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| • | Form 990 6                 | 1 |
|---|----------------------------|---|
|   | Department of the Treasury | 1 |

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 Treasury<br>ie Service | The organization may have to use a copy of this return to satisfy state r  | eporting requirements                           | Inspection                      |
|-------------------------|---------------------|----------------------------|--|---|---------------------------------|
| A F                     | or the              | 2008 cal                   | endar year, or tax year beginning $$   |   |                                 |
| В                       | Check if applicable | Please<br>use IRS          | C Name of organization CENTRAL PENNSYLVANIA CONVENTION AND   | D Employer identificat                          | ion number                      |
|                         | Address<br>change   |                            | VISITORS BUREAU  |   |                                 |
|                         | Name<br>change      | type                       | Doing Business As  | 25-128  | 36646                           |
|                         | Initial<br>return   | See                        | Number and street (or P 0 box if mail is not delivered to street address) Room/suite   | E Telephone number                              |                                 |
|                         | Termin-<br>ation    | Specific<br>Instruc-       | 800 EAST PARK AVE  | 814-23  | 31-1400                         |
|                         | Amende<br>return    | ed tions                   | City or town, state or country, and ZIP + 4  | G Gross receipts \$                             | 1,867,363.                      |
| <u> </u>                | Applica             |                            | STATE COLLEGE, PA 16803  | H(a) Is this a group retui                      | 'n                              |
|                         | pending             | ´   F Nar                  | ne and address of principal officer BETSEY HOWELL E AS C ABOVE   | for affiliates?  H(b) Are all affiliates includ | Yes X No                        |
| 1.                      | Tax-exe             | mpt statu                  | us X 501(c) ( 6 ) ◀ (insert no ) 4947(a)(1) or 527   | If "No," attach a list                          | (see instructions)              |
| ) <u>J \</u>            | Website             | e: ► N /                   |  | H(c) Group exemption n                          |                                 |
|                         |                     | rganizatio                 | n X Corporation  | of formation 1963 M S                           | tate of legal domicile PA       |
| Pa                      |                     | Summ                       |  |   |                                 |
| Activities & Governance |                     |                            | scribe the organization's mission or most significant activities: PROMOTE TO E, PA   | OURISM IN THE                                   | COUNTY OF                       |
| ern                     |                     |                            | s box F III if the organization discontinued its operations or disposed of more  | than 25% of its assets.                         | • •                             |
| 30                      |                     |                            | f voting members of the governing body (Part VI, line 1a)  | 3   | 16                              |
| જ                       |                     |                            | f independent voting members of the governing body (Part VI, line 1b)  | 4   | 16                              |
| ties                    | 1                   |                            | ber of employees (Part V, line 2a)   | 5   | 23                              |
| ₹.                      | 1                   |                            | ber of volunteers (estimate if necessary)  | 6   | 0.                              |
| Ac                      |                     |                            | s unrelated business revenue from Part VIII, line 12, column (C)   | 7a  | 0.                              |
| _                       | 0 1                 | ver omei                   | ated business taxable income from Form 990·T, line 34  | Prior Year                                      | Current Year                    |
|                         | 8 (                 | Contribut                  | ions and grants (Part VIII, line 1h)   | 131,869.  | 300,486.                        |
| evenue                  | 9 1                 |                            | service revenue (Part VIII, line 2g)   | 1,466,958.                                      | 1,469,318.                      |
| eve                     | 10                  | -                          | nt income (Part VIII, column (A), lines 3, 4, and 7d)  | 86,754.   | 34,295.                         |
| -                       |                     |                            | ম্ভি (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 10,574.   |                                 |
| Г                       |                     |                            | mue add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 1,696,155.                                      | 1,804,099.                      |
| $\sim$                  |                     |                            | d similar Amounts paid (Part IX, column (A), lines 1-3)  |   |                                 |
| 33                      |                     |                            | pald o ordor members (Part IX, column (A), line 4)   |   |                                 |
| <b>k</b> ,              |                     |                            | other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 530,614.  | 554,763.                        |
| Š                       | (143)               | Pidiessio                  | nal fundraising fees (Part IX, column (A), line 11e)   |   |                                 |
| EX D                    | Ъ                   | Total fund                 | draising expenses (Part IX, column (D), line 25)   |   |                                 |
| ш                       | 117                 |                            | penses (Part IX, column (A), lines 11a-11d, 11f-24f)   | 1,116,286.                                      | 1,181,989.                      |
|                         | 1                   |                            | enses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 1,646,900.                                      | 1,736,752.                      |
|                         |                     | Revenue                    | less expenses Subtract line 18 from line 12  | 49,255.   | 67,347.                         |
| Net Assets or           |                     | <b>-</b>                   |  | Beginning of Year                               | End of Year                     |
| SS6<br>Rata             | 20                  |                            | ets (Part X, line 16)  | 1,891,279.                                      | 2,005,317.                      |
| let /                   | 21                  |                            | lities (Part X, line 26)   | 198,798.<br>1,692,481.                          | 253,745.<br>1,751,572.          |
|                         | art II              |                            | s or fund balances. Subtract line 21 from line 20  | 1,092,401.                                      | 1,731,372.                      |
|                         | 41 5 11             |                            | sities of penury, I declare that I have examined this return, including accompanying schedules and statements,   | and to the best of my knowledge                 | and belief, it is true, correct |
|                         | i                   | and comple                 | ete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge   | ,   |                                 |
| Sig                     | nr.                 | <b>N</b>                   |  |   |                                 |
| He                      |                     | Sig                        | nature of officer  | Date  |                                 |
|                         |                     | ► BE                       | ETSEY HOWELL, EXECUTIVE DIRECTOR   |   |                                 |
|                         |                     | _                          | e or print name and title  |   |                                 |
|                         |                     | Preparer'                  |  | uf (see instri                                  | s identifying number            |
| Pai                     |                     | signature                  | The state of the s | nployed   (see instru                           | accord)                         |
|                         | eparer's            | Firm's nam                 |  | EIN ►   |                                 |
| USE                     | e Only              | self-emplo                 |  |   |                                 |
|                         |                     | address, a<br>ZIP + 4      | STATE COLLEGE, PA 16801  | Phone no ►81                                    | 4-237-6586                      |
| Ma                      | y the IF            | RS discus                  | s this return with the preparer shown above? (see instructions)  |   | X Yes No                        |

