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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements and ending For the 2009 calendar year, or tax year beginning D Employer identification number Check if applicable C Name of organization DURANGO AREA TOURISM OFFICE use IRS Doing Business As Address change 56-2307921 label or print or Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number type Initial return 111 S. CAMINO DEL RIO 970-247-3500 Specific Terminated City or town, state or country, and ZIP + 4 Instruc-81303 G Gross receipts \$ DURANGO CO Amended return Application pending Name and address of principal officer Х H(a) is this a group return for affiliates? John Cohen 111 S Camino Del Rio, Durango, CO 81302 H(b) Are all affiliates included? X 501(c) (4947(a)(1) or 527 If "No," attach a list (see instructions) Tax-exempt status 6) **◄** (insert no) J Website. ▶ www.durango.org **H(c)** Group exemption number ▶ X Corporation K Form of organization Association Other > L Year of formation 2003 M State of legal domicile CO ∴ Part I Briefly describe the organization's mission or most significant activities To leverage limited resources into equitable, creative, strategic, and comprehensive annual marketing programs sufficient to generate growing consumer and travel trade interest in the Durango /LaPlata County area, and accomplish tourism marketing goals. Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 11 Number of independent voting members of the governing body (Part VI, line 1b) 11 18 Total number of volunteers (estimate if necessary) 6 0 Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 SCANNED RECEIVED
Contributions and grants (Part VIII, line 1h) **Current Year** 887,361 802,110 Program service revenue (Part VIII, Me 2g) 9 84.859 99.851 Investment income (Part VII) (plumo (A), lines 3, 4, and 7d). 2.285 Other revenue (Part VIII, column (A) Jines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue (addines 8 through 11 (must equal Part VIII, column (A), line 12) 11 O 0 12 976,318 904.246 Grants and similar-amounts paid (Part IX, column (A), lines 1-3). 13 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 214,737 226,442 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 715,397 734,042 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25). . . 930,134 960,484 19 Revenue less expenses. Subtract line 18 from line 12 46,184 -56,238**Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 608.215 528,837 Total liabilities (Part X, line 26) . . . 21 47,815 24,677 Net assets or fund balances Subtract line 21 from line 20 560,400 504,160 Part II Signature Block Under penalties 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, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian Signature of Here Type or print name and title Preparer's Check if Preparer's identifying number signature self-(see instructions) Paid Frankie White 8/31/2010 employed Preparer's Firm's name (or yours Clark, White and Associates, Inc. EIN **Use Only** if self-employed), 570 Turner Drive, B, Durango, CO 81301 **▶** (970) 247-3954 address, and ZIP + 4

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

X Yes

No

P	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: To leverage limited resources into equitable, creative, strategic, and comprehensive annual marketing programs sufficient to generate growing consumer and travel trade interest in the Durango/LaPlata County area, and accomplish tourism marketing goals and objectives
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Promotion of the tourism trade of the Durango community and surrounding area
4b	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
	•
	•••••••••••••••••••••••••••••••••••••••
	•••••••••••••••••••••••••••••••••••••••
4c	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
	••••••
	•••••••••••••••••••••••••••••••••••••••
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ► 0

Par	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		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," complete Schedule D, Part IV			
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	9	-	X
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			<u> </u>
	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	27 (A)	*	
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		***	e e
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	Fair Land		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	10.	€ €	
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	Ŕ.	e 4	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	rate of	2	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	4	. 3	,
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			
12	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	40	19:	
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No	12	7 . 20	X 3. I
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13	Sec.	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "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	-145		
	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 a total of more than \$15,000 of expenses for professional fundraising services			-``
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	_	Х
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-13		
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospitals? If "Yes " complete Schedule H	20	$\neg \neg$	

Га	Checkist of Required Schedules (Continued)			_
	Dilling and the second and the secon		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	<u> </u>		Ť
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ł
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
h	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
	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	24b		┢
·	to defease any tax-exempt bonds?	24c		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			Ħ
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? 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	İ		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26	L	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27	200	X
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			20
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	and the second	X
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>	100		
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			ĺ
	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 contributions? <i>If "Yes," complete Schedule M</i>			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		X
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		_^
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
20	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	_	ľ	
37	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	"		
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	

