service expenses ▶\$ 2,926,177.		
		Form <b>990</b>	(2009)
ากกา			/

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to		<b>1</b>	ļ
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easemente to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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		Х
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		х
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
405	Schedule D, Parts XI, XII, and XIII.	12	Χ	
IAM	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  Is the organization a echool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			<b>~</b>
	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	74a		
~	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	ł	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	10	1	**
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes,"		1	
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		n	00 00	-

Form **990** (2009)

	Mark Checklist of Required Schedules (continued)			,
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			İ
	United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		X
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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	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? If "Yes," complete Schedule L, Part II	26		X
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? If "Yes," complete		- 1	
	Schedule L, Part III	27	х	
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
20	instructions for applicable filling thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	*********	X
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
þ	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	2.00		
G		28c	- 1	X
00	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
29		20		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
	If "Yes," complete Schedule N, Part I	31		23
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		Х
~ *	Schedule N, Part II	32		- X1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		х	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity?			v
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		1	v
	If "Yes," complete Schedule R, Part V, line 2	35		<u> </u>
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			17
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		,,	
	Note. All Form 990 filers are required to complete Schedule O.	38	X	
		E	ELST 1 //	/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1

P	Statements Regarding Other IRS Filings and Tax Compliance			· · · · · - · · ·		
				<i>,,,</i>	Yes	No
14	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter 0 if not applicable	1a	2	4		
ı	Enter the number of Forms W-2G Included in line 1a. Enter -0- if not applicable		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble gaming	7		
	(gambling) winnings to prize winners?		**	1¢	X	
26	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a		0		
Ŀ	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?	************	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instru	ctions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year cover					X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			36		
<b>4</b> a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	lty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		Х
þ	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 a	ınd			
	Financial Accounts.					
5a	the state of the s			5a		Х
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5b		X
C						
_	Tax Shelter Transaction?			Б¢		
вa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	_				N.F
	any contributions that were not tax deductible?			6a	$\vdash$	X
D	If "Yes," did the organization include with every solicitation an express statement that such contribu		_			
7	were not tex deductible?	********	***************************************	6b		******
7	Organizations that may receive deductible contributions under section 170(c).			S	******	
a	the state of the s				ļ	
h	provided to the payor?	• • • • • • • • • • • • • • • • • • • •	***************************************	7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			10	-+	<del></del> -
•	to file Form 8282?			7c	.	
d	If "Yes," Indicate the number of Forms 8282 filed during the year		***************************************			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a page of the organization.		1			
	benefit contract?			7e	**********	*******
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?	*************************	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0			7h	$\neg$	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or					
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceeding	- eas bus	iness holdings			
	at any time during the year?	******		8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 49667	********	***************************************	9a		
þ	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	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(o)(12) organizations. Enter:	1				
	Gross income from members or shareholders	11a	<del></del>			
b	Gross income from other eources (Do not net amounts due or paid to other sources against					
	the contract of the contract o	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1		12a		3000000
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	····			<u></u>
				Form 9	990 (20	0091

Form 990 (2009) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ation A. Governing Body and Management						
4.	Entrotte much as for the country of the	1 . 1		4 m	Y	es	No
	Enter the number of voting members of the governing body	1a		$\frac{17}{17}$			
2 2	A to the state and a file of other transmission of the state of the st			<del>- 1</del> /			
_	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		•				
Э	officer, director, trustee, or key employee?			2	<u>:</u>		X
·	Did the organization delegate control over management duties customarily performed by or under the			1.	.   .	.,	
4	of officers, directors or trustees, or key employees to a management company or other person?					X	
5	Did the organization make any significant changes to its organizational documents since the prior Fol					-+	X.
6	Did the organization become aware during the year of a material diversion of the organization's assets					<u> </u>	X
7a	Does the organization have members or stockholders?  Does the organization have members, stockholders, or other persons who may elect one or more men			<del>  6</del>		X	
				_	.   ,	. l	
ь	governing body?  Are any decisions of the governing body subject to approval by members, stockholders, or other personal decisions of the governing body subject to approval by members, stockholders, or other personal decisions of the governing body subject to approval by members, stockholders, or other personal decisions of the governing body subject to approval by members, stockholders, or other personal decisions of the governing body subject to approval by members, stockholders, or other personal decisions of the governing body subject to approval by members, stockholders, or other personal decisions of the governing body subject to approval by members, stockholders, or other personal decisions of the governing body subject to approval by members, stockholders, or other personal decisions of the governing body subject to approval by members, stockholders, or other personal decisions of the governing body subject to approval by members, stockholders, or other personal decisions of the governing body subject to approval by members, stockholders, or other personal decisions or other personal decisions of the governing body subject to approval decision decisions of the governing body subject to approval decision decisions of the governing body subject to approval decision decisions of the governing body subject to approval decision dec	,,,,,,,,,,	****************	7 <del>8</del>		X X	
8	Did the organization contemporaneously document the meetings held or written ections undertaken or			71	J /	Λ. 	
~	by the following:	ալանն ։	ne year				
a	The governing body?						
b	Each committee with authority to act on behalf of the governing body?	•••••		88		K   K	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AL _	81	<del>}   -</del>	-	
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		- 1	Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		Code l	1 9			<u> </u>
	THE THE PROPERTY OF THE PROPERTY DISCUSSION ADOLE POLICIES NOT LEGITLES DY THE INTERNAL NE	venue	C000.)	·	V.	98	N/+
10a	Does the organization have local chapters, branches, or affiliates?			10:	_	25	No X
b	If "Yes," does the organization have written policies and procedures governing the activities of such c	hanter	e affiliates		+	$\dashv$	
	and branches to ensure their operations are consistent with those of the organization?	партог	o, annatos,	101	.		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fill	na the	form?	11			
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	iig tiio	,0,,,,				
	Does the organization have a written conflict of interest policy? If "No," go to line 13			126	X	/*************************************	2000000
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could	d aive ı	rise	····   ··=	7		
	to conflicts?			121	s x		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	scribe				
	in Schedule O how this is done		****-	120	. X		
13	Does the organization have a written whistleblower policy?			13			X
14	Does the organization have a written document retention and destruction policy?		.4	14	X		
15	Did the process for determining compensation of the following persons include a review and approval	by inde	ependent :				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official		74774451249129442945	158	1		X
	Other officers or key employees of the organization	******	*************	15b	,		X
	ff "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 arrangeme						
	taxable entity during the year?	•••••	•••••	16a			X
	if 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evalu-						
	n joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organ		's		/		
	exempt status with respect to such arrangements?			16b			
, ,	on C. Disclosure						
	List the states with which a copy of this Form 990 is required to be filled ►KY						
8 8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-⊤ (£	501(c)(3	3)s only) avalla	ble for			
ì	public inspection. Indicate how you make these available. Check all that apply.						
Α.	Own website Another's website X Upon request						
	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, con	iflict of	interest policy	, and fina	ancial	ı	
	tatements available to the public.						
0 8 7	State the name, physical address, and telephone number of the person who possesses the books and ${ m AGNES}$ RANKIN $-$ ( $859$ ) $226{-}4219$	record	s of the organi	ization:	<b>-</b>		
	2365 HARRODSBURG ROAD, LEXINGTON, KY 40504			,			
	William Maria		<del></del>		. 666	100	001
				rorm	990	(200	J9)

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

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. Use Schedule J-2 if additional space is needed.
- 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. 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.

X Check this box if the organization did not of (A)	(B)		(C) Positio			-		(D)	(E)	(F) Estimated
Name and Title	Average hours	l to				ı app	ivì	Reportable compensation	Reportable compensation	amount of
	per week	Individual frustee or director	institutional trustee Chifical Continues Continues Continues Continues			Key employee Highest compercated erriployee Former		from the	from related organizations (W-2/1099-MISC)	other compensation from the organization and releted organizations
BOB HOELSCHER	1 00	.,						0.	0.	0.
IMMEDIATE PAST CHAIRMAN	1.00	X			<u> </u>	-		V .	V •	
MICHELE MICHALEWICZ	1.00	X		х				0.	0.	0.
CHAIRMAN AND CEO CATHERINE M. GRETEMAN	1.00	^		^	<u> </u>	-	-	0.		· · · · · · · · · · · · · · · · · · ·
VICE CHAIRMAN	1.00	v	l	Х				0.	0.	0.
GREG ECKHART	1.00	Λ		Δ		$\vdash$		· ·		
DIRECTOR	1.00	x						0.	0.	0.
LAURIE LINCOLN	2.00	<del>                                     </del>					-			
DIRECTOR	1.00	х						0.	0.	0.
CAROLYN CHRZAN							-			
DIRECTOR	1.00	Х						0.	0.	0.
LUCA ARIOLI										
DIRECTOR	1.00	X						0.	0.	0.
PETER GRUNWALDT										
DIRECTOR	1.00	Х						0.	0.	0.
ANNE DAVIS										
DIRECTOR	1.00	X						0.	0.	0.
SHERRI GUIBORAT										•
DIRECTOR	1.00	X						0.	0.	0.
COREY MARSHALL		l								۸
DIRECTOR	1.00	Х						0.	0.	0.
JIM WARREN	1 00	.,						0.	0.	0.
DIRECTOR	1.00	X						V •	V •	<u> </u>
ED HALL	1 00	<b>.</b>						0.	0.	0.
DIRECTOR	1.00	X						0.	V •	<u> </u>
WAYNE A. CHANDLER	1.00	v						0.	0.	0.
DIRECTOR BRONWYN WILSON	1.00	Λ.								
DIRECTOR	1.00	x						0.	0.	0.
SUSAN IRIS	1.00	432					*******			
DIRECTOR	1.00	х						0.	0.	0.
JIM REDDEKOPP JR.										
TREASURER	1.00	х		х				0.	0.	0.
										Form <b>990</b> (2009)

932007 02-04-10

47310

Part VII Section A. Officers, Directors, Tru	istees, Key Ei	mple	oyee	)S, 8	nd l	High	es	t Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				itior		1. 4	Reportable	Reportable	Estimated
	hours per	1	neci	k all	tnat T	app	iiy)	compensation from	compensation from related	n amount of other
	week	Individual trustee or director						the	organizations	compensation
		50 88	8			2255 255 255 255 255 255 255 255 255 25		organization (W-2/1099-MISC)	(W-2/1099-MIS	C) from the organization
		120	of all		1 8	88		(44-22 1093-14113-0)		and related
		看	Institutional truste	ja Ja	Keyemployee	Highest compens employee	Former			organizations
	. , , ,	-		٥	<u>*</u>	± 45				
•										
		,,a,ı.								
									* ******	
										-
									•	
	,						• • • •			
							****			
1b Total						<b>&gt;</b>		0.		0. 0.
2 Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove	) Wh	o re	eceived more than \$100,	000 in reportable	0
compensation from the organization		•				-	<u>-</u> -			Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su			-							3 X
4 For any individual listed on line 1a, is the sur										
and related organizations greater than \$150	,000? If "Yes,"	cor	nple	te S	che	dule	Jf	or such Individual	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4 X
5 Did any person listed on line 1a receive or a										<u></u>
the organization? If "Yes," complete Schedu Section B. Independent Contractors	ile J for such p	erso	<u> nc</u>		*****	•••••	•••••	<u> </u>		5 X
Complete this table for your five highest con-	nnensated ind	ene	nde	at co	ntre	acto	ra f	hat received more than \$	100 000 of comp	ensation from
the organization.	iiponoatoa ina	Opo	1100		J11414	4010		itat 10001100 ilitai 1	7100,000 01 001110	chadion from
(A)						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(B)		(C)
Name and business a				<u> </u>			4	Description of se	orvices	Compensation
IMG, 2365 HARRODSBURG ROA LEXINGTON, KY 40504	D, SOLT	H.	АЗ	25	•			MANAGEMENT FE	יסופי	1 200 426
STEPHEN RICHER, CTP, 1101	KING S	mb	F.F.	m _	-			GOVERNMENT RE		1,380,436.
SUITE 370, ALEXANDRIA, VA				- 7				AND PUBLIC AF	l l	250,000.
IMG, 2365 HARRODSBURG ROA		E	A3	25	,		1			
LEXINGTON, KY 40504							_	PUBLISHING		196,100.
							+			11.416.4.4U
							1		1	

47310

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 IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must com				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>8)</b> Program service expenses	(C) Management and general expenses	(D) 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 U.S. 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				<u> </u>
4	Benefits paid to or for members	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
5	Compensation of current officers, directors,			1	
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits		,		<u> </u>
10	Payroli taxes				
11	Fees for services (non-employees):	1 000 406			
	Management	1,380,436.		ļ	
þ	Legal	361,861.			
C	Accounting	9,620.			
ď	, ,	, <del></del>			2
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	20 761			
g		38,761.		ļ	<b></b>
12	Advertising and promotion	13,193. 7,847.			
13	Office expenses	114,544.			
14	Information technology	<b>エエボ・コホル・</b>			
15	Royalties	· · · · · · · · · · · · · · · · · · ·		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
16	Occupancy	65,142.			
17	Travel	05/142.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,280,780.			
20		2/200//000			
21	Payments to affiliates	-, -, -, -, -, -, -, -, -, -, -, -, -, -			
22	Depreciation, depletion, and amortization				
23	Insurance	16,131.			
24	Other expenses, Itemize expenses not covered				
_,	above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	DUES & SUBSCRIPTIONS	213,487.			
b	MISCELLANEOUS	30,641.			
C	PRINTING	21,687.			***************************************
d	BANK CHARGES	21,462.			, , , , , , , , , , , , , , , , , , , ,
е	SPECIAL APPROPRIATION	17,095.			
f	All other expenses	11,461.			
25	Total functional expenses. Add lines 1 through 24f	4,604,148.			
26	Joint costs. Check here 🕨 🔲 if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				100000000000000000000000000000000000000

