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903 02/26/50 P

Department of the Treasury

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 Open to Public

inte	mai Revenue Si		ording requirements	inspection
<u>A</u>	For the 2008	calendar year, or tax year beginning $10/01/08$, and ending $9/30/09$		
В	Check if applicable	Please C Name of organization	D En	ployer identification number
	Address change	use IRS HATTIESBURG TOURISM COMMISSIO	N	
\Box	Name change	label or print or Doing Business As		4-0798251
님	•		Room/suite E Te	lephone number
\sqcup	Initial return	See Five Convention Center Plaza		01-268-3220
	Termination	Specific		receipts \$ 1,059,854
\Box	Amended return	Instructions. HATTIESBURG MS 39404	<u> </u>	receipts \$ 17.000 years
片		E. Name and address of averaged officer	H(a) Is	this a group return for
	Application pendin	Name and address of principal officer		filiates? Yes X No
			H(b) A	re all affiliates
_	-	tus X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		"No," attach a list. (see instructions)
<u> </u>	Tax-exempt sta	www.hattiesburg.org 4947(a)(1) or 527		and an analysis and a sumbar
<u> </u>	•		1000	roup exemption number
	Type of organizati		er of formation 1990	M State of legal domicile MS
		Summary		
		describe the organization's mission or most significant activities		
9	TO TO	PROMOTE TOURISM		
ğ				
ē				
Š	2 Check	this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25%		1 -
Activities & Governance	3 Numbe	er of voting members of the governing body (Part VI, line 1a)	3	
<u>8</u>	4 Numbe	er of independent voting members of the governing body (Part VI, line 1b)	_4	
Ĭ	5 Total n	umber of employees (Part V, line 2a)	_ 5	12
Act	6 Total n	umber of volunteers (estimate if necessary)	_6	
	7a Total g	ross unrelated business revenue from Part VIII, line 12, column (C)	7	a
	b Net un	related business taxable income from Form 990-T, line 34		b 0
		 	Prior Year	Current Year
9		outions and grants (Part VIII, line 1h)	746,10	
Revenue	1	m service revenue (Part VIII, line 2g)	277,31	
. 6	1	nent income (Part VIII, column (A), lines 3, 4, and 7d)	11,98	9 5,228
_	1	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1 005 40	1 050 006
	1	evenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,035,40	1,059,096
	1	and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefit	s paid to or for members (Part IX, column (A), line 4)		
S		s, other compensation, employee benefits (Part IX, column (A), lines 5–10)	332,55	3 358,198
nses		sional fundraising fees (Part IX, column (A), line 11e)		
Expe	b Total fo	ındraısıng expenses (Part IX, column (D), line 25) ▶		
ш	17 Other 6	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	647,41	
	18 Total e	xpenses Add lines 13-17 (must equal Part IX, column (A), line 25)	979,96	
	19 Reven	ue less expenses Subtract line 18 from line 12	55,43	
2010			Beginning of Year	End of Year
See See	20 Total a	ssets (Part X, line 16)	761,99	
		abilities (Part X, line 26)	40,17	
		sets or fund balances. Subtract line 21 from line 20	721,81	8 810,140
		Signature Block		
AA AB	1 5	Inder penalties of perjury) I declare that I have examined this return, including accompanying schedules and a and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all informat	statements, and to the be	st of my knowledge
X .	1.	and belief, it is title, correct, and complete becaration of preparer (butter than officer) is based on an information	l	
Sig	gn	1 ay		
₽∄He	re	Signature of officer /	_	ate , ,
₩	j 1	RICK TAYLOR DIRECT	OR	
OHE		Type or print name and title		Drongsada idantif
₹.	., ,	Preparer's Date	Check if self-	Preparer's identifying number (see instructions)
O Pa	IQ .	ignature Photocca Duston CFA 2/26,	/10 employed ►	<u> </u>
OPPR	eparer's 🗀	King CPA, PLLC	EIN	3-2084825
Us	~ ~	PO Box 1182	Pho	ne (
		oddress, and ZIP+4 Petal, MS 39465-1182	, MA: 1 5 20	№ 601-544-9795
Mar	the IRS disc	uss this return with the preparer shown above? (see instructions)		X Yes No
DA		y Act and Paperwork Reduction Act Notice, see the separate instructions.	OCCUENT !	Form 990 (2008)