Pai	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	7	322	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>)</u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	***	14.	-
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		e de la companya de l	***
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 18			77.7
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)	July 1	1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			KÜ.
	this return?	3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Ĺ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	969783	X 40%
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	196.96		
. .	and Financial Accounts.	200		
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?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	1 _ 1		
6a		5c		
Va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			v
b	organization solicit any contributions that were not tax deductible?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	,	j	
7	Organizations that may receive deductible contributions under section 170(c).	6b	3.	*4)*(8)
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		*.	
u	and services provided to the payor?	7.0	. 32	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75		
•	required to file Form 8282?	7c	i	х
ď	If "Yes," indicate the number of Forms 8282 filed during the year	22	2000	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1		
	benefit contract?	7e	Market 1	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	1		
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	180 500	#:	Service i
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	4,		
	organization, have excess business holdings at any time during the year?	8	-AIIII 446.72 P	V V NO.
9	Sponsoring organizations maintaining donor advised funds.		74.	L.
а	Did the organization make any taxable distributions under section 4966?	9a		*******
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	***		8.4
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			-
а	Gross income from members or shareholders		ا مرت	A 7.42
b	Gross income from other sources (Do not net amounts due or paid to other sources			
4.0	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	to Section		

56-2307921

Form 990 (2009) DURANGO AREA TOURISM OFFICE

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent] ''		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			0.00
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		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		Х
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		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			70.0
	the year by the following.	errorro*	CP-TONE TO S	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		x
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		Х
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990		ACC N	4
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		Х
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		Х
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by		$\frac{1}{2}\hat{\varphi}_{\mu}$	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			(11.1°-
а	The organization's CEO, Executive Director, or top management official	15a		Χ
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	C, 23 800 DA	. 7	7.7mm/1/, 1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		200	d
	with a taxable entity during the year?	16a		<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		
	ion C. Disclosure	_		
17	List the states with which a copy of this Form 990 is required to be filed ► CO			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s o	nly)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interesting the second sec	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e		
	organization: ► SUSAN MCKINNEY 970-247-350	0		
	111 S. CAMINO DEL RIO, DURANGO, CO 81303			

Form 990 (2009) Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this boy if the organization did not compensate any current officer, director, or trustee

X Check this box if the organization did not compensate any current officer, director, or trustee.										
(A)	(B)	(C) Position (check all that apply)				(D)	(E)	(F)		
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
SHIRLEY ISGAR MEMBER	1.	Х						0	0	0
BOB MORRIS MEMBER	1,	х						0	0	0
GARY PENNINGTON MEMBER	1.	х						0	0	0
KIRK KOMICK MEMBER	1.	х						0	0	. 0
KRIS OYLER MEMBER	1.	х						0	0	0
RON DENT MEMBER	1	Х						0	0	0
SUSAN LANDER MEMBER	1.	Х		х				0	0	0
PAT ARMSTRONG MEMBER	1.	Х		х				0	0	0
SVEN BRUNSO MEMBER	1,	X						0	0	0
JEFF MURRAY MEMBER	1.	X		х				0	0	0
BOB KUNKEL MEMBER	1.	Х						0	0	0
					ı					