		Balance Sheet	TIVO .	<u> </u>	-1049903 Page II
000000	****		(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	1,593,745	, 1	1,497,348.
	2	Savings and temporary cash investments		2	754,980.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1 7 47 FOO		931,329.
	5	Receivables from current and former officers, directors, trustees, key			
	-	employees, and highest compensated employees. Complete Part II			
		of Schedule L	0.000.000000000000000000000000000000000	5	
	6	Receivables from other disqualified persons (as defined under section			
	-	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	× × × × × × × × × × × × × × × × × × ×
9	7	Notes and loans receivable, net		7	
Assets	В	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges		9	47,713.
	1	Land, buildings, and equipment: cost or other			
	1	basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation10b		10c	
	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	55 510	14	116,437.
	15	Other assets. See Part IV, line 11	29,597.		19,500.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,328,715.		3,367,307.
	17	Accounts payable and accrued expenses	303,004.	17	248,935.
	18	Grants payable		18	
	19	Deferred revenue	1,297,785.	19	1,364,254.
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
ia Pi		highest compensated employees, and disqualified persons. Complete Part	ii ii		
ᆔ		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	E1641	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	28,185.	25	15,330.
	26	Total liabilities. Add lines 17 through 25		26	1,628,519.
		Organizations that follow SFAS 117, check here 🕨 🗓 and complete	le		
Ş		lines 27 through 29, and lines 33 and 34.	1 600 511		1 800 800
auc	27	Unrestricted net assets		27	1,738,788.
Bar	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
正		Organizations that do not follow SFAS 117, check here			
20.5		complete lines 30 through 34.			
Net Assets or Fund Balances		Capital stock or trust principal, or current funds		30	
AŠ		Paid-in or capital surplus, or land, building, or equipment fund		31	
¥		Retained earnings, endowment, accumulated income, or other funds		32	1 700 700
-		Total net assets or fund balances	0 000 E4E	33	1,738,788.
	34	Total liabilities and net assets/fund balances	3,328,715.	34	3,367,307.

Form **990** (2009)

	n 990 (2009) NATIONAL TOUR ASSOCIATION, INC. 31-104	9903	Рa	ge <b>12</b>
	Financial Statements and Reporting			×
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a		2a		X
þ		2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	if the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
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	1	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	**********		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	36		
		Form (	200 m	2000)

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organizati	Employer identification number	
	31-1049903	
Organization type (chec	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 6 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
•	527 political organization	•
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (o)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	tule. See Instructions.
General Rule		
[V]		
	tion filing Form 990, 990·EZ, or 990-PF that received, during the year, \$5,000 or more (in r nplete Parts I and II.	noney or property) from any one
Special Rules		
509(a)(1) and 17	or (c)(3) organization filing Form 990 or 990·EZ that met the 33 1/3% support test of the re- io(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the n (i) Form 990, Part VIII, line 1h or (ii) Form 990·EZ, line 1. Complete Parts I and II.	= -
aggregate contri	1(c)(7), (8), or (10) organization filing Form 990 or 990·EZ that received from any one contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, for use the children or animals. Complete Parts I, II, and III.	
contributions for If this box is che purpose. Do not	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one control use exclusively for religious, charitable, etc., purposes, but these contributions did not again the search of the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization because the contributions of \$5,000 or more during the year.	ggregate to more than \$1,000. ely religious, charitable, etc., it received nonexclusively
out it <b>mu</b> st answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990 EZ, or on line filling requirements of Schedule B (Form 990, 990 EZ, or 990 PF).	
		9 (Form 990, 990-EZ, or 990-PF) (2009)
for Form 990, 990-	EZ, or 990-PF.	

Name of organization

Employer identification number

# NATTONAL TOUR ASSOCIATION

<u>NATI</u>	ONAL TOUR ASSOCIATION, INC.	3	1-1049903
Part	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BEST WESTERN INTERNATIONAL, INC 6201 NORTH 24TH PARKWAY PHOENIX, AZ 85016	\$18,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	NEBRASKA TRAVEL & TOURISM  301 CENTENNIAL MALL SOUTH  LINCOLN, NE 68509	\$11,960.	Person Payroli Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	PHOTOVISION, INC.  1819 SARDIS RD N, SUITE 330  CHARLOTTE, NC 28270	\$\$.	Person Payroff Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	TEAM TEXAS  700 N GRANT, SUITE 200  ODESSA, TX 79761	\$ 5,196.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	THEATRE DIRECT 729 7TH AVENUE, 6TH FLOOR NEW YORK, NY 10019		Person Payroli Noncash X  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	WILLIAMS SOUND CORP.  10321 W. 70TH STREET	- - \$ 9,805.	Person Payroll Noncash X
23452 02-01-	EDEN PRAIRIE, MN 55344		(Complete Part II if there is a noncash contribution.)

## NATIONAL TOUR ASSOCIATION INC

NATIO	ONAL TOUR ASSOCIATION, INC.	3	1-1049903
Part I	Contributors (see instructions)		-
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	WYNDHAM HOTEL GROUP  22 SYLVAN WAY  PARSIPPANY, NJ 07054	\$8,693.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
8	RENO-SPARKS CVA P.O. BOX 837 RENO, NV 89504	\$ 437,900.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	RENO-SPARKS CVA P.O. BOX 837 RENO, NV 89504	\$155,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	RENO-SPARKS CVA P.O. BOX 837 RENO, NV 89504	\$ 115,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11	P.O. BOX 837 RENO, NV 89504	\$ 50,000.	Person Payroll Noncash X  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12	RHODE ISLAND TOURISM DIVISION  315 IRON HORSE WAY, SUITE 101	\$ 5,300.	Person Payroll Noncash X  (Complete Part II if there
23452 02-01	PROVIDENCE, RI 02908	<u> </u>	ls a noncash contribution.) 90, 990-EZ, or 990-PF) (2009)

### NATIONAL TOUR ASSOCIATION, INC.

NATIO	ONAL TOUR ASSOCIATION, INC.	3:	<u>1-104</u> 9903
Part J	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(o) Aggregate contributions	(d) Type of contribution
13	VALLEY FORGE CVB  1000 1ST AVENUE, SUITE 101  KING OF PRUSSIA, PA 19406	\$5,000.	Person Payroli Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14	GEORGIA TOURISM  75 FIFTH STREET, NW, SUITE 1200  ATLANTA, GA 30308	\$5,000.	Person Payroli Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
15	MONTANA TOURISM DIVISION  301 SOUTH PARK  HELENA , MT 59601	\$ 5,000.	Person Payroli Nonoash X  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
16	HILMAR CHEESE COMPANY VISITOR CENTER  9001 N. LANDER AVENUE  HILMAR, CA 95324	\$ <u>5,600</u> .	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
17	TOURISME MONTREAL, TOURISME QUEBEC AND CANADIAN TOURISM COMMISSION  1555 PEEL STREET, SUITE 600  MONTREAL, QUEBEC, CANADA	\$32,278.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18	ALASKA TRAVEL INDUSTRY ASSOCIATION  2600 CORDOVA STREET, SUITE 201	,	Person Payroll Noncash X
23452 02-01-	ANCHORAGE , AK 99503		is a noncash contribution.)

NATIONAL	TOUR	ASSOCIATION.	INC

NATIO	ONAL TOUR ASSOCIATION, INC.	3.	<u>1-104</u> 9903
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	HISTORIC TEMPLE SQUARE  15 EAST SOUTH TEMPLE BOULEVARD  SALT LAKE CITY, UT 84150	\$ 5,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20	ATLANTIS CASINO RESORT SPA  3800 S. VIRGINIA STREET  RENO, NV 89502	\$6,000.	Person Payroll Noncesh X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
21	MADISON SQUARE GARDEN SPORTS & ENTERTAINMENT  2 PENN PLAZA, 15TH FLOOR  NEW YORK, NY 10121	\$ 15,410.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	CALIFORNIA TRAVEL & TOURISM COMMISSION 980 9TH STREET, SUITE 480 SACRAMENTO, CA 95814	\$ 20,830.	Person Payroll Noncash X  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
23	MONTERAY CVB 765 WAVE STREET MONTERAY, CA 93940	\$ 27,016.	Person Payroll Noncash X  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24	SAVANNAH CVB  101 E. BAY STREET	\$ <u>17,431.</u>	Person Payroll Noncash X
20100 01	SAVANNAH, GA 31401		(Complete Part II if there is a noncash contribution.)
923452 02-01	.~1U	Schedule 8 (Form Qf	0. 990-FZ oz 990-PF\ (2009)

## NATIONAL TOUR ASSOCIATION, INC.

Part II	Noncash Property (see instructions)		-1049303
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	REGISTRATION BAGS		
1		<del></del>	
		\ \$18,000.	11/14/09
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(see instructions)	Date received
2	NOTEBOOKS		
		\$\$	11/14/09
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	COMMERMORATIVE DELEGATE PHOTOS		
3			
		\$\$	11/14/09
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	REFRESHMENTS; SOFT DRINKS		
_4			
		\$5,196.	11/14/09
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	MONDAY LUNCHEON		
		_	
		\$ 40,598.	11/14/09
(a) No. 'om art (	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	CONVENTION TOUR HEADSETS		
6			
		9,805.	11/14/09

# NATIONAL TOUR ASSOCIATION, INC.

art II	Noncash Property (see instructions)		· · · · · · · · · · · · · · · · · · ·
(e) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	REFRESHMENTS; ICECREAM		
-		\$8,693.	11/14/09
o, om rt i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	CONVENTION CENTER RENTAL		
		\$ 437,900.	11/14/09
o. om rt i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9 3	ICEBREAKER		····
_   -		\$155,000.	11/14/09
) nn ti	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
0 <u>F</u>	INAL GALA		( <b>, , , , , , , , , , , , , , , , , , ,</b>
_   _		<u> </u>	11/14/09
) >. m tl	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1 7	RANSPORTATION		
		\$ 50,000.	11/14/09
n	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2 <u>B</u>	ADGE HOLDERS		, ,,, <u>,,,,</u>
= =			11/14/09

#### NATIONAL TOUR ASSOCIATION, INC.

31-10/49903

ATIC	ONAL TOUR ASSOCIATION, INC.	31	_1049903
art II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_13	BOARD OF DIRECTORS/PAST PRESIDENTS/CHAIRMEN DINNER		
		\$ 5,000.	11/14/09
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
14	REFRESHMENTS: GEORGIA TREATS		4413
		<u> </u>	11/14/09
(a) No. from Part i	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
15	REFRESHMENTS: JERKEY	*****	, ,
		<u> </u>	11/14/09
(a) No. from Part l	(b) Description of noncash property given	(c) · FMV (or estimate) (see instructions)	(d) Date received
16	SUNDAY & MONDAY RECEPTIONS: CHEESE SPONSOR		
	·	\$ 5,600.	11/14/09
(ø) No. from Part i	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>17</u>	WEDNESDAY LUNCHEON	_	And the second s
		\$ 32,278.	_11/14/09
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
18	SUNDAY BUSINESS MEETING LUNCHEON	_	
		\$ 33,993.	11/14/09
53 02-01-	-10	Schedule B (Form QQ)	1 890-F7 or 980-PF) (20

#### NATIONAL TOUR ASSOCIATION, INC.

art II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
19	REFRESHMENTS: LION HOUSE TREATS		
		\$ 5,000.	11/14/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
20	GALA RECEPTION		
		\$ 6,000.	11/14/09
(a) No. from Part I	(b) Description of noncash property given	(o) FMV (or estimate) (see instructions)	(d) Date received
21	REFRESHEMENTS: COFFEE & TEA		
		\$ 15,410.	11/14/09
(a) No. rom Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
22	SATURDAY DINNER AND EVENING EVENTS		
£3 £4		\$ 18,335.	06/04/09
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
23	GIFTS, TRANSPORTATION, EVENTS, ETC.		
		\$ 27,016.	06/04/09
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
24	AIRPORT TRANSFERS, RECEPTIONS, DINNER, MUSICAL TICKETS		
		\$ 17,431.	12/31/09
53 02-01	-10	Schadula B (Form :	990, 990-EZ, or 990-PF) (2

#### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Lot Ot Battissmons Exembtration succine 19x Alider ascing od 1(c) and ascing to