Form 990 (2008) HATTIESBURG TOURISM COMMISSION 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,"		v	
•	complete Schedulé A	2	_X_	X
2 3	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			
3	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		Х
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		
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		<u>X</u>
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		<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		<u>X</u>
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,"			3.7
	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		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	44	Х	
12	Parts VI, VII, VIII, IX, or X as applicable Put the essentiation receive an audited francial statement for the year for which it is completing this setum.	11	^	
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	Х	
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 U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	7.14		
_	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
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		<u>X</u>
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		<u>X</u>
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		X
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 1? 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 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete	22	X	
04-	Schedule J	23	<u> </u>	
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		Х
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		X
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		X
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		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			3.7
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	\Box	X

_P	art 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		_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		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u>X</u>
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		<u>X</u>
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		<u>X</u>
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		<u>X</u>
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		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</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)

Pa	ert 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	1 1				
	U.S. Information Returns Enter -0- if not applicable	1a	0			Ė
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			Ė
c	Did the organization comply with backup withholding rules for reportable payments to vendors and report	table				İ
	gaming (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	12	_		É
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	•		2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					É
	instructions)					É
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	у				Ė
	this return?			3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auti	nonty				ĺ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	lak				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country					Ė
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bai	nk				É
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			_5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	17		5b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity					
_	Regarding Prohibited Tax Shelter Transaction?			5c	-	V
6a	Did the organization solicit any contributions that were not tax deductible?			6a_		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or		C.		l
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	_				É
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more tha	iri		7a	1	Х
.	\$75?			7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			15		
C	required to file Form 8282?			7c		Х
ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a persi			\neg		Ė
·	benefit contract?			7е	1	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	,	•	7f		Χ
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	;				
	required?			7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	ion				É
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsor	πng				Ė
	organization, have excess business holdings at any time during the year?			8		Х
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					É
а	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter		•			į
а	Initiation fees and capital contributions included on Part VIII, line 12	10a_				Ė
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				Ė
11	Section 501(c)(12) organizations. Enter:	, ,	I			É
а	Gross income from members or shareholders	11a				Ė
b	Gross income from other sources (Do not net amounts due or paid to other sources against					Ė
	amounts due or received from them)	[11b]	<u> </u>			į
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1	1	12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		E	990	<u> </u>
				rom	・フプリ	(∠∪∪8)

Form 990 (2008) HATTIESBURG TOURISM COMMISSION 64-0798251 Page 6 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	ne							
	circumstances, processes, or changes in Schedule O. See instructions.	ı	ı						
1a	Enter the number of voting members of the governing body	1a_	L	7					
b	Enter the number of voting members that are independent	1b		7]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	ıth			_				
	any other officer, director, trustee, or key employee?						2		Х
3	Did the organization delegate control over management duties customanly performed by or under the di	ect							
	supervision of officers, directors or trustees, or key employees to a management company or other pers						3	L	Х
4	Did the organization make any significant changes to its organizational documents since the prior Form	990 wa	as fi	led?			4		Х
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	ers							l
	of the governing body?						7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons	۶?					7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	ng							
	the year by the following								
а	The governing body?						8a	Х	
b	Each committee with authority to act on behalf of the governing body?						8b	X	
9a	Does the organization have local chapters, branches, or affiliates?						9a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chap	oters,							
	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 organization	zations	S						
	must describe in Schedule O the process, if any, the organization uses to review the Form 990						10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reac	hed at							
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O						11		X
<u>Sec</u>	tion B. Policies								
								Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13						12a	L	Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could g	ıve					İ		
	rise to conflicts?						12b		ļ
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	,"							
	describe in Schedule O how this is done						12c		
13	Does the organization have a written whistleblower policy?						13_	<u> </u>	X
14	Does the organization have a written document retention and destruction policy?						14		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 d	ecision	1				1		
а	The organization's CEO, Executive Director, or top management official?						15a	<u> </u>	X
þ	Other officers or key employees of the organization?						15b		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	t					•		
	with a 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 safego	ıard							
	the organization's exempt status with respect to such arrangements?						16b	l	
<u>Sec</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 Form 1023 (or 1024 if applicable), 990, and 990-T (50	1(c)(3))s c	nly)					
	available for public inspection. Indicate how you make these available. Check all that apply								
	Own website Another's website X Upon request								