) (Revenue \$

Form 990 (2008)

1,006,248. (Must equal Part IX, Line 25, column (B))

832002 12-18-08

(Expenses \$

4d Other program services. (Describe in Schedule O)

4e Total program service expenses \$

including grants of \$

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?  | 2    |  | 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    |  | X_   |
| 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  |      |  | 1  |
|     | reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  | 5_   |  | X  |
| 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_   |  | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,   | ļ    |  |  |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7    |  | <u>X</u>   |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  |      |  |  |
|     | Schedule D, Part III  | 8_   |  | X  |
| 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_   |  | X  |
| 10  | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10   |  | Х  |
| 11  | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?   |      | v  |  |
|     | If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  | 11   | X  | ├─-  |
| 12  | Did the organization receive an audited financial statement for the year for which it is completing this return that was  | 40   |  | х  |
| 13  | prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                          | 12   |  | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.?  | 14a  | <del> </del>                                     | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,   | 170  |  | <del> </del>                                     |
| _   | and program service activities outside the U S ? 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 or entity   |      |  |  |
|     | located outside the United States? If "Yes," complete Schedule F, Part II   | 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, Part III  | 16   |  | X  |
| 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  | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18   |  | <u>X</u> _                                       |
| 19  | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   | 19   |  | X  |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 20   |  | X  |
| 21  | Did the organization report more than \$5,000 on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II   | 21   | <b> </b>   | 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  | 22   | <u> </u>   | X  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J   | 23   | <del> </del>                                     | 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 questions 24b-24d and complete Schedule K   |      | }  | v  |
|     | If "No", go to question 25  | 24a  | <del> </del> -                                   | <u> </u>   |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 24b  | <del>  -</del>                                   | ┼  |
| С   | any tax-exempt bonds?   | 24c  |  |  |
| А   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d  | <del>                                     </del> | <del> </del>                                     |
|     | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a  | 240  | <del>  -</del>                                   | <del>                                     </del> |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a  |  |  |
| ь   | 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  |  | 1  |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified  |      | 1  |  |
| -   | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II   | 26   | 1  | Х  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial   |      | ľ  | T  |
|     | contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III  | 27   |  | X  |
|     |   | Form | 990  | (2008)   |

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Part IV Checklist of Required Schedules (continued)

|    |  |     | res      | 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 |          | _X_      |
| 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 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  |     |          | <u> </u> |
|    | contributions? If "Yes," complete Schedule M   | 30  |          | X        |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations?   |     | i        |          |
|    | If "Yes," complete Schedule N, Part I  | 31  | <u></u>  | X        |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete             | 1   |          |          |
|    | 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 301.7701-3? If "Yes," complete Schedule R, Part I  | 33  |          | X        |
| 34 | Was the organization related to any tax-exempt or taxable entity?  |     |          | 1        |
|    | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  | 34  | <u> </u> | X        |
| 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  | L        | <u> </u> |
| 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  | }        | X        |

Form **990** (2008)

| Form     | 990 (2008) VISITORS BUREAU 25-1  | 28664 | 6 ғ  | age 5        |
|----------|--|-------|--|--------------|
| Par      | t 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   | 0     |  |              |
| b        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | 0     |  |              |
| c        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |       |  |              |
|          | (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  2a  | 23    |  |              |
| þ        | if at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2t    | <u> </u>   | <u>X</u>     |
|          | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)   |       |  |              |
| 3а       | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   | 38    |  | <u> </u>     |
| ь        | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | 31    | <u> </u>   | <del> </del> |
| 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)?   | 48    |  | <u> </u>     |
| 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   |       |  | v            |
|          | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 56    |  | X            |
|          | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 51    | <del>}                                    </del> | X            |
| С        | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibit  |       |  |              |
| 6-       | Tax Shelter Transaction?   | 50    |  | +            |
|          | Did the organization solicit any contributions that were not tax deductible?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | 6     | <del>'</del>                                     | +~           |
| ь        | were not tax deductible?   | 61    |  |              |
| 7        | Organizations that may receive deductible contributions under section 170(c).  | - 01  | <u>'</u>   | -            |
|          | Did the organization provide goods or services in exchange for any guid pro quo contribution of more than \$75?  | 7.    |  | ĺ            |
|          |  | 7     | _  | <del> </del> |
| r        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  | ···   | 1  | $\dagger$    |
| ·        | to file Form 8282?   | 7     |  |              |
| 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 personal  |       |  |              |
|          | benefit contract?  | 7     | e  |              |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7     | f  |              |
| g        | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?   | 7     | a_ [   | I            |
| h        | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  | 7     |  |              |
| 8        | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)   |       |  |              |
|          | supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have   |       |  |              |
|          | excess business holdings at any time during the year?  |       |  |              |
| 9        | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.  |       |  |              |
| а        | Did the organization make any taxable distributions under section 4966?  | 9     | а  | <u> </u>     |
| ь        |  | 9     | <b>b</b>   |              |
| 10       | Section 501(c)(7) organizations. Enter: N/A  |       |  |              |
| а        | Initiation fees and capital contributions included on Part VIII, line 12   |       |  |              |
| b        |  |       |  |              |
| 11       | Section 501(c)(12) organizations. Enter: N/A   |       |  |              |
| а        |  |       |  |              |
| ь        | ,  |       | 1  |              |
|          | amounts due or received from them)   |       |  |              |
|          | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 1:    | 2a   | -            |
| <u>b</u> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b  |       |  |              |