Complete if the organization is described below,

Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts i-A and B. Do not complete Part i-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I⋅A and C below. Do not complete Part I⋅B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II·B. Do not complete Part II·A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organi:	zations: Complete Part III	Ny Tanj, Men		
Name of organization	tanono Compieto i an im		Emp	loyer identification number
NATION	AL TOUR ASSOCIATI	ON, INC.		31-1049903
Part I-A Complete if the o			c) or is a section 527 o	
1 Provide a description of the organ	nization's direct and indirect politic	cal campalgn activitie	s in Part IV.	
2 Political expenditures				\$
3 Volunteer hours				
Part I-B Complete if the o	rganization is exempt und	der section 501(d	c <u>)(3).</u>	
1 Enter the amount of any excise ta	ix incurred by the organization un-	der section 4955		}
2 Enter the amount of any excise ta	ıx incurred by organization manag	ers under section 49	55	·
3 If the organization incurred a sect				
4a Was a correction made?	***************************************		*********************************	Yes No
b if "Yes," describe in Part IV.  Part I=C Complete if the or	ranization is everent une	lor postion E01/s	al avantantian End	(-)(2)
	<del></del>		<del>-1.i</del>	
1 Enter the amount directly expende		· ·		
2 Enter the amount of the filing orga		-		,
exempt function activities  3 Total exempt function expenditure				-
line 17b				
4 Did the filing organization file Form	n 1120-POL for this year?		•••••••••••••••••••••••••••••••••••••••	Yes No
5 Enter the names, addresses and e				
For each organization listed, enter				
that were promptly and directly de				
(PAC). If additional space is neede				
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
•••	(47)	1-7-11-	filing organization's	contributions received and
			funds. If none, enter -0	promptly and directly
				delivered to a separate political organization.
			ļ	If none, enter -0
				111 -111
			<u> </u>	
For Privacy Act and Paperwork Reduc	ction Act Notice, see the Instruc	tions for Form 990 c	or 990-EZ. Schedule C	(Form 990 or 990-EZ) 2009
LHA				

Schedule C (Form 990 or 990-EZ) 2009  Part II-A Complete if the or	NATI	ONAL !	TOUR ASSOCIA	ATION, INC.	31-1	L049903 Page 2
Part II-A Complete if the or (election under se			mpt under sectio	on suricito) and ti	ilea Form 5/65	
A Check I if the filing organiz	~~~		filiated aroun			
		-	and "limited control" pr	ovisions anniv		
Lin	its on Lob	bying Expe	,		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	luence out	olic aninion	(grass roots lobbying)			
b Total lobbying expenditures to in						
c Total lobbying expenditures (add						
d Other exempt purpose expenditu					, ,	
e Total exempt purpose expenditur						
f Lobbying nontaxable amount. En	ter the amo	ount from th	e following table in bo	th columns.		
If the amount on line 1e, column (a)	or (b) ls:	The lot	obying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,00	000,00	\$100,0	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,	500,000	\$175,0	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000	000.			
g Grassroots nontaxable amount (e		-	*************************			
h Subtract line 1g from line 1a. if ze	-		************************			
i Subtract line 1f from line 1c. if zer	•					
if there is an amount other than ze		er line 1h or	line 11, did the organiz	ation file Form 4720	-	
reporting section 4911 tax for this			. ,			YesNo
	zations the	it made a s		Section 501(h) n do not have to com es 2a through 2f on pa		
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or tiscal year beginning in)	(a) 2	2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount						
<ul> <li>b Lobbying ceiling amount</li> </ul>						
(150% of line 2a, column(e))						<del></del>
c Total lobbying expenditures		• • • • • • • • • • • • • • • • • • • •				
d Grangenote vestavelile service						
d Grassroots nontaxable amount  e Grassroots ceiling amount						
(150% of line 2d, column (e))						
(10070 of this 20; coloring (o))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2009 NATIONAL TOUR ASSOCIATION, INC. 31-104990 Part II B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

pislation, including any attempt to influence public opinion on a legislative matter and un, through the use of: ers?  aff or management (include compensation in expenses reported on lines 10 through 1i)?  aff or management (include compensation in expenses reported on lines 10 through 1i)?  attemption of proadcast statements?  to other organizations for lobbying purposes?  ontact with legislators, or the public?  itions, or published or broadcast statements?  to other organizations, for lobbying purposes?  ontact with legislators, their staffs, government officials, or a legislative body?  demonstrations, seminars, conventions, speeches, lectures, or any similar means?  demonstrations, seminars, conventions, speeches, lectures, or any similar means?  demonstrations, seminars, conventions and the statistic or any similar means?  demonstrations, seminars, conventions, speeches, lectures, or any similar means?  demonstrations, seminars, conventions and section 100 (a)(3)?  activities in line 1 cause the organization to be not described in section 501(c)(3)?  enter the amount of any tax incurred under section 4912  and organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Yes No  bestantially all (80% or more) dues received nondeductible by membere?  1 X x yrganization make only in-house lobbying expenditures of \$2,000 or less?  2 X x yrganization make only in-house lobbying and political expenditures from the prior year?  3 X X  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."  sessments and similar amounts from members  1 1 1, 444, 989 and 1, 444, 989 and 1, 444, 989 and 1, 444, 989 and 1, 444, 989 and 1, 444, 989 and 1, 444, 989 and 1, 444, 989 and 1, 444, 989 and 1, 444, 989 and 1, 444, 989 and 1, 444, 989 and 1, 444, 989 and 1, 444	During the year, dici the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines to through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  l Other activities if lifes, 'describe in Part II'   J Total. Add lines to through 1i   J Total. Add lines to			(6	a)		b)
pislation, including any attempt to influence public opinion on a legislative matter and with through the use of: ers?  aff or management (include compensation in expenses reported on lines 1c through 1i)? advertisements?  to members, legislators, or the public? tilons, or published or broadcast statements? to other organizations for lobbying purposes? ontact with legislators, their staffs, government officials, or a legislative body? demonstrations, seminars, conventions, speeches, lectures, or any similar means? demonstrations, seminars, conventions, speeches, lectures, or any similar means? demonstrations, seminars, conventions, speeches, lectures, or any similar means? demonstrations, seminars conventions and the conventions of the conventi	local legislation, Including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 10 through 1i)? c Media advertisemente? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railies, demonstrations, seminars, conventions, speoches, lectures, or any similar means? l Other activities or if "Yes," describe in Part IV l Total. Add lines 10 through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred to pregarization managers under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," complete If the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  1 Were substantially all (80% or more) dues received nondeductible by members? 1 If X 2 Did the organization make only In-house lobbying expenditures of \$2,000 or less? 2 X 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 2 X 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 1 Dues, assessments and similar amounts from members 2 Complete If the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). If BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3			Yes	No	Am	ount
endum, through the use of: ers?	or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1o through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with logislators, their staffs, government officials, or a legislative body? h Railles, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? if Yes, describe in Part IV. J Total, Add lines 1 ot through 11  2e Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if Yes, after the amount of any tax incurred under section 4912 d if the filling organization becurred by organization managers under section 4912 d if the filling organization hourred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)  1 Were substantially all (90% or more) dues received nondeductible by membere? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 J X 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 3 Did the organization size to carryover lobbying and political expenditures from the prior year? 4 Dues, assessments and similar amounts from members 501(c)(6) if BOTH Part III-A, linnes 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year.  2 Dues of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Solition of the excess does the organization agree to carryover to the reasonable estimate of nond	1	During the year, did the filing organization attempt to influence foreign, national, state or				
ers?  If or management (include compensation in expenses reported on lines 10 through 1i)?  Idvertisements?  Idvertisements?  Idvertisements?  Idvertisements?  Idvertisements?  Idvertisements?  Idvertisements?  Idvertisements?  Idvertisements?  Idvertisements (include compensation in expenses reported on lines 10 through 1i)?  Idvertisements (include compensation for lobbying purposes?  Idvertisements (include or broadcast statements?  Idvertisements?	e Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1o through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? l Other activities? if Yes, 'describe in Part IV. j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if Yes, 'describe in line 1 cause the organization to be not described in section 501(c)(3)? b if Yes, 'onter the amount of any tax incurred by organization managers under section 4912 d if the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A) Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Yes No  Were substantially all (80% or more) dues received nondeductible by membere? 1 X 2 Did the organization make only inhouse lobbying expenditures of \$2,000 or less? 2 X 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 3 X  Part III-A)  B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."  Dues, assessments and similar amounts from members 2 Section 182(c) nondeductible lobbying and political expenditures (do not include amounts of political expenditure expenses for which the section 527(f) tax was paid).  8 Current year 2 8 80, 085  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 182(e) dues 3 28, 900  4 If notices were sent und the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree		local legislation, including any attempt to influence public opinion on a legislative matter				
aff or management (include compensation in expenses reported on lines 1c through 1i)?  Idvertisements?  Is to members, legislators, or the public?  Isions, or published or broadcast statements?  Is to other organizations for lobbying purposes?  Is to other organizations, seminars, conventions, speeches, lectures, or any similar means?  Idditines 1c through 1i  Is activities? If "Yes," describe in Part IV  Idd lines 1c through 1i  Is activities In Ine 1 cause the organization to be not described in section 501(c)(3)?  Interest the amount of any tax incurred under section 4912  Ing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Is activities If the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Yes No  Destantially all (90% or more) dues received nondeductible by membere?  In X  Ingunization make only in-house lobbying expenditures of \$2,000 or less?  Complete If the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."  Sessments and similar amounts from members  In 1, 444, 989, 162(e) nondeductible lobbying and political expenditures (do not include amounts of political so for which the section 527(f) tax was paid).	b Paid staff or management (include compensation in expenses reported on lines to through 1i)?  c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? l Other activities? If "Yes," describe in Part IV. l Total, Add lines 1 to through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filling organization incurred as section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Were substantially all (40% or more) dues received nondeductible by membere? 1 Were substantially all (40% or more) dues received nondeductible by membere? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures from the prior year? 4 Did the organization make only in-house lobbying and political excenditures from the prior year? 5 Did (b) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 182(e) oned described in section 503(c)(f) (A) notices of nondeductible section 182(e) dues 3 28,7900  A gregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 182(e) dues 3 28,7900  A gregate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and political expensions or which the section 503(e) line 2 exceeds the amount on line 3, what portion of the excess does the organi		or referendum, through the use of:				
aff or management (include compensation in expenses reported on lines 1c through 1i)?  Idvertisements?  Is to members, legislators, or the public?  Isions, or published or broadcast statements?  Is to other organizations for lobbying purposes?  Is to other organizations, seminars, conventions, speeches, lectures, or any similar means?  Idditines 1c through 1i  Is activities? If "Yes," describe in Part IV  Idd lines 1c through 1i  Is activities In Ine 1 cause the organization to be not described in section 501(c)(3)?  Interest the amount of any tax incurred under section 4912  Ing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Is activities If the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Yes No  Destantially all (90% or more) dues received nondeductible by membere?  In X  Ingunization make only in-house lobbying expenditures of \$2,000 or less?  Complete If the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."  Sessments and similar amounts from members  In 1, 444, 989, 162(e) nondeductible lobbying and political expenditures (do not include amounts of political so for which the section 527(f) tax was paid).	b Paid staff or management (include compensation in expenses reported on lines to through 1i)?  c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? l Other activities? if Yes,* describe in Part IV. l Total, Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if Yes,* enter the amount of any tax incurred under section 4912 c if Yes,* onter the amount of any tax incurred by organization managers under section 4912 d if the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  Pair III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Were substantially all (60% or more) dues received nondeductible by membere? 1 Were substantially all (60% or more) dues received nondeductible by membere? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures from the prior year? 3 Did the organization make only in-house lobbying and political excenditures from the prior year? 3 Did the organization arise to carryover lobbying and political excenditures from the prior year? 3 Did the organization arise to carryover lobbying and political excenditures from the prior year? 1 Dues, assessments and similar amounts from members 2 Section 162(e) if BOTH Pairt III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."  2 Both the organization arise to carryover to the reasonable estimate of nondeductible section 162(e) dues 3 28,7900  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 28,7900  4 If notic	ŧ	Volunteers?				
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	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  6 Supplemental Information  6 Organization agree to carryover to the reasonable estimate of nondeductible lobbying and political  4 51,185  5 Taxable amount of lobbying and political expenditures (see instructions)  6 Organization agree to carryover to the reasonable estimate of nondeductible lobbying and political  4 51,185  5 Taxable amount of lobbying and political expenditures (see instructions)  6 Organization agree to carryover to the reasonable estimate of nondeductible lobbying and political  4 51,185	2 a b c	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total	al	1 2a 2b 2c	1,444 80	,085.
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organization agree to carryover to the reasonable estimate of nondeductible lobbying and political ure next year? amount of lobbying and political expenditures (see instructions)  Supplemental Information	or any additional information.	2 a b c 3 4	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information	al ss litical	2a 2b 2c 3	80 80 28 51	,085.
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# Schedule D

(Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name	of the organization NATIONAL TOUR ASSO	CTATION. INC.	Employer identification number 31–1049903
Par			
	organization answered "Yes" to Form 990, Part IV, line		
	diganization ananored 100 to 1 onti oddyr art 11 mil	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
	Aggregate value at end of year		<u> </u>
	Did the organization inform all donors and donor advisors in		rised funds
	are the organization's property, subject to the organization's		
	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		
Da	Conservation Easements. Complete if the org	anization answered *Yes* to Form 990.	
	Purpose(s) of conservation easements held by the organization		1 (4)(1)(1)(1)
1			letorically important land area
	Preservation of land for public use (e.g., recreation or p	·	ilstorically important land area rtified historic structure
	Protection of natural habitat	Preservation of a ce	rtilied historic structure
_	Preservation of open space	- 4 . 15 . 4.tr4t . 7 .4t . f	
	Complete lines 2a through 2d if the organization held a qualification	led conservation contribution in the ion	n of a conservation easement on the last
	day of the tax year.		Hold of the End of the Tax Vens
			Held at the End of the Tax Year
	Total number of conservation easements		1 - 1
	Total acreage restricted by conservation easements		1 1
	Number of conservation easements on a certified historic stru		1 1.
	Number of conservation easements included in (c) acquired a		
	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
	year ►		
	Number of states where property subject to conservation eas		_
	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year
	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	
	and saction 170(h)(4)(B)(ii)?		
	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describe	s the organization's accounting for
	conservation easements.		
Par	Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
	<del></del>		
1a	if the organization elected, as permitted under SFAS 116, not	to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these it	ems.	
b	if the organization elected, as permitted under SFAS 116, to a	eport in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or		
	these items:		
			<b>&gt;</b> \$
	(ii) Revenues included in Form 990, Part Vill, line 1	***************************************	<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 11		on South biation
_	Revenues included in Form 990, Part VIII, line 1	o restring to triese itelius.	<b>*</b>
a	Assets included in Form 990, Part X	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
D.	ASSELS INCILIDED IN FORM 990, PARLA		F 4

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

		L TOUR ASS					31-10			
	rt III Organizations Maintaining (	Collections of A	rt, Historical '	<u> Freasures,</u>	or Other	Simi	<u>iar Asse</u>	ts (con	tinuec	0
3	Using the organization's acquisition, access	ion, and other recor	ds, check any of th	ne following th	nat are a sign	nificant	use of its	collection	on iter	ns
	(check all that apply):									
а	Public exhibition	•	d Loan ore	xchange prog	rams					
b	Scholarly research		Other							
¢								•		
4	and the second s							t XIV.		
5	During the year, did the organization solicit of	or receive donations	of art, historical tr	easures, or ot	her similar a	ssets				
	to be sold to raise funds rather than to be m									□ No
Pa	Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if organization	answered "Ye	es" to Form	990, P	art IV, line	9, or		
1a	Is the organization an agent, trustee, custod							_		
	on Form 990, Part X?			•••••			L	」Yes		_i No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	oliowing table:							
								Amour	nt	
¢	Beginning balance					1c				·····
d	Additions during the year				************	1d			*****	
ę	Distributions during the year	***************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		*******	10				
f	Ending balance		**********			1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	217					Yes		No
	If "Yes," explain the arrangement in Part XIV									
Pa	1 V Endowment Funds. Complete I	f the organization an	swered "Yes" to F	orm 990, Par	t IV, line 10.					
	•	(a) Current year	(b) Prior year	(c) Two yea	ers back (d)	Three	years back	(e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions	•								
c	Net investment earnings, gains, and losses									
, d	Grants or scholarships		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
6	Other expenditures for facilities	, , , , ,								
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year		s:							
а	Board designated or quasi-endowment		%							
b	Permanent endowment ►	%								
	Term endowment	%								
	Are there endowment funds not in the posse	ssion of the organize	ation that are held	and administe	ered for the	organiz	zation			
	by:	-							Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations									
ь	If "Yes" to 3a(ii), are the related organizations									
	Describe in Part XIV the intended uses of the	-								
	t VI Investments - Land, Building			D, Part X, line	10.					
	Description of Investment	(a) Cost or of	ther (b) Cos	t or other	(c) Accu	mulate	ď	(d) Bool	k value	→
		basis (investn	ient) basis	(other)	depred	ciation				
1a	Land									
	Buildings	·				**********				
	Leasehold improvemente		-						•	
	Equipment				·····					
	Other				•					
Total.	Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, column (B), line	10(c).)			<b></b>			0.
							chedule l	) (Form	990)	2009
						_			1	<del>-</del>
					·······					

932053 02-01-10

Schedule D (Form 990) 2009

Sch	edule D (Form 990) 2009 NATIONAL TOUR ASSOCIATION,	INC	•	31	-1049903	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financia	al Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	4,643	.195.
2	Total expenses (Form 990, Part IX, column (A), Ilne 25)			2	4,604	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		047.
4	Net unrealized gains (losses) on investments			\$		<u> </u>
5	Donated services and use of facilities	***********				
6	Investment expenses			3		
7	Prior period adjustments					
8	Other (Describe in Part XIV.)					
9	Total adjustments (net). Add lines 4 through 8		<u>-                             </u>			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and				30	047.
	XII Reconciliation of Revenue per Audited Financial Statemen	nte Wi	th Dovonie	nor Potu	39,	041.
1	Total revenue going and other purposed are quality of floradic statements	112 111	HI DOVETING	bei vern	1 4 643	105
2	Total revenue, gains, and other support per audited financial statements	• • • • • • • • • • • • • • • • • • • •			4,643,	133
a	Net unrealized gains on investments	2a		<del></del>		
Đ	Donated services and use of facilities			——————————————————————————————————————		
C	Recoveries of prior year grants	2c				
q	Other (Describe in Part XIV.)		· · · · · · · · · · · · · · · · · · ·		8	_
e	Add lines 2a through 2d			2е		0.
3	Subtract line 2e from line 1			3	4,643,	<u> 195.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIV.)	4b				
C	Add lines 4a and 4b		***************	40		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,643,	195.
Par	XIII Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expense	es per Reti	urn	
1	Total expenses and losses per audited financial statements	. , , , , , , , , , , , ,	***************************************	1	4,604,	148.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
á	Donated services and use of facilities	2a			,	
b	Prior year adjustments					
	Other losses					
	Other (Describe in Part XIV.)					
	Add lines 2a through 2d			2e	:	0.
3	Subtract line 2e from line 1		******************	3	4,604,	148.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	**********				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
ь	Other (Describe in Part XIV.)					
	Add lines 4a and 4b			4c		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	***********		5	4,604,	148.
Žaja	XIV Supplemental Information	• • • • • • • • • • • • • • • • • • • •			4/004/	230.
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	llaca da	00 d 4. Dod 11/	المحمولة محملا	05. Dash 1/ Back 4	. D
( line	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple	111169 151 111169 151	anu 4; ran iv,	intes 10 and	ZD; Part V, line 4:	; Part
<b>1,</b> 11110	2, Fait At, line o, Fait Att, lines 20 and 4b; and Fait Alli, lines 20 and 4b. Also comple	te this p	art to provide	any additiona	intormation.	
						<del></del>
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#### Schedule F (Form 990)

#### Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990,
 Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number NATIONAL TOUR ASSOCIATION, INC. 31-1049903 Part I. General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? \_\_\_\_\_\_ Yes \_\_\_\_ No For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. 3 Activities per Region. (Use Schedule F-1 (Form 990) If additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) if activity listed in (d) (f) Total offices employees or (by type) (i.e., fundraising, is a program service, expenditures in the region agents in program services, grants to describe apecific type for region region recipients located in the region) of service(e) in region EUROPE (INCLUDING ICELAND AND TRADE SHOWS, CONVENTIONS GREENELAND) PROGRAM SERVICES & MEETINGS 10,362. EAST ASIA AND THE TRADE SHOWS, CONVENTIONS PACIFIC PROGRAM SERVICES & Meetings 3,451. TRADE SHOWS, CONVENTIONS NORTH AMERICA PROGRAM SERVICES MEETINGS 3,307. 17,120. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2009

31-1049903

NATIONAL TOUR ASSOCIATION, INC.

Schedule F (Form 990) 2009

\$52072 02-01-10

Schedule F (Form 990) 2009

Page 3 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance Crants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. 31-1049903 (f) Amount of non-cash assistance (e) Manner of cash disbursement NATIONAL TOUR ASSOCIATION, INC. (c) Number of c) Amount of recipients cash grant Use Schedule F-1 (Form 990) if additional space is needed. (b) Region (a) Type of grant or assistance Schedule F (Form 990) 2009

932073 02-01-10

Schedule F (Form 990) 2009

Schedule F (Form 990) 2009 NATIONAL TOUR ASSOCIATION, INC.	31-1049903	Page 4
Part IV Supplemental Information		
Complete this part to provide the information required in Part I, line 2, and any additional informat	ion.	
PART I, LINE 3, COLUMN (F)		
THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING	ጥር አሮሮር፤፤ነም ፑርር	
	10 ACCOUNT TON	· · · · · · · · · · · · · · · · · · ·
EXPENDITURES IN REGIONS OUTSIDE THE UNITED STATES.		
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#### **SCHEDULE L**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1645-0047

Open To Public Inspection

Name of the organization **Employer identification number** NATIONAL TOUR ASSOCIATION, INC. 31-1049903 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990 EZ, Part V, line 40b. (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 \_\_\_\_\_\_ > \$ 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested (f) Approved by board or (b) Loan to or from (c) Original principal (d) Balance due (e) in (g) Written person and purpose the organization? amount detault? agreement? committee? To From Yes Yes Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of Interested person (b) Relationship between interested person and (c) Amount and type of the organization assistance MICHELE MICHALEWICZ BOARD CHAIRMAN STIPEND 29870. Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (e) Sharing of (b) Relationship between interested (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? Yes LHA For Privacy Act and Paperwork Reduction Act Notice, see the

Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

### **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

NATIONAL TOUR ASSOCIATION, INC.

Employer identification number

022.223	NATIONAL TO	IK MOOU	CIATION,	INC.	1 31	-1049903
	irt I Types of Property					(// // // // // // // // // // // // //
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 10	Method o	(d) f determining enues
1	Art - Works of art					
2	Art - Historical treasures					
3	Art · Fractional interests			,		
4	Books and publications				1	
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities · Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or		,			
	trust interests					
12	Securities - Miscellaneous					,,,,
13	Qualified conservation contribution •				1	
	Historic structures					
14	Qualified conservation contribution • Other				, , , , , , ,	
15	Real estate - Residential					
16	Real estate - Commercial	# E	-			
17	Real estate - Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies			,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
21	Taxidermy	ĺ				
22	Historical artifacts			·, ····	1	
23	Scientific specimens					•
24	Archeological artifacts			,		
25	Other (HOSPITALITY)	X	38	1,070,877.	SEE STATEM	ENT 1.
26	Other ()					
27	Other ()					
28	Other (					,,,.
29	Number of Forms 8283 received by the organiz	ation during	the tax vear for co	ontributions		,
	for which the organization completed Form 828					1 1
30a	During the year, dld the organization receive by	contribution	any property rep	orted in Part I, lines 1-28 tha	at it must hold for	Yes No
	at least three years from the date of the initial c	ontribution, a	and which is not re	equired to be used for exen	npt purposes for	
	the entire holding period?			*******************************		30a X
þ	If "Yes," describe the arrangement in Part II.					
31	Does the organization have a gift acceptance p	olicy that rec	uires the review o	f any non-standard contrib	utions?	31 X
32a	Does the organization hire or use third parties of contributions?	r related org	anizatīons to solic	it, process, or sell noncash		
b	If "Yes," describe in Part II.	***************		***************************************	***************************************	320 21
	If the organization did not report revenues in co	ittmn (c) for a	type of property	for which column (a) is obe-	rked	
	describe in Part II.		, po o, proporty	milat oolullii (ay is olle	unouj	
.HA	For Privacy Act and Paperwork Reduction	Act Notice s	see the Instruction	ns for Form 990.	Schedule	M (Form 990) 2009
					Concanie	··· fi ou in agai cana

#### SCHEDULE O (Form 990)

### Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009

Open to Public Inspection

Name of the organization

NATIONAL TOUR ASSOCIATION, INC.

Employer identification number 31–1049903

FORM 990, PART VI, SECTION A, LINE 3: NATIONAL TOUR ASSOCIATION DELEGATED

CONTROL OVER MANAGEMENT DUTIES TO IMG AND THEY INCLUDE, BUT ARE NOT LIMITED

TO: HIRING, FIRING, SUPERVISING PERSONNEL, PLANNING OR EXECUTING BUDGETS

OR FINANCIAL OPERATIONS, AND SUPERVISING EXEMPT OPERATIONS OR UNRELATED

TRADES OR BUSINESSES OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS APPROXIMATELY 2,800 MEMBERS THAT PAY ANNUAL DUES TO BELONG TO THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A: ALL BOARD POSITIONS ARE ELECTED BY THE MEMBERS, WITH THE EXCEPTION OF 3 AT-LARGE POSITIONS APPOINTED BY THE CHAIRMAN.

FORM 990, PART VI, SECTION A, LINE 7B: BYLAW AMENDMENTS MUST BE APPROVED

BY THE MEMBERS, WHICH INCLUDES DEFINITION OF MEMBERSHIP CATEGORIES,

GOVERNANCE STRUCTURE, VOTING ELIGIBILITY, ORGANIZATIONAL NAME AND PURPOSE,

AND ANNUAL BUSINESS MEETING REQUIREMENTS.