000	tion o. Diociocaro	
17	List the states with which a copy of this For	m 990 is re

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

20	State the name,	physical address, a	and telephone nun	nber of the person wi	ho possesses the I	books and records	of th
	organization:	HATTIESBU	RG TOURISM	COMMISSION	FIVE	CONVENTION	CE

NTER PLAZA

MS 39404

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) Average		Posi	tion (C) call t	hat ap	(vla	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	ho	ours per week	or director		Officer	Key employee	Highest compensated employee	Former	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
RICHARD TAYL DIRECTOR		40							175,667	0	C
MARSHALL BEI			†				T		2,0,00,		
CHAIR			ł						0	0	C
CATHIE PRICE											
VICE-CHAIR							<u> </u>	L.,	0	0	<u> </u>
JAMES RATLIF	F										
SECRETARY			_	L			<u> </u>		0	0	(
CHRIS ROWELL											
PAST CHAIR			—	_	_		1	_	0	0	(
BONNIE WARRE	IN								_	0	(
BOARD MEMBER SANDRA FOSTE	D		╁	⊢	\vdash	-	┢	-	0		
BOARD MEMBER	1								0	0	(
STERLING RAS	COE		+-		-	┢			<u> </u>	<u></u>	
TREASURER									0	0	(
			T								
Garage					<u> </u>			<u> </u>			
			-			<u> </u>		<u> </u>			
			-	-	├—	┝	-	-			
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					L	L					
					<u> </u>		<u>L</u> .		<u> </u>		200

Form **990** (2008)

	A. Officers, Directors, Trus	tees	, Ke			yees	, an	T					
(A) Name and title	(B) Average hours per week	individual trustee or director			Key employee	a Highest compensated employee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	,	Estimamour other ompen from organizand re	ated int of er sation the ration	
						ē					organiza	auons ———	
					!								
		_											
						_	_					-	
						-							
						_						· -	
b Total		<u> </u>				L	<u> </u>	175,667					
Total number of indivorganization ► 1	viduals (including those in 1	a) wl	no re	ceiv	ed m	nore 1	han	\$100,000 in reportable com	pensation from the			V	N.
	list any former officer, direct 11 'Yes," complete Schedu							e, or highest compensated			3	Yes	No X
For any individual lis	ted on line 1a, is the sum of related organizations great	f repo	ortab	le co	mpe	ensat	ion a	and other compensation from complete Schedule J for su	m uch		4	Х	
Did any person listed	d on line 1a receive or accrub the organization? If "Yes,"										5		Х
	for your five highest compe	nsate	d inc	depe	nder	nt cor	ntrac	tors that received more that	n \$100,000 of				
compensation from t	(A) Name and business address				-			Descrip	(B) tion of services		_ a	(C) ompensa	tion
							<u> </u>			-			
	 						_						
		_	_		•		<u> </u>						
Total number of inde	ependent contractors (included	ding t	hose	ın 1) wh	o rec	eive	ed more than \$100,000 in		i	0		