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

| Sec | tion 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   |         |          |          |
| b   | Enter the number of voting members that are independent  1b 16   |         |          |          |
| 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       |          | Χ        |
| 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       |          | X        |
| 4   | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?            | 4       |          | 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       |          | X        |
| 7a  | Does the organization have members, stockholders, or other persons who may elect one or more members of the                      |         |          |          |
|     | governing body?  | 7a      |          | X        |
| b   | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?                          | 7b      |          | X        |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year                  |         |          |          |
|     | by the following   |         |          | ĺ        |
| а   | The governing body?  | 8a      | X        |          |
| Ь   | Each committee with authority to act on behalf of the governing body?  | 8ь      | X        |          |
| 9a  | Does the organization have local chapters, branches, or affiliates?  | 9a      |          | X        |
| b   | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,      |         |          |          |
|     | and branches to ensure their operations are consistent with those of the organization?   | 9ь      |          |          |
| 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      | Х        |          |
| 11  | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the           |         | i        |          |
|     | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 11      | <u></u>  | _X_      |
| Sec | tion B. Policies   |         | ,        |          |
|     |  |         | Yes      | No       |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13   | 12a     | ļ        | X        |
| b   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise              |         |          | 1        |
|     | to conflicts?  | 12b     | 1        |          |
| С   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe              |         | 1        | 1        |
|     | in Schedule O how this is done   | 12c     | <u> </u> |          |
| 13  | Does the organization have a written whistleblower policy?   | 13      | ļ        | X        |
| 14  | Does the organization have a written document retention and destruction policy?  | 14      | ļ        | X        |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent               |         |          |          |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision.                                | 1       |          |          |
| а   | The organization's CEO, Executive Director, or top management official?  | 15a     | -        | X        |
| b   | Other officers or key employees of the organization?   | 15b     | <u> </u> | X        |
|     | Describe the process in Schedule O. (see instructions)   |         |          |          |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a            |         |          |          |
|     | taxable entity during the year?  | 16a     | ļ        | <u>X</u> |
| 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     | <u> </u> | <u> </u> |
|     | 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)(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,    | and fin | ancial   |          |
|     | 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 organiz          | ation:  | <b>-</b> |          |
|     | BETSEY HOWELL - 814-231-1400   |         |          |          |
|     | 800 EAST PARK AVE, STATE COLLEGE, PA 16803   |         |          |          |

# 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)                 | (A) (B)              |                                 |                       |              | 2)           |                              |              | (D)                             | (E)                                   | (F)   |
|---------------------|----------------------|---------------------------------|-----------------------|--------------|--------------|------------------------------|--------------|---------------------------------|---------------------------------------|---|
| Name and Title      | Average              | Position (check all that apply) |                       |              |              |                              | . I. A       | Reportable                      | Reportable compensation               | Estimated                                       |
|                     | hours<br>per<br>week | H                               | neci                  | all          | that         |                              |              | compensation<br>from<br>the     | from related organizations            | amount of other compensation                    |
|                     |                      | Individual trustee or director  | Institutional trustee | Officer      | Key emptoyee | Highest compensated employee | Former       | organization<br>(W-2/1099-MISC) | (W-2/1099-MISC)                       | from the organization and related organizations |
| BETSEY HOWELL       |                      |                                 |                       |              |              |                              | ļ            |                                 |                                       |   |
| EXECUTIVE DIRECTOR  | 40.00                | X                               |                       | Х            | İ            | X                            | L            | 90,222.                         | 0.                                    | 8,894.  |
| JOE THOMAS          |                      |                                 |                       |              |              |                              |              |                                 | · · · · · · · · · · · · · · · · · · · |   |
| PRESIDENT           | 0.00                 | X                               |                       | X            |              |                              | <u> </u>     | 0.                              | 0.                                    | 0.  |
| SHARON MEYERS       |                      |                                 |                       |              |              |                              |              |                                 |                                       |   |
| VICE PRESIDENT      | 0.00                 | Х                               |                       | X            |              |                              |              | 0.                              | 0.                                    | 0.  |
| PETER SORENSEN      |                      |                                 |                       |              |              |                              |              |                                 |                                       |   |
| SECRETARY/TREASURER | 0.00                 | X                               |                       | X            |              |                              |              | 0.                              | 0.                                    | 0.  |
| JAMES PURDUM        |                      |                                 |                       |              |              |                              |              |                                 |                                       |   |
| DIRECTOR            | 0.00                 | X                               |                       |              |              |                              |              | 0.                              | 0.                                    | 0.  |
| GARY HOOVER         |                      |                                 |                       |              | l            |                              |              |                                 |                                       |   |
| DIRECTOR            | 0.00                 | X                               |                       |              | _            | _                            |              | 0.                              | 0.                                    | 0.  |
| STEVE DERSHEM       |                      |                                 |                       |              | -            |                              |              |                                 |                                       |   |
| DIRECTOR            | 0.00                 | Х                               |                       |              |              | <u> </u>                     | <u></u>      | 0.                              | 0.                                    | 0.  |
| JEFF DEITRICH       |                      |                                 |                       |              | ļ            |                              |              |                                 |                                       |   |
| DIRECTOR            | 0.00                 | X                               |                       | <u> </u>     | <u> </u>     | <u> </u>                     | <u> </u>     | 0.                              | 0.                                    | 0   |
| JIM ECKERT          | ļ                    |                                 |                       |              |              |                              |              |                                 |                                       |   |
| DIRECTOR            | 0.00                 | X                               |                       |              |              | <u> </u>                     | <u> </u>     | 0.                              | 0.                                    | 0.  |
| JENNIFER HOAG       |                      |                                 |                       |              | ļ            |                              |              |                                 |                                       |   |
| DIRECTOR            | 0.00                 | X                               | _                     | ļ            | <u> </u>     | _                            | $oxed{oxed}$ | 0.                              | 0.                                    | 0   |
| DEB KERSTETTER      |                      | 1                               |                       |              | 1            |                              | 1            |                                 |                                       |   |
| DIRECTOR            | 0.00                 | X                               | <u> </u>              |              |              | 1_                           | Ь.           | 0.                              | 0.                                    | 0   |
| GENE PROCH          |                      | -                               |                       | 1            |              |                              |              |                                 |                                       |   |
| DIRECTOR            | 0.00                 | X                               |                       | ļ            | <u> </u>     | ļ                            | <u> </u>     | 0.                              | 0.                                    | 0   |
| FRED REED           |                      |                                 |                       |              |              |                              |              |                                 | -                                     |   |
| DIRECTOR            | 0.00                 | X                               | ļ                     |              | <del> </del> |                              | 1            | 0.                              | 0.                                    | 0   |
| WILLIAM ROCKEY      |                      |                                 |                       | 1            |              |                              |              |                                 |                                       |   |
| DIRECTOR            | 0.00                 | X                               | _                     | <del> </del> | <del> </del> | 1_                           | 4            | 0.                              | 0.                                    | 0   |
| CHARLES WELCH       |                      |                                 | 1                     |              |              |                              |              |                                 |                                       |   |
| DIRECTOR            | 0.00                 | X                               | <del> </del>          | <del> </del> |              | <u> </u>                     | <del> </del> | 0.                              | 0.                                    | 0   |
| DOTTIE YUKISH       |                      |                                 |                       |              |              |                              |              |                                 |                                       |   |
| DIRECTOR            | 0.00                 | X                               | 1                     | 1            | 1            |                              | 1            | 0.                              | 0.                                    | 0   |