[®] Pa	Section A. Officers, Directors, Tru	ustees, Key Em	ploy	/ees	, and	Hig	jhes	t Co	mpensated Em	ployees (conti	nued)
	(A)	(B)			(C)			(D)	(E)	(F)
	Name and title	Average	Po	sition		k all t	hat ap		Reportable	Reportable	Estimated
		hours per week		Institutional trustee	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
							ļ				
<u>1b</u>		<u></u>						. •	0	-)
2	Total number of individuals (including but no reportable compensation from the organizat		e list	ed a	bove 0	e) wh	no re	ceive	ed more than \$1	00,000 in	
3	Did the organization list any former officer, employee on line 1a? <i>If "Yes," complete Sci</i>										Yes No
4	For any individual listed on line 1a, is the su the organization and related organizations gundividual	m of reportable reater than \$15	com	pens 0? <i>If</i>	ation "Yes	n and	d oth	er co	ompensation fro	m uch	4 X
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Yo	ccrue compens	ation	fron	n any	y uni	relate				5 X
Sec	tion B. Independent Contractors						<i>p</i>				<u>, , , , , , , , , , , , , , , , , , , </u>
1	Complete this table for your five highest con compensation from the organization.	npensated indep	pend	ent c	ontr	acto	rs tha	at red	ceived more tha	n \$100,000 of	
	(A) Name and business a	ddress							(B) Description of serv	vices Co	(C) empensation
											(
											(
	· · · · · · · · · · · · · · · · · · ·		-								
2	Total number of independent contractors (in	-		d to	thos	e lis	ted a	bove	e) who received	71.7 <u>2.5</u> 1.4	

Part	VIII	Statement of Revenue					
			¥ 300	(A)	(B)	(C)	(D)
			-20	Total revenue	Related or exempt	Unrelated business	Revenue excluded from
		August 1944 194	- 4		function	revenue	tax under sections
175		and the second s	aki Var		revenue		512, 513, or 514
s s	1a	Federated campaigns 1a	0	1	100	- X	
grants iounts	b	Membership dues	0	****			
g, 5	C	Fundraising events	† · · · · · · · · · · · · · · · · · · ·	Carrier Marie	t differences	7. m	
gifts, Iar am	ا ا	Related organizations		*	**		
	u			P-195-2		12.7	
sir	e	,	·			17	
e it	Т	All other contributions, gifts, grants, and		100	* 4	No come in the	
흔들		similar amounts not included above <u>1f</u>	802,110	3	1.00	i di	e production of the second
Contributions, and other simi	g	Noncash contributions included in lines 1a-1f ⁻ \$	0	14.			
ŭ ñ	<u>h</u>	Total. Add lines 1a–1f	<u>, ▶</u>	802,110	14 (14 A)	3 (2.4%)	2
ne			Business Code	28.0° - 11 2 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	100.0		
Ven	2a	CO-OP ADVERTISING	541800	94,584	94,584		
æ	b	TOURISM PROGRAM	541800	5,267	5,267		
Program Service Revenue	C			0			
ŠeŽ	d		"	0			- '
E	e			0			
gra	f	All other program service revenue		0			
Pro	a	Total. Add lines 2a–2f		99,851	<u> </u>		
				00,001	<u> </u>	W04.75485	350/
	3	Investment income (including dividends, interest, ai					
	١.	other similar amounts)		2,285	2,285		
	4	Income from investment of tax-exempt bond proces		0			
İ	5	Royalties		0	09 20000 d 00000000 servetto	0°42	
		(ı) Real	(II) Personal	449		à.	
	6a	Gross Rents		Art Charles		"	200
	b	Less: rental expenses		-7			
	С	Rental income or (loss)	0			F	
	d	Net rental income or (loss)		0		,	
	7a	Gross amount from sales of (i) Securities	(II) Other	15.	18 18 18 18 18 18 18 18 18 18 18 18 18 1	75	
		assets other than inventory .) 0	Sec. Lane		4.7	LIST.
	b	Less: cost or other basis	<u> </u>			4	1
	_	and sales expenses	م ار	100		4	w.lr
	С	Gain or (loss)	0		the process of	20.4	
	d	N. ()	<u>, </u>	and the same	57.	32. 3	3°.
	_		· · · · · · · · · · · · · · · · · · ·	U		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	h. 75
9	8a	Gross income from fundraising			4		
JU.		events (not including \$ 0				700c	Van de Santa
9,6		of contributions reported on line 1c).		N 490		7	
Ř		See Part IV, line 18	0	**************************************	40	100	
Other Revenu	b	Less: direct expenses b	0			41.00	33.0
ᅙ	С	Net income or (loss) from fundraising events	<u></u>	0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19	0	Carlo St. S			night.
	b	Less. direct expenses b	0		44.3		
İ	С	Net income or (loss) from gaming activities		0		, , , , , , , , , , , , , , , , , , ,	***************************************
ļ	10a	Gross sales of inventory, less			War and the same	Strain Training	
		returns and allowances a			4.4		5.2.5
	b	Less: cost of goods sold b	- 0				
		Net income or (loss) from sales of inventory .			M	76. X.	
}		Miscellaneous Revenue	Business Code	U			E HERROTT N
	11a		Dusiness Code	5.5.11		***	
	_			0			
	b			0			
	C		ļi	0			
Į	d	All other revenue		0			
	е	Total. Add lines 11a–11d	▶	0	* *		\$ 183 5 1
	12	Total revenue. See instructions		904 246	102 136	0	0