Pa	rt V	Statement of Rev	enue					
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded from tax
						function	business revenue	under sections
m 10	4	CadasAlad samasana	4-			revenue		512, 513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns	1a				>	
윤		Membership dues	1b		1			1
£, Ē		Fundraising events	1c		1			
فتق	đ	Related organizations	1d					
Si	0	Government grants (contributions)	1e	821,505	1			
ĔĘ	f	All other contributions, gifts, grants,						
운항		and similar amounts not included above	1f					
<u> </u>	_	Noncash contributions included in lines 1	a-1f \$					
5 "	h	Total. Add lines 1a-1f		<u> </u>	821,505			
Program Service Revenue				Busn. Code				
ē	2a	MARKETING FEES			144,000	144,000		
8	b	EVENT FEES			73,469	73,469		
<u>Ş</u>	C	OTHER RECEIPTS			14,894	14,894		<u> </u>
Ser	d							<u> </u>
E I	0							
ğ	f	All other program service reve	enue	L				
	g	Total. Add lines 2a-2f		>	232,363			
	3	Investment income (including	dividends	, interest, and				
		other similar amounts)		▶ [5 , 986	5 , 986		
	4	Income from investment of ta	x-exempt	bond proceeds 🕨				
	5	Royalties		•				
		(ı) Real		(II) Personal				
	6a	Gross Rents						
	b	Less rental exps						•
	С	Rental inc or (loss)						
	d	Net rental income or (loss)		•				
	7a	Gross amount from sales of assets (i) Securit	ies	(II) Other				
		other than inventory						
	b	Less cost or other	,		I			
		basis & sales exps		758	1			1
	С	Gain or (loss)		-758				‡
	d	Net gain or (loss)	_	•	-758	-758		
	8a	Gross income from fundraising ev	ents					
9		(not including \$			Ī		-v v	
e,		of contributions reported on line 1	c)					1
é		See Part IV, line 18	а					
Other Revenue	ь	Less direct expenses	ь		I			
ŧ		Net income or (loss) from fun	draising e	vents				
		Gross income from gaming activit						
İ		See Part IV, line 19	а					
	b	Less direct expenses	ь		Ī			
		Net income or (loss) from gar	ning activ	ities				
		Gross sales of inventory, less						
		returns and allowances	a		1			1
	ь	Less cost of goods sold	ь		•			1
		Net income or (loss) from sale	es of inve	ntory				
	<u>.</u>	Miscellaneous Reven		Busn. Code	Ţ,			1
	11a					[
	b							
	C							
	d	All other revenue		-				
	e	Total. Add lines 11a-11d		•				
	12	Total Revenue. Add lines 1h	, 2g, 3, 4.	5, 6d, 7d, 8c,				
		9c, 10c, and 11e		•	1,059,096	237,591		0

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).

				(= // (= // ====	· · · · · · · · · · · · · · · · · · ·
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	, 8b, 9b, and 10b of Part VIII.	, , , , , , , , , , , , , , , , , , ,	expenses	general expenses	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,				1
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				***************************************
4	Benefits paid to or for members				<u> </u>
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	358,198	358,198		
7	Other salanes and wages	330,190	330,190		
8	Pension plan contributions (include section 401(k)				
۵	and section 403(b) employer contributions)				
9 10	Other employee benefits Payroll taxes			· ·	
11	Fees for services (non-employees)	· · · · · · · · · · · · · · · · · · ·			-
	Legal				
	Accounting	11,196	11,196		
	Lobbying	11,150		·	
	Professional fundraising services See Part IV, line 17			***************************************	
f	Investment management fees				
g				-	
12	Advertising and promotion	54,267	54,267		
13	Office expenses	15,716	15,716		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	7,387	7,387		
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				
22	Depreciation, depletion, and amortization	12,078	12,078		-
23	Insurance	26,494	26,494		1
					1
24	Other expenses Itemize expenses not				!
	covered above (Expenses grouped together				1
	and labeled miscellaneous may not exceed				
_	5% of total expenses shown on line 25 below) PUBLICATIONS	100,888	100,888		Ŧ
a	OUTDOOR ADVERTISING	97,474	97,474		
b	MISS HOSPITALITY	62,753	62,753		
c d	TRADE SHOWS	58,084	58,084		
а е	FAM TOURS	34,192	34,192		
	All other expenses	132,047	132,047		
25	Total functional expenses. Add lines 1 through 24f	970,774	970,774		
<u>25</u> 26	Joint Costs. Check here If following	2,0,,,1			
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				<u> </u>