| orm 990 (2008) V   | ISITORS BUREAU  |                                |                      |               |                    |                 |       |  | 25-12  | 866      | 46  | Page 8                           |
|--|---|--------------------------------|----------------------|---------------|--------------------|-----------------|-------|--|--|----------|---|----------------------------------|
| Part VII Section A. Officers,  | Directors, Trustees, Key Er   | mploy                          | ees                  | , and         | 1 Hig              | hes             | st C  | ompensated Employe                             | ees (continued)                                |          |   |                                  |
| (A) Name and title   | ( <b>B)</b><br>Average<br>hours   | _                              |                      | (C)<br>ositio | on                 |                 |       | (D) Reportable compensation                    | (E)<br>Reportable<br>compensation              | n amou   |   | ated<br>nt of                    |
|  | per<br>week   | Individual frustee or director | Insuturional irostee | Officer       | Hobest compensated | employee        |       | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MIS | C)       | oth<br>comper<br>from<br>organi;<br>and re<br>organiz | sation<br>the<br>zation<br>lated |
|  |   |                                |                      |               |                    |                 |       |  | *  |          |   |                                  |
|  |   |                                | 1                    |               |                    |                 |       | -  |  |          |   |                                  |
|  |   |                                |                      |               | _                  |                 |       |  |  |          |   |                                  |
| ATT TO THE REAL PROPERTY OF THE PERSON OF TH | -   |                                |                      |               |                    | -               | -     |  |  |          |   |                                  |
|  |   |                                |                      |               |                    |                 |       |  |  |          |   |                                  |
|  |   |                                |                      | _             | +                  |                 |       |  |  |          |   |                                  |
|  |   |                                |                      | -             | +                  |                 |       |  |  |          |   |                                  |
| Total     Total number of individuals  | (including those in 1a) who re  | eceive                         | d m                  | ore t         | han                | <u></u><br>\$10 | 00.00 | 90,222.  |  | 0.       | 8   | ,894                             |
| compensation from the org  |   |                                |                      |               |                    |                 |       |  | <del></del>                                    | <u> </u> | 1 🗸   | es No                            |
|  | y <b>former</b> officer, director or tro<br>Schedule J for such individua |                                | , key                | / emp         | ploye              | ee, c           | or hi | ghest compensated e                            | mployee on                                     |          | 3   | X                                |
| 4 For any individual listed on<br>and related organizations g  | line 1a, is the sum of reportal<br>greater than \$150,000? If "Yes        | ble co<br>s," cor              | nple                 | ete S         | ched               | dule            | J fo  | or such individual                             |  |          | 4   | Х                                |
| * *  | le 1a receive or accrue compe<br>complete Schedule J for such<br>actors   |                                |                      | rom a         | any                | unre            | elate | ed organization for sen                        | vices rendered to                              |          | 5   | x                                |
|  | ir five highest compensated in<br>ONE                                     | ndepe                          | nde                  | ent co        | ontra              | ictoi           | rs th |  | \$100,000 of con                               | npensa   |   | m                                |
| Nan  | (A)<br>ne and business address  |                                |                      |               |                    |                 | -     | (B)<br>Description of                          | services                                       | Co       | (C)<br>empens   | ation                            |
|  |   | ···                            |                      |               |                    |                 | -     |  |  |          |   |                                  |
|  | *   |                                |                      |               |                    |                 |       |  |  |          |   |                                  |
|  |   |                                |                      |               |                    |                 |       |  |  |          |   |                                  |
| 2 Total number of independe  | ent contractors (including the  | se in 1                        | I) wl                | ho re         | eceiv              | ed r            | more  | e than \$100,000 in cor                        | mpensation                                     |          | <del>,,,,,,</del> ,,,,,,                              |                                  |
| from the organization  | 0   |                                |                      |               |                    |                 |       |  |  |          | Form Q  | 90 (200                          |
|  |   |                                |                      |               |                    |                 |       |  |  |          |   | 4-0                              |