Form 990 (2009)

Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) (B) (C) (D) Do not include amounts reported on lines 6b, Program service Management and Fundraising Total expenses 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 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 0 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members . . 0 Compensation of current officers, directors, trustees, and key employees 77,547 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 99,971 Pension plan contributions (include section 401(k) and section 403(b) employer contributions). . . . Other employee benefits 33,702 10 Payroll taxes 15,222 Fees for services (non-employees): 11 0 Accounting 9,391 Professional fundraising services. See Part IV, line 17 f 0 0 q 12 660,665 Advertising and promotion Office expenses 13 6,065 14 4,457 15 0 16 38,644 17 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . 19 Conferences, conventions, and meetings 0 20 0 21 Payments to affiliates 0 22 Depreciation, depletion, and amortization . . . 5,449 23 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.) AUTO ALLOWANCE 2,700 MISCELLANEOUS 1,103 **INSURANCE** 0 EQUIPMENT RENTAL 895 e PRINTING & PUBLICATIONS 2,453 f All other expenses 0 25 Total functional expenses. Add lines 1 through 24f 960,484 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

Part X Balance Sheet (B) (A) Beginning of year End of year 1 409.797 550,634 2 Savings and temporary cash investments 2 3 3 O 36,761 4 102.530 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 0 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L Notes and loans receivable, net . . . 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D Less accumulated depreciation 10b 13,762 b 20,820 10c 11 0 11 0 12 Investments—other securities. See Part IV, line 11 0 12 0 13 ol 0 Investments—program-related. See Part IV, line 11...... 13 14 14 0 15 Other assets. See Part IV, line 11. . . ol 15 0 Total assets. Add lines 1 through 15 (must equal line 34) 16 608.215 16 528,837 17 16,029 17 9,677 18 Grants payable 18 19 31,786 19 15,000 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L ol 22 23 Secured mortgages and notes payable to unrelated third parties . . . ol 23 24 Unsecured notes and loans payable to unrelated third parties . 24 ol 0 25 0 25 0 26 **Total liabilities.** Add lines 17 through 25 47.815 24,677 26 Organizations that follow SFAS 117, check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 560,400 28 504,160 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here▶ and complete lines 30 through 34. 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 Total net assets or fund balances . . . 560.400 33 504,160 Total liabilities and net assets/fund balances . . . 608,215 34 528,837

Form 990 (2009)

Part	XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	·	. 4 16	1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			()
	Schedule O.	a. 2	\$5.4°	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b	Χ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in			44
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	Strate 1	137	10
	issued on a consolidated basis, separate basis, or both:	16 i .	唯	*
	X Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