<u>P</u>	art >	Balance Sheet		1								
				(A) Beginning of year		(B) End of						
	1	Cash—non-interest bearing		31,482	1		41,	704				
	2	Savings and temporary cash investments		560,222	2	6.5	53,	750				
	3	Pledgès and grants receivable, net			3							
	4	Accounts receivable, net			4							
	5	Receivables from current and former officers, directors, tru	ustees, kev									
		employees, or other related parties Complete Part II of So	•		5							
	6	Receivables from other disqualified persons (as defined up										
	•	4958(f)(1)) and persons described in section 4958(c)(3)(B										
		Part II of Schedule L	, complete		6	ı						
w	7	Notes and loans receivable, net		120,940	7	14	44,	177				
ě	8	Inventones for sale or use		11,701	8		10,					
Assets	9	Prepaid expenses and deferred charges			9							
Q	10a	Land, buildings, and equipment cost basis	10a 99,982									
		Less accumulated depreciation Complete	337302		I							
		Part VI of Schedule D	10b 75,162	37,591	10c		24,8	820				
	11	Investments—publicly traded securities	100 107102	3,7331	11	_ _	<u> / · · · · · · · · · · · · · · · · · </u>	<u> </u>				
					12							
	12	Investments—other securities. See Part IV, line 11			13							
	13	Investments—program-related. See Part IV, line 11			14							
	14	Intangible assets		60	15							
	15	Other assets See Part IV, line 11		761,996	16	8-	74,	964				
	16	Total assets. Add lines 1 through 15 (must equal line 34)		27,135	$\overline{}$		55,					
	- Status payable											
Ø												
ţ.	21	Escrow account liability. Complete Part IV of Schedule D			27							
Liabilities	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified											
ā												
_	persons Complete Part II of Schedule L											
		23 Secured mortgages and notes payable to unrelated third parties 23										
		24 Unsecured notes and loans payable 24										
	25	Other liabilities Complete Part X of Schedule D		13,043	25	- /		121				
	26	Total liabilities. Add lines 17 through 25	.	40,178	26		64,	<u>5 Z 4</u>				
ces		Organizations that follow SFAS 117, check here	and									
2		complete lines 27 through 29, and lines 33 and 34.		701 010		0-	1 0	1 4 0				
Balan	27	Unrestricted net assets		721,818			10,	140				
<u>m</u>	28	Temporanly restricted net assets			28							
Ē	29	Permanently restricted net assets	. #		29			 -				
or Fund		Organizations that do not follow SFAS 117, check here	₽ ▶ ∐			Ė						
9		and complete lines 30 through 34.				Í						
ţ	30	Capital stock or trust principal, or current funds			30							
Assets	31	Paid-in or capital surplus, or land, building, or equipment for			31							
Ą	32	Retained earnings, endowment, accumulated income, or o	other funds	701 010	32	0.	10	1 40				
Net	33	Total net assets or fund balances		721,818	33		10,					
	34	Total liabilities and net assets/fund balances		761,996	34	8	74,	964				
P	art >	Financial Statements and Reporting					Yes	No				
4	Δα	counting method used to prepare the Form 990	ash X Accrual O	ther			163	<u> </u>				
1 2a		ere the organization's financial statements compiled or revie				2a	1	<u>x</u>				
		ere the organization's financial statements complied of revie ere the organization's financial statements audited by an ind		••••		2b	\neg	Х				
t		Yes" to lines 2a or 2b, does the organization have a commit		r oversight of			\neg	_ -				
(res" to lines 2a or 2b, does the organization have a commit e audit, review, or compilation of its financial statements and				2c		l				
•		a result of a federal award, was the organization required to				<u></u>						
38			o unucigo an audit or audits as se	COMM		3a		l				
		Single Audit Act and OMB Circular A-133?	lite?			3b						
) 11 "	Yes," did the organization undergo the required audit or aud	iito'				990	/20081				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