Form 990 (2008) VISITORS BUREAU 25-1286646 Page 9 Part VIII Statement of Revenue (A) (B) (C) (D) Revenue Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 80,567. 1b **b** Membership dues c Fundraising events 1c 1d d Related organizations 219,919. e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ 300,486 h Total. Add lines 1a-1f **Business Code** 900099 1,417,727.1,417,727. Program Service Revenue 2 a PROGRAM SERVICE REVENU 900099 51,591. 51,591 f All other program service revenue 1,469,318. Total. Add lines 2a-2f Investment income (including dividends, interest, and 55,989. 55,989. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (I) Real (II) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss)  $\blacktriangleright$ d Net rental income or (loss) (II) Other (i) Securities 7 a Gross amount from sales of 41,570. assets other than inventory b Less cost or other basis 63,264. and sales expenses 21,694 c Gain or (loss) -21,694 ▶ -21,694.d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less: direct expenses ▶ c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 0. 34,295. ,804,099.1,469,318.

Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

## Part IX Statement of Functional Expenses

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

| Do      | All other organizations must complete include amounts reported on lines 6b,   | (A)            | (B)                                   | (C)                             | (D)  |
|---------|---|----------------|---------------------------------------|---------------------------------|--|
|         | 8b, 9b, and 10b of Part VIII.   | 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 US   |                |                                       |                                 |  |
|         | See Part IV, lines 15 and 16  |                |                                       |                                 |  |
| 4       | Benefits paid to or for members   |                |                                       |                                 |  |
| 5       | Compensation of current officers, directors,  |                |                                       |                                 |  |
|         | trustees, and key employees   | 99,116.        | _                                     | 99,116.                         |  |
| 6       | Compensation not included above, to disqualified  |                |                                       |                                 |  |
|         | persons (as defined under section 4958(f)(1)) and   |                |                                       |                                 |  |
|         | persons described in section 4958(c)(3)(B)  | 260 550        | 112 726                               | 255 022                         |  |
| 7       | Other salaries and wages  | 369,558.       | 113,726.                              | 255,832.                        |  |
| 8       | Pension plan contributions (include section 401(k)  |                |                                       |                                 |  |
| _       | and section 403(b) employer contributions)  | 86,089.        | 23,394.                               | 62,695.                         | <u>.                                    </u> |
| 9       | Other employee benefits   | 00,009.        | 23,374.                               | 02,093.                         | · · · · · · · · · · · · · · · · · · ·        |
| 10      | Payroll taxes   |                |                                       |                                 |  |
| 11<br>a | Fees for services (non-employees)  Management   |                |                                       |                                 |  |
|         |   |                | ,                                     |                                 | ······································       |
|         | Legal Accounting  | 10,896.        |                                       | 10,896.                         | <del></del>                                  |
|         | Lobbying  | 10,030.        |                                       | 10,000.                         |  |
|         | Professional fundraising services See Part IV, line 17  |                |                                       |                                 | <del></del>                                  |
| f       | Investment management fees  |                |                                       |                                 |  |
| g       | Other   |                |                                       |                                 |  |
| 12      | Advertising and promotion   | 749,024.       | 749,024.                              |                                 | ~4   |
| 13      | Office expenses   | 56,341.        | 39,858.                               | 16,483.                         |  |
| 14      | Information technology  |                |                                       |                                 |  |
| 15      | Royalties   |                | •                                     |                                 |  |
| 16      | Occupancy   | 214,880.       |                                       | 214,880.                        |  |
| 17      | Travel  | 6,416.         | 6,416.                                |                                 |  |
| 18      | Payments of travel or entertainment expenses  |                |                                       |                                 |  |
|         | for any federal, state, or local public officials   |                |                                       |                                 |  |
| 19      | Conferences, conventions, and meetings  |                |                                       |                                 |  |
| 20      | Interest  |                |                                       |                                 |  |
| 21      | Payments to affiliates  | 32 222         |                                       | 22 222                          |  |
| 22      | Depreciation, depletion, and amortization   | 32,908.        |                                       | 32,908.                         |  |
| 23      | Insurance   |                | <del></del>                           |                                 |  |
| 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       | RESEARCH  | 62,112.        | 62,112.                               |                                 |  |
| Ь       | SPECIAL EVENTS  | 37,694.        | · · · · · · · · · · · · · · · · · · · | 37,694.                         |  |
| С       | REGIONAL  | 11,718.        | 11,718.                               |                                 |  |
| d       |   |                |                                       |                                 |  |
| е       |   |                |                                       |                                 |  |
| f       | All other expenses  |                | . –                                   |                                 |  |
| 25      | Total functional expenses Add lines 1 through 24f   | 1,736,752.     | 1,006,248.                            | 730,504.                        | 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   |                |                                       |                                 |  |

Form 990 (2008)