FORM 990, PART VI, SECTION B, LINE 11: ORGANIZATION PROVIDED COPIES TO ITS GOVERNING BODY FOR REVIEW OF DRAFT FORM 990 BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS MUST DISCLOSE ANY

POTENTIAL CONFLICTS TO THE EXECUTIVE COMMITTEE. IF THE EXECUTIVE COMMITTEE

SEES A CONFLICT THEY REPORT SUCH TO THE BOARD. BOARD MEMBERS MAY BE

REQUIRED TO REFRAIN FROM VOTING OR DISCUSSION AS DIRECTED.

#### **SCHEDULE 0**

Department of the Treasury

(Form 990)

Supplemental Information to Form 990

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

► Attach to Form 990.

2009 Quen to Public Inspection

Internal Revenue Service Name of the organization Employer identification number NATIONAL TOUR ASSOCIATION, 31-1049903 THE ORGANIZATION DOES NOT PAY A COMPENSATION BUT DOES PAY A STIPEND TO THE CHAIRMAN. FORM 990, PART VI, SECTION C, LINE 19: THE BYLAWS AND CODE OF ETHICS ARE ON THE ORGANIZATION'S WEBSITE. THE ARTICLES OF INCORPORATION, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS/ANNUAL AUDIT ARE AVAILABLE UPON REQUEST.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

Department of the Treasury Internal Revenue Service SCHEDULER (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990.

See separate instructions.

Schedule R (Form 990) 2009 Employer identification number 31-1049903 Direct controlling Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) IATIONAL TOUR 0 - ASSOCIATION End-of-year assets status (if section Public charity 501(c)(3)) <u>e</u> 0 Exempt Code Total income section Ī Part | Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) KENTUCKY LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. INC. Primary activity Primary activity NATIONAL TOUR ASSOCIATION, **@** MARKETING 61-1109975, 546 EAST MAIN STREET, LEXINGTON NATIONAL TODR MARKETING SERVICES, INC. Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization 40508 Part

Page 2 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) 31-1049903 NATIONAL TOUR ASSOCIATION, INC. Schedule R (Form 990) 2009

	" organizations treated as a partitionality during the tax year,	neising during the tax year.)									
	(a)	(a)	9	(G)	(9)		8	(B)	£	8	0
	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	Share of end-of-year assets	fons?	20 g g g g g g g g g g g g g g g g g g g	용률의 2
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				Applement							
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Patt	identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	anizations Taxable as a Corp coration or trust during the tax	oration or ( year.)	Trust (Complete if t	he organizatio	on answered "Ye	s* to Form 990	), Part IV, line 3	4 because it i	had one or more	related
	(a)			(P)	3	9	(e)		æ	(2)	<b>E</b>
	Name, address, and EIN	7	.E	Primary activity		Direct controllin			total		(m) ercentare
	of related organization		•		(state or foreign	entity	(C corp, S corp, or trust)			end-of-year o	diusieumo.
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Schedule R (Form 990) 2009 NATIONAL TOUR ASSOCIATION, INC.

31-1049903

Page 3

Fatty Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note -	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	2
- 10	Definity the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (ii) interest (ii) annuities (iii) sweeties or that not to be a feature of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contraction of the contractions of the contraction of the contra		15703	
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ú	GIR crart or contration from other contractions.		10	
	Cans or loan distributed to or the other constitution.	111111111111111111111111111111111111111	1c	
	Joans Or Joan Missenbook My Aphar Assessing 163		1d	
	die or iver gewantees by onlet organization(s)		-6	
<b>₩</b>	Sale of assets to other organization(s)	, , , , , , , , , , , , , , , , , , , ,		
U	Purchase of assets from other americaniantel		#	Į
	Exchange of assets	*****************	19	
	Lease of facilities, equipment, or other assets to what arranging in the constitution of the constitution		#	
			·~	
100	Lease of facilities, equipment, or other assets from other organization(s)			
u. (	Performance of services or membership or fundraising solicitations for other organization(s)	******************	7	
_ 8	Performance of services or membership or fundraising solicitations by other organization(s)		1	
	Organity of accidities, equipment, mailing lists, of other assets. Sharing of paid employees		-L	
			-ţ	
0	Reimbursement paid to other organization for expenses			
u. <u>c</u>	Reimbursement paid by other organization for expenses		10	
			1p	į
Ġ.	Other transfer of cash or property to other organization(s)			
, Í	Other transfer of cash or property from other organization(s)		1	
N	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	resholds.		
	(a) Name of other organization(s)		(0)	
	Transaction type (a-r)	· · · · · · · · · · · · · · · · · · ·	Amount involved	
Ξ				
(2)			The state of the s	1
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(5)		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		1
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992163 02 04-10	39	Schedule	   Schedule R (Form 990) 2009	8

Page 4

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(F)	(2)	5	(9)	£	3	14
NIII troc societies omein		(a)	Are all respective	3-7-0 ye mindo			
	רוווואן אטוואון	state or foreign	section 501(c)(3) organizations?	year assets	tionate allocations?	amount in box 20	ranaging managing
THE PROPERTY OF THE PROPERTY O		country)	Yes No			Form 1065)	<u> </u>
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						Schedule R (Form 990) 2009	m 990) 2009

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	For th	ne 2008 calendar year, or tax year beginning and endin	g	
В	Check i applical	f Please C Name of organization	D Employer ident	tification number
		use ins		
	Addi chan	ress   label or   NATIONAL TOUR ASSOCIATION, INC.		
	Nam chan	e type. Doing Business As	31-	1049903
	lnitia retur	n   See   Number and street (or P.U. box if mail is not delivered to street address)   Hoom/	/suite E Telephone numi	ber
	Tenz ation	in Specific 564 FAST MATH CODFFO	(85	9) 226-4219
	Amer	nded tions.	G Gross receipts \$	5,245,258.
	Appl	LEXINGTON, KY 40508	H(a) Is this a group	
	pend	F Name and address of principal officer:LISA SIMON	for affiliates?	Yes X No
		564 EAST MAIN STREET, LEXINGTON, KY 40508	B H(b) Are all affiliates	included? Yes No
1	Tax-ex	rempt status: X 501(c) ( 6 ) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach	a list. (see instructions)
J '	Webs	ite: ► N/A	H(c) Group exempt	·
K	Туре о	f organization: ☐ Corporation ☐ Trust 🔀 Association ☐ Other ► L		M State of legal domicile: KY
P	art I			
	1	Briefly describe the organization's mission or most significant activities: TO ADVA	NCE THE INTER	ESTS OF NTA
Š		MEMBERS AND THE PACKAGED TRAVEL INDUSTRY		
Governance	2	Check this box  if the organization discontinued its operations or disposed of	more than 25% of its ass	ets.
š	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
OJ OJ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
es -	5	Total number of employees (Part V, line 2a)	5	
Ϋ́	8	Total number of volunteers (estimate if necessary)		237
Activities &	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7	
	b	Net unrelated business taxable income from Form 990-T, line 34		b 0.
			Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)	735,898	
en	9	Program service revenue (Part VIII, line 2g)	4,133,264	
Revenue	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)	57,978	
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	608,204	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,535,344	5,245,258.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
SS	•	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		
×		Total fundraising expenses (Part IX, column (D), line 25)	5 043 600	4 000 007
_	ŧ	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,243,692	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,243,692	
_s	19	Revenue less expenses. Subtract line 18 from line 12	291,652	
Net Assets or Fund Balances			Beginning of Year	End of Year
Sale	20	Total assets (Part X, line 16)	3,412,139	
nd d	21	Total liabilities (Part X, line 26)	1,955,590	
	22 rt	Net assets or fund balances. Subtract line 21 from line 20	1,450,549	1,720,900.
8.XX	1010011		ents, and to the best of my knowle	dde and bellef, it is true, correct
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	edge.	-3- 111- 1-11-11-11-11-11-11-11-11-11-11-1
Sigr			1	
Here		Signature of officer	Date	
1011	•	LISA SIMON, PRESIDENT		
		Type or print name and title	·	
		Preparer's Date		rer's Identifying number
Paid	J	Preparer's signature Deborate C. Smith, CPA 1/9/09  Firm's name (or MOLINIT, TOY & BRESSLER LLP	self- employed   [see	nstructions)
•	arer's	Firm's name (or MOUNTJOY & BRESSLER LLP	EIN >	
Jse (	Only	self-employed), 175 EAST MAIN STREET, SUITE 200		
	ļ	address, and ZP+4 LEXINGTON, KY 40507-1368	Phone no. ► 8	359-255-4950
May	the IF	RS discuss this return with the preparer shown above? (see instructions)	1	X Yes No

******	you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	
	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (n	o copies needed).
Тур	Name of Exempt Organization	Employer identification numbe
print	NATIONAL TOUR ASSOCIATION, INC.	31-1049903
extend	ded Number, street, and room or suite no. If a P.O. box, see instructions.  Also for 564 EAST MATN STREET	For IRS use only
etum.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  LEXINGTON, KY 40508	
	ck type of return to be filed (File a separate application for each return):  Form 990  Form 990-EZ  Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-BL  Form 990-PF  Form 990-T (trust other than above)  Form 4720	Form 5227 Form 887
то	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a prev	iously filed Form 8868.
	the organization does not have an office or place of business in the United States, check this box	f this is for the whole group, check thi
6	For calendar year 2008, or other tax year beginning and ending lift his tax year is for less than 12 months, check reason: Initial return Final return State in detail why you need the extension/ TAXPAYER IS REQUESTING ADDITIONAL TIME TO FILE IN ORD	Change in accounting period DER TO GATHER
6 7	For calendar year 2008, or other tax year beginning and ending lf this tax year is for less than 12 months, check reason: Initial return State in detail why you need the extension/ TAXPAYER IS REQUESTING ADDITIONAL TIME TO FILE IN ORI INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE	Change in accounting period DER TO GATHER
6 7	For calendar year 2008, or other tax year beginning , and ending If this tax year is for less than 12 months, check reason: Initial return State in detail why you need the extension/ TAXPAYER IS REQUESTING ADDITIONAL TIME TO FILE IN ORI INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATION of this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	Change in accounting period DER TO GATHER E RETURN
6 7 8a	For calendar year 2008, or other tax year beginning , and ending If this tax year is for less than 12 months, check reason: Initial return State in detail why you need the extension/ TAXPAYER IS REQUESTING ADDITIONAL TIME TO FILE IN ORI INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATI If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	Change in accounting period DER TO GATHER
5 6 7 8a b	For calendar year 2008, or other tax year beginning and ending If this tax year is for less than 12 months, check reason: Initial return Final return State in detail why you need the extension?  TAXPAYER IS REQUESTING ADDITIONAL TIME TO FILE IN ORITIFICORMATION NECESSARY TO FILE A COMPLETE AND ACCURATION of this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	Change in accounting period DER TO GATHER E RETURN  Ba \$
6 7 8a	For calendar year 2008, or other tax year beginning and ending If this tax year is for less than 12 months, check reason: Initial return Final return State in detail why you need the extension?  TAXPAYER IS REQUESTING ADDITIONAL TIME TO FILE IN ORITINFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATION of this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	Change in accounting period DER TO GATHER E RETURN
6 7 8a b	For calendar year 2008, or other tax year beginning and ending If this tax year is for less than 12 months, check reason: Initial return Final return State in detail why you need the extension?  TAXPAYER IS REQUESTING ADDITIONAL TIME TO FILE IN ORITIFICORMATION NECESSARY TO FILE A COMPLETE AND ACCURATION of this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	Change in accounting period DER TO GATHER E RETURN  Ba \$  Bb \$