HATTIESBURG TOURISM COMMISSION

Employer identification number 64-0798251

P	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) (s	ee ins	struction	ons)		
The	orgai	nization is not a	a private foundation because	it is (Please check only one org	anization)							-
1	Ň		•	ciation of churches described in			A)(i).						
2	П	A school des	cribed in section 170(b)(1)(A	N(ii), (Attach Schedule E)									
3	П		,	e organization described in section	on 170(b)	(1)(A)(iii)	. (Attach	Schedu	le H)				
4	Н			in conjunction with a hospital des						e hosni	tal's name		
•	لبا	city, and state	-	ar conjunction with a nospital dec	SCHOOL III	3000011	0(5)(.)	(/-)(···).	Linci ai	с поор.	taro marrio,		
-	\Box	•		a college or university owned or		b a a a		l was da	noahod				
5	Ш	•	•	a college or university owned or	operated	by a gove	ımenta	ıı unıt de	scribed	m			
			b)(1)(A)(iv). (Complete Part I	•									
6	X		•	vernmental unit described in sec			•						
7	Ш	-	· ·	ubstantial part of its support from	a govern	mental un	it or fron	n the gei	neral pu	blic			
		described in s	section 170(b)(1)(A)(vi). (Co	mplete Part II.)									
8	Ц	•		'0(b)(1)(A)(vi). (Complete Part II									
9	\sqcup	An organizati	on that normally receives (1)	more than 33 1/3 % of its suppo	ort from co	ntribution	s, memb	ership fe	es, and	gross			
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its												
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)												
10	An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions)												
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the												
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section												
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
	a Type I b Type II c Type III—Functionally Integrated d Type III—Other												
е													
Ū	persons other than foundation managers and other than one or more publicly supported organizations described in section												
	persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)												
f				mination from the IRS that it is a	Type I Ty	nell or T	vne III s	unnortin	a				
•		If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box											
_		•		on accepted any gift or contribution	on from ar	ov of the							لبا
g		•	· · · · · · · · · · · · · · · · · · ·	on accepted any girt or contribution	on nom a	iy or the							
		following per		atuala aithar alama ar tagathar wii	th nomen	dooonbo	.d .a. ()					Yes	No
				ntrols, either alone or together wit	ui persons	describe	id iii (ii)				110(i)	1	110
			below, the governing body of								11g(i)	1	1
			member of a person describe	•							11g(ii)	1	1
		• •	ontrolled entity of a person de								11g(iii	<u> 11 </u>	
h		Provide the f	ollowing information about the	e organizations the organization	supports				,				
(i)	Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) is the o	organization		ou notify		s the	(vii) Am		
	org	anization		(described on lines 1–9 above or IRC section		sted in your		nization in	organizat	ion in col zed in the	sup	port	
			ļ	(see instructions))	governing	document?		of your oort?	1	3?			
				(eco men conome),	Yes	No	Yes	No	Yes	No			
					†	·							
					 		— —						
						•							
-					 								
					 	 	 		 	-			
					1								
					 -	-							
					 								

Total

10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (d) 2007 (e) 2008 (f) Total (b) 2005 (c) 2006 Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carned on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g Section D. Computation of Investment Income Percentage 17 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 33 1/3 % support tests-2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008 HATTIESBURG TOURISM COMMISSION

64-0798251

Page 4

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

64-0798251 HATTIESBURG TOURISM COMMISSION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I 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 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? 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 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) d 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 year 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? 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)(ı) and section 170(h)(4)(B)(ıı)? 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. Part III 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 these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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