| Part X                      | Balance Sheet  | (A)<br>Beginning of year |          | (B)<br>End of year                     |
|-----------------------------|--|--------------------------|----------|--|
| 1                           | Cash - non-interest-bearing  |                          | 1        |  |
| 2                           |  | 1,115,468.               | 2        | 1,327,306.                             |
| 3                           | taran da ara-ara-ara-ara-ara-ara-ara-ara-ara-ar  |                          | 3        |  |
| 4                           |  | 27,757.                  | 4        | 32,087.                                |
| 5                           |  |                          |          |  |
|                             | employees, or other related parties. Complete Part II of Schedule L                    |                          | 5        |  |
| e                           |  |                          |          |  |
| Ì                           | 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete                    |                          |          |  |
|                             | Part II of Schedule L  |                          | 6        |  |
| 2 7                         | Notes and loans receivable, net  |                          | 7        |  |
| Assets 8                    | Inventories for sale or use  |                          | 8        |  |
| ξ   9                       |  |                          | 9        | ······································ |
| 10                          | a Land, buildings, and equipment cost basis 10a 735,080.                               |                          |          |  |
| ļ                           | b Less accumulated depreciation Complete   | 242 255                  |          | 216 140                                |
| Ì                           | Part VI of Schedule D 10b 418,932.   | 343,355.                 |          | 316,148.                               |
| 1.                          | · · ·  | 200 051                  | 11       | 222 204                                |
| 12                          | Investments other securities See Part IV, line 11                                      | 390,951.                 | 12       | 322,284.                               |
| 1:                          | Investments · program-related See Part IV, line 11                                     |                          | 13       |  |
| 14                          |  | 12 740                   | 14       | 7 402                                  |
| 1!                          |  | 13,748.                  | 15       | 7,492.<br>2,005,317.                   |
| 10                          |  | 1,891,279.<br>4,854.     |          | 5,180                                  |
| 1                           | •  | 4,034.                   | 17       | 3,100                                  |
| 11                          | • •  | 170,564.                 | 18       | 226,550                                |
| 11                          |  | 170,304.                 | 20       | 220,330                                |
| 2                           | ,  |                          | 21       |  |
| S 2                         |  |                          | 21       | ······································ |
| Liabilities 5 2             | •  |                          |          |  |
|                             | highest compensated employees, and disqualified persons. Complete Part II              |                          | 22       |  |
| _                           | of Schedule L  |                          | 23       |  |
| 2                           |  | ~~~                      | 24       | <del></del>                            |
| 2                           |  | 23,380.                  |          | 22,015                                 |
| 2 2                         | · · · · · · · · · · · · · · · · · · ·  | 198,798                  |          | 253,745                                |
| -   -                       | Organizations that follow SFAS 117, check here X and complete                          |                          |          | ·····                                  |
| ر ا                         | lines 27 through 29, and lines 33 and 34.  |                          |          |  |
| Net Assets or Fund Balances |  | 1,692,481                | . 27     | 1,751,572                              |
| aga 2                       |  |                          | 28       |  |
| m   2                       | 9 Permanently restricted net assets  |                          | 29       |  |
| ا جَ                        | Organizations that do not follow SFAS 117, check here  and                             |                          |          |  |
| 9.0                         | complete lines 30 through 34.  |                          |          |  |
| ts 3                        | O Capital stock or trust principal, or current funds                                   |                          | 30       | ····                                   |
| SS                          | 1 Paid-in or capital surplus, or land, building, or equipment fund                     |                          | 31       |  |
| <u>کے</u> ا                 | 2 Retained earnings, endowment, accumulated income, or other funds                     |                          | 32       |  |
| žį                          | 3 Total net assets or fund balances  | 1,692,481                |          | 1,751,572                              |
| 3                           | 4 Total liabilities and net assets/fund balances                                       | 1,891,279                | . 34     | 2,005,317                              |
| Part                        | XI Financial Statements and Reporting  |                          |          | Yes No                                 |
| 1 /                         | ccounting method used to prepare the Form 990. Cash X Accrual                          | Other                    |          |  |
|                             | Vere the organization's financial statements compiled or reviewed by an independent    | <del></del>              |          | 2a X                                   |
|                             | Vere the organization's financial statements audited by an independent accountant?     |                          |          | 2b X                                   |
|                             | *Yes* to lines 2a or 2b, does the organization have a committee that assumes resp      |                          | he audit | — — — — — — — — — — — — — — — — — — —  |
|                             | eview, or compilation of its financial statements and selection of an independent acc  |                          |          | 2c X                                   |
|                             | us a result of a federal award, was the organization required to undergo an audit or a |                          | ngle Au  | dıt                                    |
|                             | oct and OMB Circular A-133?  |                          |          | 3a X                                   |
|                             | E-Vos * did the organization undergo the required suidt or suidts?                     |                          |          | 3b                                     |

# Schedule D

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► 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.