DUR	ANGO AREA TOURISM OFFICE		56-2307921
Par		or Advised Funds or Other Similar I	Funds or Accounts. Complete if
	the organization answered "Yes" to		
		(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 d	_	
	funds are the organization's property, subject		
6	Did the organization inform all grantees, dor		
	used only for charitable purposes and not for		
	purpose conferring impermissible private be		
Par	Conservation Easements. Comp	lete if the organization answered "Yes	s" to Form 990, Part IV, line 7
1	Purpose(s) of conservation easements held	by the organization (check all that apply)	
	Preservation of land for public use (e g	, recreation or pleasure) 🔛 Preservatio	on of an historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space	<u>—</u>	
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contrib	ution in the form of a conservation
_	easement on the last day of the tax year.	aton note a qualified control valion contrib	
	,		Held at the End of the Tax Year
а	Total number of conservation easements .		
b	Total acreage restricted by conservation eas		
C	Number of conservation easements on a ce		
d	Number of conservation easements include	d in (c) acquired after 8/17/06	2d
3	Number of conservation easements modifie	d, transferred, released, extinguished, or	terminated by the organization
	during the tax year		
4	Number of states where property subject to		
5	Does the organization have a written policy		
	violations, and enforcement of the conserva-		
6	Staff and volunteer hours devoted to monito	ring, ınspectıng, and enforcing conservati	on easements during the year
_			
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	asements during the year
_	\$	" O(N) " ("	
8	Does each conservation easement reported	•	
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization re		
	balance sheet, and include, if applicable, the the organization's accounting for conservation	e text of the foothole to the organizations	financial statements that describes
Pari		ons of Art, Historical Treasures, or Othe	er Similar Assets
	Complete if the organization answered		or orimal Addition
1a	If the organization elected, as permitted und		statement and halance sheet works of
	art, historical treasures, or other similar asse	ets held for public exhibition, education, or	r research in furtherance of public
	service, provide, in Part XIV, the text of the f	ootnote to its financial statements that de	scribes these items.
b	If the organization elected, as permitted und	er SFAS 116, to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets h	eld for public exhibition, education, or res	search in furtherance of public
	service, provide the following amounts relati		
	(i) Revenues included in Form 990, Part VIII	l, line 1	> \$
_	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of		ssets for financial gain, provide the
	following amounts required to be reported up		. .
a	Revenues included in Form 990, Part VIII, lin		\$ > \$
a	Assets included in Form 990, Part X		

Page 2

Pari	t III Organizations Mainta	ining Co	llections of	Art, Hi	storical	<u>I reasures</u>	, or Oth	ier Similar A	ssets (contin	iuea)_
3	Using the organization's acqui	sition, acc	ession, and o	ther rec	ords, che	ck any of th	e followi	ng that are a	significant	
	use of its collection items (che				·	•		_	_	
а	Public exhibition		,	d [Loan	or exchang	e progra	ams		
b	Scholarly research			e =	Other					
c	Preservation for future g	eneration:	S	_	-					
4	Provide a description of the org			and exp	lain how	they further	the orga	anization's exe	empt purpose i	n
	Part XIV.									
5	During the year, did the organi assets to be sold to raise fund	s rather th	an to be mair	ntained a	s part of	the organiz	ation's c	ollection?	Yes _	No
Part							answei	red "Yes" to I	Form 990, Pa	art
	IV, line 9, or reported									
1a	Is the organization an agent, tr				•		ons or ot	her assets no		٦.,
	included on Form 990, Part X?								Yes	_ No
b	If "Yes," explain the arrangeme	ent in Part	XIV and com	ipiete th	e tollowing	g table:		T	Amount	
С	Beginning balance						1c	 	Amount	
d	Additions during the year .							 		
6	Distributions during the year .									
f	Ending balance						1f			0
2a	Did the organization include ar				lına 212				Yes	No
b	If "Yes," explain the arrangement			rant A,			• • •		163 [2	<u>.</u>
Part				ization	answere	d "Yes" to	Form 9	90. Part IV. I	ine 10.	
			Current year		or year	(c) Two yea		(d) Three years ba		rs back
1a	Beginning of year balance		0		, , , , , ,	19,00		547	# 1.55.75°	
b	Contributions					4 max	7	18 18 18 18 18 18 18 18 18 18 18 18 18 1		
С	Net investment earnings, gains	3,		_		11.5	***	44 34 3	•	1.13
	and losses					15A				
d	Grants or scholarships					j. 4	TALK.	1.74		12
е	Other expenditures for facilities								N. &_ :	4
	and programs						T.	AMPL NO.	1	
f	Administrative expenses					, ,	044			100
g	End of year balance		0		0	1			化 发	T.
2	Provide the estimated percenta	age of the	year end bala	ance hel	d as:					·
а	Board designated or quasi-end	lowment	>	%	<u>1</u>					
b	Permanent endowment	 -	%_							
С	Term endowment	%								
3a	Are there endowment funds no	t in the po	ssession of t	he orgar	nization th	at are held	and adn	ninistered for t		,
	organization by:								Yes	No
	(i) unrelated organizations								3a(i)	<u> </u>
	(ii) related organizations.							· · · · · ·	3a(ii)	
b	If "Yes" to 3a(II), are the related	-		•					3b	
4	Describe in Part XIV the intend									
Part		Bullaing								
	Description of investment		(a) Cost or oth (investme			st or other s (other)	de	ccumulated preciation	(d) Book val	ue
1a	Land					0	u.E.	3 4		0
þ	Buildings					0		0	<u></u>	0
C	Leasehold improvements .		 			0		0		0
d	Equipment				 	30,272		13,762		16,5 <u>10</u>
<u> </u>	Other	· · · · · · · · · · · · · · · · · · ·	<u></u>	000 5	1	0		0		0
rotal	I. Add lines 1a through 1e. (Colu	ımın (a) mu	ıst equal Fori	n 990, F	art X, col	umn (B), lin	e 10(c).) . <u> </u>		16,51 <u>0</u>