Schedule		RG TOURISM CO			98251	Page 2
Part	III Organizations Maintaining	Collections of Art,	Historical Treas	ures, or Other	Similar Asse	ts (continued)
	sing the organization's accession and other in the control of the	records, check any of the fo	ollowing that are a sig	nificant use of its col	lection	
a [Public exhibition	d 🗌 Loan e	or exchange program	ıs		
ьГ	Scholarly research	e Other	3 , 3			
c 🗌	Preservation for future generations	_			- -	-
	ovide a description of the organization's coll int XIV	ections and explain how the	ey further the organiz	ation's exempt purpo	ose in	
5 Du	uring the year, did the organization solicit or	receive donations of art, his	storical treasures, or	other similar		п п
	sets to be sold to raise funds rather than to				d "Voo" to Fo	Yes No
Part I	Part IV, line 9, or reported a	an amount on Form 9	90, Part X, line	21.	ed res lord	
	the organization an agent, trustee, custodia	n or other intermediary for o	contributions or other	assets not		п п
	cluded on Form 990, Part X?					∐ Yes ∐ No
b If"	'Yes," explain the arrangement in Part XIV a	and complete the following t	able			
						Amount
	ginning balance				1c	
	ditions during the year				1d	-
	stnbutions during the year				1e	
	ding balance				1f	
	d the organization include an amount on For	m 990, Part X, line 21?				∐ Yes ∐ No
***************************************	Yes," explain the arrangement in Part XIV	late if exceptantian or	annered "Vee" to	Form 000 Por	t IV / line 10	
Part '	Endowment Funds. Comp			(c) Two years back	(d) Three years b	ack (e) Four years back
4 5	, , ,	(a) Current year	(b) Pnor year	(C) Two years back	(u) Tillee years L	dek (e) rour years back
	ginning of year balance					
	ontributions					
	vestment earnings or losses					
	ants or scholarships					
	her expenditures for facilities					
	d programs					
	Iministrative expenses	-				
_	d of year balance		<u> </u>	<u> </u>	I	
	ovide the estimated percentage of the year					
	ermanent endowment manual ma	%				
	erm endowment \%					
	e there endowment funds not in the possess	sion of the organization that	are held and admini	stered for the		
	anization by	Sion of the organization that	are rield and admini	stered for the		Yes No
•	unrelated organizations					3a(i)
	related organizations					3a(ii)
, ,	Yes" to 3a(ii), are the related organizations	listed as required on Schen	lula P2			3b
	escribe in Part XIV the intended uses of the					
Part). Part X. line 10		
1 000	Description of investment	(a) Cost or other basis	(b) Cost or oth		preciation	(d) Book value
		(investment)	basis (other			
1a La	nd	<u> </u>				
	ildings		1			
	asehold improvements					
	uipment					
e Ot	•		99	,982	75,162	24,820
	dd lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, column (B)		•	<u> </u>	24,820

Schedule D (Form 990) 2008

Schedule D (Form 990) Part VII Inves			64-0798251	Page 3
	tments—Other Securities. See Form 990		(a) \$6 albad a	f. valuation
(-	a) Description of security or category	(b) Book value	(c) Method o Cost or end-of-ye	
	(including name of security)		Cost or end-or-ye	ai illaiket value
Financial derivatives and				
Closely-held equity interest	ests			
Other				
		_		
	_ _ _			
Total (Column (h) shoul	d equal Form 990, Part X, col (B) line 12)			
	tments—Program Related. See Form 990	Part X line 13	<u> </u>	
1 dic viii IIIves	(a) Description of investment type	(b) Book value	(c) Method o	f valuation
	(a) bescription of investment type	(b) book value	Cost or end-of-ye	
	·		003001 0110-01 90	
				
	· · · · · · · · · · · · · · · · · · ·			
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				-
Total. (Column (b) should	d equal Form 990, Part X, col (B) line 13)			
	Assets. See Form 990, Part X, line 15.		<u> </u>	
, , , , , , , , , , , , , , , , , , ,	(a) Description			(b) Book value
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				<u> </u>
				
	d equal Form 990, Part X, col (B) line 15)	 		<u> </u>
Part X Other	Liabilities. See Form 990, Part X, line 25			
	(a) Description of liability	(b) Amount		
Federal income taxes		<u></u>		
ACCRUED VAC	CATION	9,121		
•				
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		0.101		
	d equal Form 990, Part X, col (B) line 25)	9,121		<u></u>
In Part XIV, provide the t	ext of the footnote to the organization's financial stater	nents that reports the organ	ization's liability for	
uncertain tax positions u	nder FIN 48	·		

Schedule D (F	orm 990) 200	1 80	TTAL	IESE	BURG	TO	<u>URI</u>	SM	CO	MM]	ISS:	ION				64-	079	9825	1					F	age 5
Schedule D (F Part XIV	Suppler	menta	Infor	matic	n (cor	tinued)																		
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SCHEDULE J (Form 990)