2008
Open to Public Inspection

Name of the organization

CENTRAL PENNSYLVANIA CONVENTION AND VISITORS BUREAU

Employer identification number 25-1286646

| Par | Organizations Maintaining Donor Advise   | ed Funds or Other Similar Fund              | s or Accounts. Complete if the                    |
|-----|--|---|---|
|     | organization answered "Yes" to Form 990, Part IV, Iin  |   |   |
|     |  | (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 donor advisors in   | writing that the assets held in donor adv   | ised funds  |
|     | are the organization's property, subject to the organization's   |   | Yes No  |
| 6   | Did the organization inform all grantees, donors, and donor a  | advisors in writing that grant funds may b  | e used only                                       |
|     | for charitable purposes and not for the benefit of the donor of  |   |   |
| Par |  |   |   |
| 1   | Purpose(s) of conservation easements held by the organizat   | ion (check all that apply)                  |   |
|     | Preservation of land for public use (e.g., recreation or   | oleasure) Preservation of an h              | istorically important land area                   |
|     | Protection of natural habitat  |   | fied historic structure                           |
|     | Preservation of open space   |   |   |
| 2   | Complete lines 2a-2d if the organization held a qualified con-   | servation contribution in the form of a co  | nservation easement on the last day               |
|     | of the tax year  |   |   |
|     |  |   | Held at the End of the Year                       |
| а   | Total number of conservation easements   |   | 2a  |
| b   | Total acreage restricted by conservation easements   |   | 2b  |
| c   | Number of conservation easements on a certified historic sta   | ructure included in (a)                     | 2c  |
| d   | Number of conservation easements included in (c) acquired  | after 8/17/06                               | 2d  |
| 3   | Number of conservation easements modified, transferred, re   | eleased, extinguished, or terminated by the | ne organization during the taxable                |
|     | year ▶   |   |   |
| 4   | Number of states where property subject to conservation ea   | asement is located 🕨                        |   |
| 5   | Does the organization have a written policy regarding the pe   | riodic monitoring, inspection, violations,  | and   |
|     | enforcement of the conservation easements it holds?  |   | Yes No  |
| 6   | Staff or volunteer hours devoted to monitoring, inspecting, a  | and enforcing easements during the year     | <u> </u>  |
| 7   | Amount of expenses incurred in monitoring, inspecting, and   |   |   |
| 8   | Does each conservation easement reported on line 2(d) about  | ve satisfy the requirements of section 17   | '0(h)(4)(B)(i)                                    |
|     | and section 170(h)(4)(B)(ii)?  |   | Yes No  |
| 9   | In Part XIV, describe how the organization reports conserva-   |   |   |
|     | include, if applicable, the text of the footnote to the organization   | ation's financial statements that describe  | s the organization's accounting for               |
| -   | conservation easements   | · · · · · · · · · · · · · · · · · · ·       |   |
| Pai | Companizations Maintaining Collections of the Colle |   | Other Similar Assets.                             |
|     | Complete if the organization answered "Yes" to Form  | 1 990, Part IV, line 8                      |   |
|     |  |   |   |
| 1a  | If the organization elected, as permitted under SFAS 116, no   |   |   |
|     | treasures, or other similar assets held for public exhibition, e   |   | public service, provide, in Part XIV, the text of |
|     | the footnote to its financial statements that describes these  |   |   |
| Ь   | If the organization elected, as permitted under SFAS 116, to   |   |   |
|     | or other similar assets held for public exhibition, education,   | or research in furtherance of public servi  | ce, provide the following amounts relating to     |
|     | these items  |   |   |
|     | (i) Revenues included in Form 990, Part VIII, line 1   |   | ► \$<br>► \$                                      |
|     | (ii) Assets included in Form 990, Part X   |   |   |
| 2   | If the organization received or held works of art, historical tr   |   | cial gain, provide                                |
|     | the following amounts required to be reported under SFAS   | 116 relating to these items:                |   |
| а   | Revenues included in Form 990, Part VIII, line 1   |   | <b>&gt;</b> \$                                    |
| b   | Assets included in Form 990, Part X  |   | <b>&gt;</b> \$                                    |
|     |  |   |   |

|      | dule D (Form 990) 2008 VISITORS                      | BUREAU                |                |   |                   |            | 2                               | 5-12        | 36646                                   | Pag     | ge <b>2</b>    |
|------|--|-----------------------|----------------|---|-------------------|------------|---------------------------------|-------------|---|---------|----------------|
| Par  | t III Organizations Maintaining Col                  | lections of Ar        | t, Hist        | orical Tr                               | easures, or       | Other      | Simila                          | r Asset     | S (conti                                | nued)   |                |
| 3    | Using the organization's accession and other re-     | ecords, check any     | of the fo      | ollowing that                           | t are a significa | ant use of | f its colle                     | ection iter | ns (checl                               | c all   |                |
|      | that apply) • •                                      |                       |                |   |                   |            |                                 |             |   |         |                |
| а    | Public exhibition                                    | d                     |                | oan or exc                              | hange program     | ıs         |                                 |             |   |         |                |
| b    | Scholarly research                                   | е                     |                | Other                                   |                   |            |                                 |             |   |         |                |
| С    | Preservation for future generations                  |                       |                |   |                   |            |                                 |             |   |         |                |
| 4    | Provide a description of the organization's colle    | ections and explain   | how the        | ey further ti                           | ne organization   | 's exemp   | ot purpo                        | se in Part  | XIV                                     |         |                |
| 5    | During the year, did the organization solicit or re  |                       |                |   |                   |            |                                 |             |   |         |                |
|      | to be sold to raise funds rather than to be main     | tained as part of the | he organ       | nization's co                           | ollection?        |            |                                 |             | ] Yes                                   |         | No             |
| Par  | t IV Trust, Escrow and Custodial A                   | rrangements.          | Comple         | ete if organi                           | zation answere    | ed "Yes"   | to Form                         | 990, Part   | IV, line 9                              | , or    |                |
|      | reported an amount on Form 990, Part >               | (, line 21            |                |   |                   |            |                                 |             |   |         |                |
| 1a   | Is the organization an agent, trustee, custodian     | or other intermed     | ary for o      | contribution                            | s or other asse   | ets not in | cluded                          |             |   |         |                |
|      | on Form 990, Part X?                                 |                       |                |   |                   |            |                                 |             | Yes                                     |         | No             |
| b    | If "Yes," explain the arrangement in Part XIV an     | d complete the fol    | llowing t      | able                                    |                   |            |                                 |             |   |         |                |
|      | _  | ·                     | _              |   |                   |            |                                 |             | Amount                                  |         |                |
| С    | Beginning balance                                    |                       |                |   |                   |            | 1c                              |             | •                                       |         |                |
| d    | Additions during the year                            |                       |                |   |                   |            | 1d                              |             |   |         |                |
| е    | Distributions during the year                        |                       |                |   |                   |            | 1e                              |             |   |         |                |
| f    | Ending balance                                       |                       |                |   |                   |            | 1f                              |             |   |         |                |
| 2a   | Did the organization include an amount on Forr       | n 990, Part X, line   | 217            |   |                   |            |                                 |             | Yes                                     |         | No             |
| ь    | If "Yes," explain the arrangement in Part XIV        |                       |                |   |                   |            |                                 |             |   |         |                |
| Par  | TV Endowment Funds. Complete if o                    | rganization answe     | red "Yes       | s" to Form 9                            | 990, Part IV, Im  | e 10.      |                                 |             |   |         |                |
|      |  | (a) Current year      | <b>(b)</b> Pi  | rior year                               | (c) Two years     | back (d    | ) Three y                       | ears back   | (e) Four                                | years t | back           |
| 1a   | Beginning of year balance                            |                       |                |   |                   |            |                                 |             |   |         | ********       |
| b    | Contributions  |                       |                |   |                   |            |                                 |             |   |         |                |
| С    | Investment earnings or losses                        |                       |                |   |                   |            |                                 |             |   |         |                |
| d    | Grants or scholarships                               |                       |                |   |                   |            |                                 |             |   |         |                |
| е    | Other expenditures for facilities                    |                       |                | ****                                    |                   |            |                                 |             |   |         |                |
|      | and programs   |                       |                |   |                   | 1          |                                 |             |   |         |                |
| f    | Administrative expenses                              |                       | •              | *************************************** |                   |            |                                 |             | *************                           |         |                |
| g    | End of year balance                                  |                       |                |   |                   |            | ******************************* |             | *************************************** |         |                |
| 2    | Provide the estimated percentage of the year e       | end balance held a    | ıs             |   |                   |            |                                 |             |   |         |                |
| а    | Board designated or quasi-endowment                  |                       | %              |   |                   |            |                                 |             |   |         |                |
| b    | Permanent endowment                                  | %                     | <del></del>    |   |                   |            |                                 |             |   |         |                |
| С    | Term endowment ▶ %                                   |                       |                |   |                   |            |                                 |             |   |         |                |
| 3a   | Are there endowment funds not in the possess         | ion of the organiza   | ation tha      | at are held a                           | ind administere   | ed for the | organiz                         | ation       |   |         |                |
|      | by   |                       |                |   |                   |            |                                 |             |   | Yes     | No             |
|      | (i) unrelated organizations                          |                       |                |   |                   |            |                                 |             | 3a(i)                                   |         |                |
|      | (ii) related organizations                           |                       |                |   |                   |            |                                 |             | 3a(ii)                                  |         |                |
| ь    | If "Yes" to 3a(II), are the related organizations II | sted as required o    | n Sched        | dule R?                                 |                   |            |                                 |             | 3b                                      |         |                |
| 4    | Describe in Part XIV the intended uses of the o      |                       |                |   |                   |            |                                 |             |   |         |                |
| Pai  | rt VI Investments - Land, Buildings                  | , and Equipme         | <b>ent.</b> Se | e Form 990                              | , Part X, line 10 | 0.         |                                 |             |   |         |                |
|      | Description of investment                            | (a) Cost or o         | ther           | (b) Cost                                | t or other        | (c) Dep    | oreciatio                       | n           | (d) Bool                                | c value | <br>∋          |
|      |  | basis (investment)    |                | basis (other)                           |                   |            |                                 |             |   |         |                |
| 1a   | Land   |                       |                |   |                   |            |                                 |             |   |         |                |
| ь    | Buildings  |                       |                |   |                   |            |                                 |             |   |         |                |
| С    | Leasehold improvements                               |                       |                | 52                                      | 7,946.            | 2          | 42,1                            | 31.         | 28                                      | 5,8     | <del>15.</del> |
| d    | Equipment  |                       |                | 20                                      | 7,134.            | 1          | 76,8                            | 01.         | 3                                       | 0,3     | 33.            |
| е    | Other  |                       |                |   |                   |            |                                 |             |   |         |                |
| Tata | L Add lines 12:1e. (Column (d) should equal For      | m 000 Port V solu     | (D)            | (rea 10/a))                             |                   |            |                                 |             | 31                                      | 6 1     | <u>1Ω</u>      |