 Schedule D (Form 990) 2009
 Page 3

Part VII Investments—Other Securitie	s. See Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives	0	
Closely-held equity interests	0	
Other	0	
	0)
	0)
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	0	2400 10 10 10 10 10 10 10 10 10 10 10 10 1
Part VIII Investments—Program Relate	d. See Form 990, Part X,	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total (Column (b) must equal Form 990, Part X, col (B) line 13)	l0	
Part IX Other Assets. See Form 990, F		<u> </u>
	a) Description	(b) Book value
		
		
		0
<u> </u>		
		0
_		0
	_	
Total. (Column (b) must equal Form 990, Part X,	col (R) line 15)	
Part X Other Liabilities. See Form 990		
1. (a) Description of liability	(b) Amount	And the second s
Federal income taxes	(S) another	
1 Oddia maama taxoo	-	
		0
		0
		0
		0
		0
		0
Total (Column (b) must equal Form 990, Part X, ∞l (B) line 25)		0

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

Page 4 Schedule D (Form 990) 2009 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Part XI 904.246 Total revenue (Form 990, Part VIII, column (A), line 12) 2 960,484 2 -56,238 Excess or (deficit) for the year Subtract line 2 from line 1 3 3 4 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 5 6 6 Investment expenses 7 7 Prior period adjustments . . . 8 8 9 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9. 10 -56.238 10 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XII Total revenue, gains, and other support per audited financial statements. . . 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments. 2a Donated services and use of facilities 2b h 2c C Other (Describe in Part XIV.) . 2d d 0 Add lines 2a through 2d . . . 2e 3 0 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. а 4a 4b Add lines 4a and 4b 0 C 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 0 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements . . . 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b b C Other losses . . . 2c d Other (Describe in Part XIV.) e 0 Subtract line 2e from line 1 3 3 0 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4b Add lines **4a** and **4b** 4c 0 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 0 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, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

DURANGO AREA TOURISM OFFICE 56-2307921

Schedule D (Form 9	990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
		
		· • • • • • • • • • • • • • • • • • • •
	•••••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •
		· • • • • • • • • • • • • • • • • • • •
		·
	•••••••••••••••••••••••••••••••••••••••	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization Open to Public Inspection

E0 0007004

DURANGO AREA TOURISM OFFICE	56-2307921
Form 990 Part VI Section B Line 11A The executive director reviews	the 990 and if necessary seeks
input from the board of directors for answers. The 990 is reviewed in	conjunction with the reviewed
financial statements. An electronic copy of the 990 was provided to	each director for input.
Form 990 Part VI Section C Line 19 All governing documents, policion	es and financial statements are
made available upon request.	
·····	
······································	