Part I

Compensation Information

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

Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open To Public Inspection

Department of the Treasury Internal Revenue Service ' Name of the organization

HATTIESBURG TOURISM COMMISSION

Questions Regarding Compensation

Employer identification number 64-0798251

			Yes	No
1a	Check the appropnate 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		
2	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		
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			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
а	Receive a severance payment or change of control payment?	4a		<u>X</u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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.			
5				
,	compensation contingent on the revenues of			
а	The organization?	5a		Χ_
	Any related organization?	5b		X
_	If "Yes" to line 5a or 5b, desc⊓be in Part III		*******	
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			
а	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7				
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7_		X
8	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			
	ın Part III	8		Х

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

Schedule J (Form 990) 2008

64-0798251

903 02/26/2010 9 02 AM

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Schedule J (Form 990) 2008 HATTIESBURG TOURISM COMMISSION Part II Officers, Directors, Trustees. Key Employees. and Highest

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-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	_	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(ı)–(D)	reported in prior Form 990 or Form 990-EZ
RICHARD TAYLOR (0)	175,667	0	0	0	0	175,667	0.0
(8)							
(ii)							
(c)							
(m) (d)							
(ts) (t)							
(0)							
(E)			•				
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(tp) (t)							
(u) (o)							
(m) (0)							
						Schedule	Schedule J (Form 990) 2008

Schedule J (Form 990) 2008 HATTIESBURG TOURISM COMMISSION

Part III Supplemental Information

903 02/26/2010 9 02 AM

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) 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.

OMB No 1545-0047
2008
Open to Public

Inspection

Name of the organization

HATTIESBURG TOURISM COMMISSION

Employer Identification number 64-0798251

Form 990, Part III, Line 4d - All Other Achievements

TO PROMOTE TOURISM WITHIN THE HATTIESBURG, MS

METROPOLITAN STATISTICAL AREA (MSA). ACTIVITIES INCLUDE

ADVERTISING, BROCHURES, TOURS, SPECIAL EVENTS, AND

MARKETING.

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990 COPY PROVIDED TO EACH BOARD MEMBER BY DIRECTOR.

Forms 990	/	990-PF

Other Notes and Loans Receivable

For calendar year 2008, or tax year beginning 10/01/08, and ending

9/30/09

2008

Namo

(10)

Totals

701706 , and ending 9/30/09 |

Name					ĺ	Employe	er identi	fication Number
HATTIESBURG TOU	RISM COMMISS	ION				64-0	7982	251
Form 990, Part			ıl I	nformation			•	
	ne of borrower				Relationship to disq	ualified p	erson	
(1) Loan Receivab	ie			,				
(2)	<u> </u>						_	
(3)	· · · · · · · · · · · · · · · · · · ·	<u></u>						
(4) (5)	-							
(6)								
(7)					•			
(8)								
(9)								
(10)								
***************************************		T	—Т					
Onginal amount borrowed	Date of loan	Matunty date		Re	payment terms			Interest rate
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(2)				· · · · · · · · · · · · · · · · · · ·				
(3)								
(4)	- 		-+		·· ·	-		
(5) (6)								
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(10)								
Security	provided by borrower				Purpose of	loan		
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Consideration	furnished by lender			lance due at ginning of year	Balance due at end of year			market value 990-PF only)
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120,940

144,177

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach

Attach to your tax return.

2008 NO 1545-01/2

2008

Identifying number Name(s) shown on return 64-0798251 HATTIESBURG TOURISM COMMISSION Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. Total cost of section 179 property placed in service (see instructions) 2 2 800,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1, If zero or less, enter -0-. If married filing separately, see instructions 5 (b) Cost (business use only) (a) Description of property (c) Elected cost 6 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2009 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.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 12,078 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 0 17 17 MACRS deductions for assets placed in service in tax years beginning before 2008 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 2008 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery (g) Depreciation deduction (a) Classification of property year placed in service (business/investment use only-see instructions) (e) Convention (f) Method репод 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs S/L 27 5 yrs Residential rental MM property MM S/L 27 5 yrs MM S/L 39 yrs Nonresidential real property MM S/L Section C-Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs b 12-year S/L MM 40 yrs 40-year Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 12.078 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr For assets shown above and placed in service during the current year, 23 enter the portion of the basis attributable to section 263A costs