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 VISITORS BUREAU 25-1286646 Page 3 Part VII Investments - Other Securities. See Form 990, Part X, line 12 (a) Description of security or category (c) Method of valuation (b) Book value (including name of security) Cost or end-of-year market value Financial derivatives and other financial products Closely-held equity interests Other END-OF-YEAR MARKET VALUE MERRILL LYNCH MUTUAL FUNDS 322,284. 322,284. Total (Col (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related. See Form 990, Part X, line 13 (c) Method of valuation (b) Book value (a) Description of investment type Cost or end-of-year market value Total (Col (b) should equal Form 990, Part X, col (B) line 13 ) ▶ Part IX Other Assets. See Form 990, Part X, line 15 (b) Book value (a) Description ▶ Total. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount Federal income taxes DUE TO AFFILIATED ORGANIZATION 22,015.

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.

22,015.

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

25-1286646 Page 4 Schedule D (Form 990) 2008 VISITORS BUREAU Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements 1,804,099. Total revenue (Form 990, Part VIII, column (A), line 12) 1,736,752. 2 Total expenses (Form 990, Part IX, column (A), line 25) 67,347. 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 -8,256. Net unrealized gains (losses) on investments 4 4 5 Donated services and use of facilities 5 6 6 Investment expenses 7 7 Prior period adjustments 8 8 Other (Describe in Part XIV) -8,256. 9 Total adjustments (net) Add lines 4-8 59,091. 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 2a a Net unrealized gains on investments 2b b Donated services and use of facilities c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIV) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 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 4b b Other (Describe in Part XIV) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 2a a Donated services and use of facilities 2b **b** Prior year adjustments c Losses reported on Form 990, Part IX, line 25 2c d Other (Describe in Part XIV) 2d 2e e Add lines 2a through 2d Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII. line 7b 4a **b** Other (Describe in Part XIV) c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

### SCHÈDULE 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

CENTRAL PENNSYLVANIA CONVENTION AND

Employer identification number 25-1286646

| V15110R5 BUREAU   23-120040  |
|--|
| FORM 990, PART VI, SECTION A, LINE 10: THE GOVERNING BODY OBTAINS THE 990  |
| AND REVIEWS IT FOR ACCURACY AGAINST THEIR INTERNAL RECORDS.                |
|  |
| FORM 990, PART VI, SECTION C, LINE 19: THE PUBLIC CAN REQUEST POLICIES AND |
| FINANCIAL STATEMENTS BY CALLING 231-1400.                                  |
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