Form **9868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

Part I		
	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
•	ration required to file Form 990-T and requesting an automatic 6-month extension · check this box and cor ly	· —
to file inc	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a come tax returns.	
noted be (not auto you mus	nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensi blow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron omatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or continuity to file forms the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file gov/efile and click on e-file for Charities & Nonprofits.	ically if (1) you want the additional onsolidated Form 990-T. Instead,
Type or		Employer identification numbe
-	NATIONAL TOUR ASSOCIATION, INC.	31-1049903
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions.  564 EAST MAIN STREET	
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  LEXINGTON, KY 40508	
Check ty	/pe of return to be filed(file a separate application for each return):	
For	rm 990-BL	069
	AGNES AMOS	
Teleph If the o	AGNES AMOS cooks are in the care of ► 2365 HARRODSBURG ROAD - LEXINGTON, KY 4 none No. ► (859) 425-5064 FAX No. ► corganization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If th . If it is for part of the group, check this box ► and attach a list with the names and EINs of all	is is for the whole group, check thi
Teleph If the coox If this pox If the	cooks are in the care of ► 2365 HARRODSBURG ROAD - LEXINGTON, KY 4 mone No. ► (859) 425-5064 FAX No. ► corganization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	is is for the whole group, check thi members the extension will cover.
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Teleph If the coox If this poox I I I re is fe	cooks are in the care of ▶ 2365 HARRODSBURG ROAD - LEXINGTON, KY 4 mone No. ▶ (859) 425-5064 FAX No. ▶  organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the lift is for part of the group, check this box ▶ and attach a list with the names and EINs of all quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time untanged at a substantial formula or the organization return for the organization named a corporation's return for:	is is for the whole group, check thi members the extension will cover.
Teleph P If the c P If this P If th	cooks are in the care of ► 2365 HARRODSBURG ROAD - LEXINGTON, KY 4 mone No. ► (859) 425-5064 FAX No. ► corganization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	is is for the whole group, check this members the extension will cover.
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Teleph If the c If this pox ►    I re  is for ►    I f tr  is for ►    I f tr	cooks are in the care of ► 2365 HARRODSBURG ROAD - LEXINGTON, KY 4 mone No. ► (859) 425-5064 FAX No. ► corganization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box ► and attach a list with the names and EINs of all quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2009, to file the exempt organization return for the organization named a corporation or the organization's return for:  X calendar year 2008 or, and ending, and ending  This tax year is for less than 12 months, check reason: Initial return Final return	is is for the whole group, check this members the extension will cover.
Teleph If the c If this If this OOX I I re is fo I I fth I I f	cooks are in the care of ► 2365 HARRODSBURG ROAD - LEXINGTON, KY 425-5064 FAX No. ►  corganization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	is is for the whole group, check this members the extension will cover.  Ill above. The extension  Change in accounting period
Teleph If the co If this pox  If this pox  I re  If this pox  I re  I fith I fi	cooks are in the care of ▶ 2365 HARRODSBURG ROAD - LEXTNGTON, KY 425-5064 FAX No. ▶  composed to the care of ▶ 2365 HARRODSBURG ROAD - LEXTNGTON, KY 425-5064 FAX No. ▶  composed to the care of ▶ 25-5064 FAX No. ▶  composed to the composed to the composed of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the composed to the group, check this box ▶ and attach a list with the names and EINs of all equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the organization's return for:  AUGUST 15, 2009 , to file the exempt organization return for the organization named a corporation required to file Form 990-T) extension of time unto the organization's return for:  X calendar year 2008 or tax year beginning , and ending , and ending , and ending , and ending .  Inis tax year is for less than 12 months, check reason: Initial return Final return .  Inis application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any prefundable credits. See instructions.  Inis application is for Form 990-PF or 990-T, enter any refundable credits and estimated payments made. Include any prior year overpayment allowed as a credit.  ance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, posit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	is is for the whole group, check this members the extension will cover.  Ill above. The extension  Change in accounting perion  3a \$  3b \$
Teleph If the co If this pox  If this pox  I re  If this pox  I re  I re  I f th  I re  I f th   cooks are in the care of ▶ 2365 HARRODSBURG ROAD — LEXINGTON, KY 425-5064 FAX No. ▶  corganization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	is is for the whole group, check this members the extension will cover.  Illustrates the extension  Change in accounting period  3a \$ 3b \$ 3b \$	

823831 03-11-09

#### Part IV Checklist of Required Schedules Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C. Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice Х on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х Schedule D, Part III 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 ..... Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable \_\_\_\_\_\_\_ 11 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was Χ prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 14a Did the organization maintain an office, employees, or agents outside of the U.S.? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, Х and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity. X located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals X located outside the United States? If "Yes," complete Schedule F, Part III 16 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I ...... 17 X 18 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II ..... Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 19 X 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 21 Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II ...... 21 X 22 Did the organization report more than \$5,000 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III ..... X 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J ..... 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. Х If "No", go to question 25 24a 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? ..... 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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified Х person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

# Form 990 (2008) NATIONAL TOUR ASSO Part IV Checklist of Required Schedules (continued)

		F	Yes	No
<b>2</b> 8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in поп-cash contributions? If "Yes," complete Schedule М	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	. [	Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35	-	X
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	ŀ	
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		Х

# Form 990 (2008) NATIONAL TOUR ASSOCIATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter ·0· if not applicable	1a	12			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?	•	(	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instruction	ıs)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by this r	eturn?	3а		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority o	ver, a	ĺ		
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a		X
þ	If "Yes," enter the name of the foreign country: ▶					
	See the instructions for exceptions and filling 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?			5а		_X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity				- 1	İ
	Tax Shelter Transaction?		<u>.</u> 5	бc		<b></b>
	Did the organization solicit any contributions that were not tax deductible?			3a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribut	_			-	
_	were not tax deductible?			3b		30000000
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more			7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?			b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?			/c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		ŭ.		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p					
	benefit contract?		7	'e		200000000
ſ	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?	7	7 <b>f</b>		
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		-	'g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as require		'h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sect	ion 509(a)	(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization	ganization,	have			
	excess business holdings at any time during the year?		<u></u>	В		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?			a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		9	b		*******
10	Section 501(c)(7) organizations. Enter: N/A	3				
		10a				
		10b				
11	Section 501(c)(12) organizations. Enter: N/A					
	· · · · · · · · · · · · · · · · · · ·	11a				
þ	Gross income from other sources (Do not net amounts due or paid to other sources against					
0-		11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	,	12	2a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A	12b		288 <b>3</b>		

Rart VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	ction A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	7		
b	Enter the number of voting members that are independent 1b 1	7		
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	*********	X
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	Х	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?			Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	- 1		Х
8	Does the organization have members or stockholders?	·	X	
	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	х	
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
0	by the following:			
_	•	8a	Х	**********
_	The governing body?  Each committee with authority to act on behalf of the governing body?	-,	X	
b	·			Х
	Does the organization have local chapters, branches, or affiliates?  If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	30		
D	and branches to ensure their operations are consistent with those of the organization?	9b		
40	·	an		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	10	x	
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	11		Х
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule Otion B. Policies	31		
Sec	HOIT B. FORCIES		Van	N.
40	December 1 and 1 a	12a	Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	128	^	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	405	х	
	to conflicts?	12b	Λ	·····-
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10	$\mathbf{x}$	
	in Schedule O how this is done	12c	^	X
13	Does the organization have a written whistleblower policy?	13	Х	Λ
14	Does the organization have a written document retention and destruction policy?	14		
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:		*****	
	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		Λ 
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its 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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►KY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	and fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ation: 🕨		
	AGNES RANKIN - (859) 226-4219			
	2365 HARRODSBURG ROAD, LEXINGTON, KY 40504			

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- 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 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)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	1		Pos				Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Ī	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BOB HOELSCHER										-
CHAIRMAN AND CEO	1.00	X						0.	0.	0.
MICHELE MICHALEWICZ										
VICE CHAIRMAN	1.00	X						0.	0.	0.
CATHERINE M. GRETEMAN										
TREASURER	1.00	X						0.	0.	0.
MARIAN S. DIPIETRO					Į				la la la la la la la la la la la la la l	
SECRETARY	1.00	X						0.	0.	0.
RENEE EICHELBERGER		Ì								
DIRECTOR	1.00	X						0.	0.	0.
CARL PRINCE										
DIRECTOR	1.00	X						0.	0.	0.
RANDY JULIAN									***************************************	
IMMEDIATE PAST CHAIRMAN	1.00	X						0.	0.	0.
LUCA ARIOLI										
DIRECTOR	1.00	X						0.	0.	0.
NICHOLAS CALDERAZZO	_									_
DIRECTOR	1.00	X						0.	0.	0.
ANNE DAVIS										
DIRECTOR	1.00	X						0.	0.	0.
SHERRI GUIBORAT		İ								_
DIRECTOR	1.00	X						0.	0.	0.
COREY MARSHALL										•
DIRECTOR	1.00	Х						0.	0.	0.
JIM WARREN	4 00									•
DIRECTOR	1.00	Х						0.	0.	0.
ED HALL	4 00									
DIRECTOR	1.00	Χ.						0.	0.	0.
WAYNE A. CHANDLER	1 00								_	0
DIRECTOR DEFINAN	1.00	X					-	0.	0.	0.
ROBERT F. BRENNAN	1 00	ι,,		l					^	^
DIRECTOR	1.00	Y				-		0.	0.	0.
SCOTT HARTCORN	1 1 1	٠,							_	^
DIRECTOR	1.00	A						0.	0.	0.

832007 12-18-08

	TIONAL TOUR A							INC.	31-1049	1903 F	Page 8
Part VII Section A. Officers, D	Directors, Trustees, Key E	Empl	oye	es, a	nd	High	nest	Compensated Employ	ees (continued)		
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average			Pos	itior	ì		Reportable	Reportable	Estimat	ed.
	hours	(c	hecl	k all	that	t app	oly)	compensation	compensation	amount	
	per week	ŧ				Ì		from	from related	other	
	Week	ig X		1		Sated		the organization	organizations (W-2/1099-MISC)	compensa from th	
		33	Tasta			pensa		(W-2/1099-MISC)	(** 27 1033 141100)	organizat	
		ם	onal		a Sec	E COM				and relat	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compens employee	Ē			organizati	ions
		\ <u></u>	<u> </u>		_	II 9	Œ				
		_	<u> </u>	ļ	-						
		-		_							
		-			<u> </u>	<del> </del>					
						-	_		<del> </del>		
		_			-						
		-		_							<del></del> .
										i I	
			1								
			İ								
			$\neg$	-							
			ĺ								
1b Total	***************************************					<b></b>		0.	0.		0.
2 Total number of individuals (inc						<b>1</b> \$10	0,00	00 in reportable			
compensation from the organiz	ation			<u></u>			<u></u>	<u> </u>	<b>&gt;</b>		0
										Yes	No
3 Did the organization list any for											
line 1a? If "Yes," complete Sch	edule J for such individual									3	X
4 For any individual listed on line	1a, is the sum of reportab	le co	mpe	nsa	tion	and	oth	er compensation from ti	ne organization		
and related organizations great										4	Χ
5 Did any person listed on line 1a											
the organization? If "Yes," comp	plete Schedule J for such p	oerso	on			<i></i>				5	<u>X</u>
Section B. Independent Contracto											
1 Complete this table for your five	e highest compensated inc	depe	nder	it co	ontra	actor	s th	at received more than \$	100,000 of compense	ition from	
the organization.											

(B) Description of services	(C) Compensation
MANAGEMENT FEE	1,741,148.
PUBLISHING	196,125.
GOVERNMENT RELATIONS AND PUBLIC AFFAIRS	187,500.
	Description of services  MANAGEMENT FEE  PUBLISHING GOVERNMENT RELATIONS

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must com			lete columns (B), (C), a	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> 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 U.S. See Part IV, line 22				
3	Grants and other assistance to governments,		1944		
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
3	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	1,741,148.		1,741,148.	
b	Legal	306,999.	239,317.	67,682.	
¢	Accounting	31,345.	·	31,345.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	44 005	E 000	20 000	
. g	Other	44,825.	5,923.	38,902.	
12	Advertising and promotion	54,683.	54,683.	2 057	
13	Office expenses	11,847. 165,611.	8,890. 53,807.	2,957. 111,804.	
14 15	Information technology	TODYOLL	33,007.	111,004.	·
16	Royalties Occupancy				
17	Travel	80,392.	47,250.	33,142.	
18	Payments of travel or entertainment expenses	00,0021	17,200	33/142.	
. •	for any federal, state, or local public officials	į			
19	Conferences, conventions, and meetings	2,144,250.	2,051,770.	92,480.	
20	Interest			, , , , , , , , , , , , , , , , , , , ,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	15,999.	1,015.	14,984.	
24	Other expenses, itemize expenses not covered above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	DUES & SUBSCRIPTIONS	203,001.	203,001.		
b	PRINTING	54,006.	53,746.	260.	
C	SPECIAL APPROPRIATION	35,092.	35,092.		
d	POSTAGE	30,942.	30,463.	479.	
е	BANK CHARGES	20,117.		20,117.	
f	All other expenses	40,570.	33,758.	6,812.	
25	Total functional expenses. Add lines 1 through 24f	4,980,827.	2,818,715.	2,162,112.	0.
26	Joint Costs. Check here ► ☐ if following			:	
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
สวากาก	12-18-08				Form <b>990</b> (2008)

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	irt X	Balance Sheet							
					(A) Beginning of year		End	(B) of yea	ď
	1	Cash · non-interest-bearing		***************************************	1,260,453.	1	1,5	93,	745
	2	Savings and temporary cash investments				2			
	3	Pledges and grants receivable, net	,	***************************************		3			
	4	Accounts receivable, net				4	1,5	47,	539
	5	Receivables from current and former officers, of	directo	ors, trustees, key					
		employees, or other related parties. Complete	Part II	of Schedule L		5			
	6	Receivables from other disqualified persons (as	s defir	ed under section					
		4958(f)(1)) and persons described in section 49	958(c)(	(3)(B). Complete					
		Part II of Schedule L				6			
ŝ	7	Notes and loans receivable, net				7	<u> </u>		
Assets	8	Inventories for sale or use				8			
⋖	9	Prepaid expenses and deferred charges			37,925.	9		81,	115
	10a	Land, buildings, and equipment: cost basis	108	<u> </u>	_				
	b	1							
		Part VI of Schedule D				10c			
	11	Investments - publicly traded securities			01.000	11	<u> </u>		
	12	Investments - other securities. See Part IV, line				12		21,	<u> 239</u>
	13	Investments · program-related. See Part IV, line				13			
	14	Intangible assets				14		76,	
	15	Other assets. See Part IV, line 11			32,223.			29,	
	16	Total assets. Add lines 1 through 15 (must equ				16		49,	
	17	Accounts payable and accrued expenses					3	03,	004
	18	Grants payable				18	1 7	0.7	705
	19	Deferred revenue				1	1,2	97,	<u>/85</u>
	20	Tax-exempt bond liabilities				20	ļ		
ies	21	Escrow account liability. Complete Part IV of So				21			
Liabilities	22	Payables to current and former officers, directo							
Lia		highest compensated employees, and disqualif of Schedule L	-	•		22			
	23	Secured mortgages and notes payable to unrel	ated t	hird parties		23			
	24	Unsecured notes and loans payable				24			
	25	Other liabilities. Complete Part X of Schedule D			26,790.	25		28,	
	26	Total liabilities. Add lines 17 through 25			1,955,590.	26	1,6	28,9	<u> 974</u>
		Organizations that follow SFAS 117, check h	ere	► X and complete					
ŠŠ		lines 27 through 29, and lines 33 and 34.			1 456 540		1		
Net Assets or Fund Balances	27	Unrestricted net assets			1,456,549.	27	1,7	20,9	<del>180</del>
Ba	28	Temporarily restricted net assets				28		<del></del> -	<del></del>
<u>n</u>	29					29			*******
Ĭ.		Organizations that do not follow SFAS 117, c	heck	here 🕨 📖 and					
Š	••	complete lines 30 through 34.							******
set	30	Capital stock or trust principal, or current funds				30			
As	31	Paid-in or capital surplus, or land, building, or ed				31			
Šet	32	Retained earnings, endowment, accumulated in			1 456 540	32	1 7	20 0	100
	33	Total net assets or fund balances			1,456,549. 3,412,139.	33		20,9	
Da.	34 1 XI	Total liabilities and net assets/fund balances		***************************************	3,412,139.	34	3,3	49,2	134
8. F& F. L	*******	Financial Statements and Reporting	<u> </u>					Yes	No
1	A	unting method used to prepare the Form 990:	<u> </u>	Cash X Accrual	Other				
2а		the organization's financial statements compiled					2a	*	X
		•						X	A
b c		the organization's financial statements audited t s" to lines 2a or 2b, does the organization have a						+ ^	+
Ü		s ito lines 2a or 20, does the organization have a v, or compilation of its financial statements and s					I	Х	
Зa		esult of a federal award, was the organization re						1	+-
Ja		nd OMB Circular A-133?		-	_		I .		Х
b		s," did the organization undergo the required au						1	+
~	,	-, organization andolgo the todalion au	V: (		***********************************		ين ا	.1	

# Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

anizatio		En	mployer identification number
Ŋ	TOUR ASSOCIATION, INC.		31-1049903
e (check			
ΞZ	)( 6 ) (enter number) organization		
	(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation		
	political organization		
	)(3) exempt private foundation		
	a)(1) nonexempt charitable trust treated as a private foundation		
	)(3) taxable private foundation		
ral Rule nizations or. Com		n money or	r property) from any one
′170(b)(1	ion filing Form 990, or Form 990-EZ, that met the 33 1/3% support te seived from any one contributor, during the year, a contribution of the ne 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I	greater of	<del>-</del>
e contrik	0) organization filing Form 990, or Form 990-EZ, that received from an ests of more than \$1,000 for use exclusively for religious, charitable, ruelty to children or animals. Complete Parts I, II, and III.		
tribution f this bo ose. Do	o)) organization filing Form 990, or Form 990·EZ, that received from an sively for religious, charitable, etc., purposes, but these contributions neer here the total contributions that were received during the year form of the parts unless the <b>General Rul</b> e applies to this organization butlons of \$5,000 or more during the year.)	did not ag r an <i>exclus</i> because it	ggregate to more than sively religious, charitable, received nonexclusively
"No" on	red by the General Rule and/or the Special Rules do not file Schedule of their Form 990, or check the box in the heading of their Form 990-E uirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•	•
	eduction Act Notice, see the Instructions Sched will be issued separately.	ule B (Forn	n 990, 990-EZ, or 990-PF) (2008)
itions th "No" on not me	red by the General Rule and/or the Special Rules do not file Schedule of their Form 990, or check the box in the heading of their Form 990-Euirements of Schedule B (Form 990, 990-EZ, or 990-PF).	∍ B (Form § EZ, or on lir	990, 990-EZ, ne 2 of their l

Employer identification number

NATIONAL TOOK ADDOCTATION, IN	NATIONAL	TOUR	ASSOCIATION,	INC
-------------------------------	----------	------	--------------	-----

31-1049903

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DATTCO COACH & TOUR  583 SOUTH STREET  NEW BRITAIN, CT 06051	\$ 10,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	NEBRASKA TRAVEL & TOURISM  301 CENTENNIAL MALL SOUTH  LINCOLN, NE 68509	\$18,000.	Person Payroll Noncash X  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	PHOTOVISION, INC.  1819 SARDIS RD N, SUITE 330  CHARLOTTE, NC 28270	\$15,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	PRINCE WILLIAM COUNTY/MANASSAS CVB 8609 SUDLEY ROAD, SUITE 105 MANASSAS, VA 20110	\$6,880.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP+ 4	(c) Aggregate contributions	(d) Type of contribution
5	WILLIAMS SOUND CORP.  10321 W. 70TH STREET  EDEN PRAIRIE, MN 55344	\$9,805.	Person Payroll Noncash X  (Complete Part II if there is a noncash contribution.)
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	PHILADELPHIA CONVENTION & VISITORS BUREAU  1700 MARKET STREET, #3000  PHILADELPHIA, PA 19103	\$ 5,064.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)

823452 12-18-08

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

#### NATIONAL TOUR ASSOCIATION, INC.

Part I	Contributors (see instructions)	•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	BEST WESTERN INTERNATIONAL, INC 6201 NORTH 24TH PARKWAY PHOENIX, AZ 85016	\$\$ 	Person Payroli Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	THEATRE DIRECT  729 7TH AVENUE, 6TH FLOOR  NEW YORK, NY 10019	\$46,871.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	DEWYNTERS  48 LEICESTER SQUARE  LONDON, WC2H 7QD, ENGLAND	\$\$.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	VISITPITTSBURGH  425 6TH AVENUE #30  PITTSBURGH, PA 15219	\$\$.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11	VISITPITTSBURGH  425 6TH AVENUE #30  PITTSBURGH, PA 15219	\$\$592,500.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12	VISITPITTSBURGH 425 6TH AVENUE #30	 	Person Payroll Noncash X (Complete Part II if there
823452 12-18	PITTSBURGH, PA 15219	Schedula R / Form 0	is a noncash contribution.)

Name of organization

Employer identification number

#### NATIONAL TOUR ASSOCIATION, INC.

Part I	Contributors (see instructions) (b)	(c)	(d)
(a) No.	(D) Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
13	WYNDHAM HOTEL GROUP  22 SYLVAN WAY  PARSIPPANY, NJ 07054	\$11,039.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14	TEAM TEXAS  700 N GRANT, SUITE 200  ODESSA, TX 79761	\$8,644.	Person Payroli Noncash X (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>15</u>	HAMPTON HOTELS 755 CROSSOVER LN MEMPHIS, TN 38117	\$11,171.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
16	MOHEGAN SUN  1 MOHEGAN SUN BOULEVARD  UNCASVILLE, CT 06382	\$12,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
17	MOHEGAN SUN  1 MOHEGAN SUN BOULEVARD  UNCASVILLE, CT 06382	\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution  Person Payroll
		\$	Noncash  (Complete Part II if there is a noncash contribution 990, 990-EZ, or 990-PF) (2000)

Page 1 of 3 of Employer identification number

#### NATIONAL TOUR ASSOCIATION, INC.

Part II	Noncash Property (see instructions)		
(a) No. from Part l	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	TRANSPORTATION		
1		\$	11/15/08
(a) No. from Part !	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	NOTEBOOKS		
		\$ 18,000.	11/15/08
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	COMMERMORATIVE DELEGATE PHOTOS		
3		\$\$	11/15/08
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	THREE-HOLE PUNCHES		
4		\$\$6,880.	11/15/08
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	CONVENTION TOUR HEADSETS		
		\$ 9,805.	11/15/08
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	BOARD OF DIRECTORS DINNER		
23453 12-18		\$ 5,064.	

#### NATIONAL TOUR ASSOCIATION, INC.

(a)			
No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	TOUR OPERATOR DINNER, BADGE PICK-UP	_	
		\$ 28,625.	11/15/08
(a) No. from Part I	(b) Description of noncash property giveл	(c) FMV (or estimate) (see instructions)	(d) Date received
8	MONDAY LUNCHEON	_	
		\$\$	11/15/08
(a) No. rom art l	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	BREAKFAST		
<u> </u>		\$ 6,292.	11/15/08
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	ICEBREAKER	_	
10		\$ 150,250.	11/15/08
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11	FINAL GALA	-	
		\$ 592,500.	11/15/08
a) lo. om art l	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	TRANSPORTATION		
12		-	
-		\$ 68,000.	11/15/08

Employer identification number

#### NATIONAL TOUR ASSOCIATION, INC.

Noncash Property (see instructions)		
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
REFRESHMENTS; ICECREAM		
	<u> </u>	_11/15/08
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
REFRESHMENTS; SOFT DRINKS		
	\$\\$\\$\	11/15/08
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
BREAKFAST BAGS		
	\$	_11/15/08
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
ICEBREAKER		
	\$ 12,000.	04/02/08
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
DINNER		
	\$ 23,100.	04/02/08
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	-	1
	Description of noncash property given  REFRESHMENTS; ICECREAM  (b)  Description of noncash property given  REFRESHMENTS; SOFT DRINKS  (b)  Description of noncash property given  BREAKFAST BAGS  (b)  Description of noncash property given  ICEBREAKER  (b)  Description of noncash property given  ICEBREAKER  (b)  Description of noncash property given  DINNER	(b) Description of noncash property given  REFRESHMENTS; ICECREAM  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (d) FMV (or estimate) (see instructions)  REFRESHMENTS; SOFT DRINKS  (e) FMV (or estimate) (see instructions)  REFRESHMENTS; SOFT DRINKS  (f) Description of noncash property given  (h) Description of noncash property given

#### SCHEDULE C

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by organizations described below.

Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

<ul> <li>Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.</li> </ul>	
• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do no	ot complete Part I-B.
● Section 527 organizations: Complete Part I-A only.	
If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (	Lobbying Activities), then
• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complet	e Part II-A. Do not complete Part II-B.
• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Cor	mplete Part II-B. Do not complete Part II-A.
If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then	
<ul> <li>Section 501(c)(4), (5), or (6) organizations: Complete Part III.</li> </ul>	
Name of organization	Employer identification numbe
NATIONAL TOUR ASSOCIATION, INC.	31-1049903
Part I-A To be completed by all organizations exempt under section 501(c	) and section 527 organizations.
See the instructions for Schedule C for details.	
1 Provide a description of the organization's direct and indirect political campaign activities in Part	IV.
2 Political expenditures	▶\$
3 Volunteer hours	
Part &B To be completed by all organizations exempt under section 501(c	)(3).
See the instructions for Schedule C for details.	
1 Enter the amount of any excise tax incurred by the organization under section 4955	<b>▶</b> \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955	<b>&gt;</b> \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	Yes No
4a Was a correction made?	Yes No
b If "Yes," describe in Part IV.	
Part I-C To be completed by all organizations exempt under section 501(c	), except section 501(c)(3).
See the instructions for Schedule C for details.	
1 Enter the amount directly expended by the filing organization for section 527 exempt function act	ivities > \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 5	527
exempt function activities	<b>&gt;</b> \$
3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and o	n
Form 1120-POL, line 17b	<b>&gt;</b> \$
4 Did the filing organization file Form 1120-POL for this year?	
5 State the names, addresses and employer identification number (EIN) of all section 527 political of	rganizations to which payments were made.
Enter the amount paid and indicate if the amount was paid from the filing organization's funds or	were political contributions received and
promptly and directly delivered to a separate political organization, such as a separate segregated	d fund or a political action committee (PAC).
If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter ·0·.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule C (Form 990 or 990-EZ) 2008

832041 12-18-08

Schedule C (Form 990 or 990-EZ) 2008  Part II-A To be completed by (election under sect	organizations of ion 501(h)). See	exempt under se the instructions for Sc	ction 501(c)(3) th	31−1 at filed Form 576	049903 Page <b>2</b> 8
A Check if the filing organizati	-				
Limits	on Lobbying Expe	nd "limited control" pr enditures unts paid or incurred		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public opinion	(grassroots lobbying)			
b Total lobbying expenditures to influe					
c Total lobbying expenditures (add line					
d Other exempt purpose expenditures					
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Enter					
If the amount on line 1e, column (a) or		bying nontaxable an			
Not over \$500,000	· ·	the amount on line 1e	1		
Over \$500,000 but not over \$1,000,		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,500	· · · · · · · · · · · · · · · · · · ·	00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,00		00 plus 5% of the exce	· · · · · · · · · · · · · · · · · · ·		
Over \$17,000,000	\$1,000,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	ψ.,,ουο,				
g Grassroots nontaxable amount (ente	er 25% of line 1f)				
h Subtract line 1g from line 1a. Enter					
i Subtract line 1f from line 1c. Enter -0					
j If there is an amount other than zero					
reporting section 4911 tax for this ye					Yes No
(Some organizat	4-Year Ave ions that made a s below. See the ins	eraging Period Under ection 501(h) election structions for lines 2a	Section 501(h) n do not have to com through 2f of the ins	plete all of the five	
	Lobbying Exper	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d</b> ) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots celling amount					
(150% of line 2d, column (e))					
(70070 of fill bed) dollarin (b))					
f Grassroots lobbying expenditures					

# Schedule C (Form 990 or 990 EZ) 2008 NATIONAL TOUR ASSOCIATION, INC. 31-1049903 Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

		Τ (	(a)	T (	(b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u> </u>			
C					
d	, , , , , , , , , , , , , , , , , , ,				
е	Publications, or published or broadcast statements?	<u> </u>			
f	The state of the s				
9					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?				
į	Other activities? If "Yes," describe in Part IV			]	
j	Total lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
¢	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	To be completed by all organizations exempt under section 501(c)(4).	section	501(c)(5)	, or sect	ion
	501(c)(6). See the instructions for Schedule C for details.				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		Х
2	Did the organization make only in house lobbying expenditures of \$2,000 or less?				Х
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?				Х
Par	To be completed by all organizations exempt under section 501(c)(4),	section	501(c)(5)	, or sect	ion
	501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR	if Part III	-A, ques	tion 3 is	
	answered "Yes." See Schedule C instructions for details.				
1	Dues, assessments and similar amounts from members		1	1,755	,110.
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenditures)				
	expenses for which the section 527(f) tax was paid).				
a	Current year		2a	29	3,538.
	Carryover from last year				
	Total			29	,538.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		,110.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5	_5	,572.
	IV Supplemental Information	************	1 0		70,20
	olete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; an	4 D-4 B D 3			41-7
	y additional information.	u Part II-B, I	line II. Also	, complete	this part
л ап	y additional information.				
			<del></del>		
			·		

# Schedule D

(Form 990)

Department of the Treasury

# Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that

OMB No. 1545-0047 Inspection

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Internal Revenue Service Name of the organization Employer identification number NATIONAL TOUR ASSOCIATION, INC. 31-1049903 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ...... Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2¢ Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? No Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2008

#### **SCHEDULE L**

(Form 990 or 990-EZ)

#### **Transactions with Interested Persons**

► Attach to Form 990 or Form 990-EZ.

2008 Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internat Revenue Service ► To be completed by organizations that answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

	TIONAL								Employe 31-10	r identif		
Part I Excess Benefi To be completed by									nnez Pa	ert V line	40h	
1			swered res	01110111133					70 62., 1 5	are vy mire	T '	rected?
(a) Name of di	squalified per	son			(b) U	escription	of transa	ection			Yes	No
											<del> </del>	
2 Enter the amount of tax imp	oosed on the		_		-				<b>▶</b> \$			
3 Enter the amount of tax, if a										•		
Part II Loans to and/o	v Erom Int	larasta	d Domone									
To be completed by					0. Part IV I	line 26 or l	Form 990	F7. P:	art V. line	38a.		
(a) Name of interested person and purpose	(b) Loan	to or from nization?	(c) Origin	nal principal nount		nce due	(e)	In sult?	(f) App	proved pard or nittee?	1 10/	ritten ment?
	То	From					Yes	No	Yes	No	Yes	No
								<del>.</del>				
										***		
				]							-	
Total		<u> </u>		<b>&gt;</b> \$						]		
Part III Grants or Assis	stance Ber	nefiting	Intereste	d Persons	3.							
To be completed by		s that ans						-				
(a) Name of interested	person		(b) Relati	onship betwe the org	en Interest ganization	ed person	and		( <b>c</b> ) Amor	unt of gr f assista		pe
BOB HOELSCHER, F	LEMING	TOUBC	ARD CH	IAIRMEN				SI	TPEN	D		
								-				
							<del></del>					
Part IV Business Trans	ractions In	volvina	Interest	nd Darson	•							
To be completed by		· <del>-</del>				ines 28a. 2	8b. or 28	lc.				
(a) Name of interested			) Relationshi	p between in d the organiza	terested	(c) Amo	ount of	(d)	Descript transact			ring of ation's
											Yes	No
								_				
					-			-	<del></del>		-	

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

Schedule L (Form 990 or 990-EZ) 2008

#### **SCHEDULE M** (Form 990)

Department of the Treasury internal Revenue Service

#### **NonCash Contributions**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

Name of the organization

Employer identification number

	NATIONAL TOU	IR ASSC	CIATION	, INC.		31-1	04990	3
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g		(d) Method of dete revenues	_	
1	Art - Works of art		·					
2	Art · Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities · Closely held stock							
11	Securities · Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution							,
	(historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other				,			
18	Collectibles			*****		· <b></b> ·····		
19	Food inventory					· · · · · · · · · · · · · · · · · · ·		
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (HOSPITALITY)	X	38	1,097,353.	SEE S	TATEMENT	<u>1.</u>	
26	Other ()							
27	Other ()							
28	Other ► (			<del></del>				
29	Number of Forms 8283 received by the organiz	-	•	ľ				
	for which the organization completed Form 828	33, Part IV, D	onee Acknow	ledgment29			<del></del>	1
						6	Yes	No
30a	During the year, did the organization receive by			•		13		
	at least three years from the date of the initial o					, ,		W.
	the entire holding period?			***************************************			30a	X
	If "Yes," describe the arrangement in Part II.							17
31	Does the organization have a gift acceptance p					′	31	X
JZa	Does the organization hire or use third parties of	•	-	•	ash		_	v
	contributions?						32a	X
	If "Yes," describe in Part II.	.l.,	- h	andre d'anne coloidade e a le caracteriste.	ال جامعيات			
33	If the organization did not report revenues in co describe in Part II.	olumn (c) for	a type of prop	erty for which column (a) is	cnecked,			
	ucound ii fail ii.						0.0000.004.000	

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

Schedule M (Form 990) 2008

#### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

NATIONAL TOUR ASSOCIATION, INC.

Employer identification number 31–1049903

FORM 990, PART VI, SECTION A, LINE 3: NATIONAL TOUR ASSOCIATION DELEGATED

CONTROL OVER MANAGEMENT DUTIES TO IMG AND THEY INCLUDE, BUT ARE NOT LIMITED

TO: HIRING, FIRING, SUPERVISING PERSONNEL, PLANNING OR EXECUTING BUDGETS

OR FINANCIAL OPERATIONS, AND SUPERVISING EXEMPT OPERATIONS OR UNRELATED

TRADES OR BUSINESSES OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS APPROXIMATELY 2,800 MEMBERS THAT PAY ANNUAL DUES TO BELONG TO THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A: ALL BOARD POSITIONS ARE ELECTED BY THE MEMBERS, WITH THE EXCEPTION OF 3 AT-LARGE POSITIONS APPOINTED BY THE CHAIRMAN.

FORM 990, PART VI, SECTION A, LINE 7B: BYLAW AMENDMENTS MUST BE APPROVED

BY THE MEMBERS, WHICH INCLUDES DEFINITION OF MEMBERSHIP CATEGORIES,

GOVERNANCE STRUCTURE, VOTING ELIGIBILITY, ORGANIZATIONAL NAME AND PURPOSE,

AND ANNUAL BUSINESS MEETING REQUIREMENTS.

FORM 990, PART VI, SECTION A, LINE 10: ORGANIZATION PROVIDED COPIES TO ITS GOVERNING BODY FOR REVIEW OF DRAFT FORM 990 BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS MUST DISCLOSE ANY

POTENTIAL CONFLICTS TO THE EXECUTIVE COMMITTEE. IF THE EXECUTIVE COMMITTEE

SEES A CONFLICT THEY REPORT SUCH TO THE BOARD. BOARD MEMBERS MAY BE

REQUIRED TO REFRAIN FROM VOTING OR DISCUSSION AS DIRECTED.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211

Schedule O (Form 990) 2008

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization Employer identification number NATIONAL TOUR ASSOCIATION, INC. 31-1049903 FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION DOES NOT PAY A COMPENSATION BUT DOES PAY A STIPEND TO THE CHAIRMAN. FORM 990, PART VI, SECTION C, LINE 19: THE BYLAWS AND CODE OF ETHICS ARE ON THE ORGANIZATION'S WEBSITE. THE ARTICLES OF INCORPORATION, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS/ANNUAL AUDIT ARE AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 2C THE PROCESS THE ORGANIZATION USES FOR RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AS WELL AS SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
832211
12-18-08

Schedule O (Form 990) 2008

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service.

Name of the organization

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

2008 Open to Public Inspection OMB No. 1545-0047

▼ See separate instructions.

NATIONAL TOUR ASSOCIATION, INC.

Employer identification number 31-1049903

TOTAL PROPERTY AND ASSESSMENT OF THE PROPERTY ASSESSMENT OF THE PROPERTY ASSESSMENT O					<b>3</b> ⊥-1049903
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
NATIONAL TOUR MARKETING SERVICES, INC 61-1109975, 564 EAST MAIN STREET, LEXINGTON, KY 40508	MARKETING	KENTUCKY	0		NATIONAL TOUR
	TRANSPORT TO THE TRANSP	770000			NO TUTNOCOU
		1100000			
			TTTAILE.	TO ANALONA	TO TOTAL STATE OF THE STATE OF
PartII Identification of Related Tax-Exempt Organizations	tions	The state of the s		The second secon	The state of the s
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
	The second secon				The second of th
			TOTAL TOTAL		Transaction Community of the Community o
				T. Control of the Con	The state of the s
			marries and a second se		The state of the s
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instructions for Form 99	0.	7 5 17 17	11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Schedule R (Form 990) 2008
832161 12-23-08		30			

Page 2 31-1049903

Schedule R (Form 990) 2008 NATIONAL TOUR ASSOCIATION, INC.

Part III Identification of Related Organizations Taxable as a Partnership

Name, address, and EIN  Of related organization  Of related organization  Of related organization  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Of related organization  Primary activity  (A)  Name, address, and EIN  Primary activity  (B)  (C)  Identification of Related Organization  (A)  Name, address, and EIN  Primary activity  (B)  Primary activity  (C)  (B)  Name, address, and EIN  Primary activity  (B)  Primary activity  (C)	Primary activity anizations Taxable as a Corp	(C) (state or (state or or or or or or or or or or or or or	or Trust  (B)  Primary activity	Predominant income (related, investment, unrelated)  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (		(F) Icome Icome  (Comp. Science)  (Comp. Science)  (Comp. Science)  (Comp. Science)  (Comp. Science)  (Comp. Science)  (Comp. Science)  (Comp. Science)  (Comp. Science)		e of Disproportion- year Are allocations?  Yes No  Yes No  F) Share of total income e	Code V-Ul amount in E 20 of Scheo K-1 (Form 10 (G) Share of nd-of-year assets	(H) (H) (H) Percentage ownership
					OCCUPATION OF THE PROPERTY OF	7762		7.77.00		pomas
					The state of the s	7				
									7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
832162 12-23-08	- Andrews - Andr		31				_	Sch	Schedule R (Form 990) 2008	990) 2008

31-1049903

Page 3

Schedule R (Form 990) 2008 NATIONAL TOUR ASSOCIATION, INC.

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		ļ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-N/2		Yes No
	19	×
	2	×
	1	×
	P	×
e Loans or loan guarantees by other organization(s)	<u> </u>	×
	<b>+</b>	×
	5	×
	Ę	×
i Lease of facilities, equipment, or other assets to other organization(s)	1;	×
i Lease of facilities, equipment, or other assets from other assets from other assets		
Performance of services or membership or fundaminists and services of membership or fundaminists and services or membership or fundaminists.	<b>:</b>	×
Performance of sequence or manufactured and described and the performance of sequences or manufactured and the periods of the period of the periods of the period of the periods of the periods of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the p	4	×
_	=	×
Sharing of paid employees	£.	×
	1n	×
o Reimbursement paid to other organization for expanses		
	10	×
Principal Server Para by other organization for expenses	d.	×
of Other transfer of cash or around the state of the second and th		
	10	×
1 Outer traits of cash of property from other organization(s)	1r	X
I use answer to any or the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	***************************************	
	0	
Name of other organization(s)  Transaction  type (a-r)	Amount involved	/olved
(1)		THE PROPERTY OF THE PROPERTY O
(3)		
(4)	i i Bhirt	
(5)		
(9)	THANKSTANA	- Transferra
832163 12-23-08 Sched	Schedule R (Form 990) 2008	990) 2008

Page 4

Schedule R (Form 990) 2008 NATIONAL TOUR ASSOCIATION, INC.

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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Schedule R (Form 990) 2008

FOOTNOTES

STATEMENT

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