12/31/2009

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Item	Description of	Date Placed Asset		Bus Use	Cost or	Sec 179	Special	Salvage	Recovery	Recovery	Method	Conv	Pnor Accum	2009	2009
ž	Property	In Service	Code	%	Other	Deduction	Allowance	Value	Basis	Period		Code	Deprec ,	Deprec	Accum
					Basis								179, Bonus		Deprec
12	Phone System	4/1/2008	F-11	100 00%	9,194	0	0		9,194	2	SL	λH	919	1,839	2,758
10	Optoma Projector	11/21/2008	F-11	100 00%	688	0	0		688	2	S	Ì	69	138	. 207
89	SW CO Lodging Web :	12/8/2008 F-1	F-	100 00%	8,100	0	0		8,100	5	S	¥	810	1,620	2,430
Liste	Listed Property														
Listed	isted property with more than 50% business use (Line 25 and 26)	an 50% busine	ss use	(Line 25 and	1 26)										
2	ACER TRAVELMATE:	4/6/2006	4	100 00%	1,139	0	0		1,139	2	ร	¥	570	228	798
თ	Dell Computer	3/6/2008	Ŧ	100 00%	1,057	0	0		1,057	5	ร	¥	106	211	317
4	DELL DIMENSION 240	11/3/2005	F-4	100 00%	998	0	0		998	2	ร	¥	909	173	779
-	HP LASERJET 1150 P	9/1/2003	F-4	100 00%	565	0	0		565	ĸ	ร	Ŧ	547	0	547
က	HP LASERJET 1160 &	2/22/2005	F.	100 00%	649	0	0		649	τĊ	S	¥	455	130	585
9	IMAC W/CREATIVE SI	7/24/2006	4	100 00%	2,919	0	0		2,919	2	S	¥	1,460	584	2,044
7	LENOVO 3000 W/LCD	11/1/2006	Ŧ 4	100 00%	917	0	0		917	'n	SF	눞	458	183	641
=	LJ 360N Printer	4/28/2008	F.4	100 00%	222	0	0		577	ß	S	¥	58	115	173
2	MICROSOFT LICENSE	12/1/2003	4	100 00%	2,462	0	0		2,462	ß	S	¥	2,255	0	2,255
13	Optiplex Desktop 755 (5/6/2009	F-4	100 00%	1,139	0	0	J	1,139	Ŋ	200DB	눞	0	228	228
	Total listed prop with > 50% business use	50% business	ıse	1 1	12,290	0	0		0 12,290				6,515	1,852	8,367
	Subtotal Listed Property	roperty		1 1	12,290	0	0		0 12,290				6,515	1,852	8,367

Elections

Election to NOT claim first-year special depreciation - All Property

The Taxpayer elects out of first-year special depreciation for all depreciable property placed in service during the current tax year.

Depreciation and Amortization

(Including Information on Listed Property)

Business or activity to which this form relates

OMB No 1545-0172 Attachment

Internal Revenue Service Name(s) shown on return

(99)

► See separate instructions.

► Attach to your tax return.

Sequence No 67

Identifying number

DU	RANGO AREA TOURISM OFFICE	990				56-2307921		
Pai	rt-la Election To Expense Certain	n Property Und	der Section 1	79				
	Note: If you have any listed property, c	omplete Part V b	efore you comp	olete Part I				
1	Maximum amount See the instructions for						1	250,000
2	Total cost of section 179 property placed i	n service (see in:	structions)				2	1,139
	Threshold cost of section 179 property bef							800,000
4	Reduction in limitation Subtract line 3 from	m line 2. If zero	or less, enter -0)			4	0
	Dollar limitation for tax year Subtract line							
	separately, see instructions						5	250,000
6	(a) Description of property		(b) Co	st (business use	e only)	(c) Elected co	st	(A) 20 9
7	Listed property. Enter the amount from lin	e 29 .			7			7 T
8	Total elected cost of section 179 property.	Add amounts in	column (c), lin	es 6 and 7 .		•	8	0
9	Tentative deduction. Enter the smaller of	line 5 or line 8					9	0
	Carryover of disallowed deduction from line						10	
11	Business income limitation. Enter the sma	ller of business in	ncome (not less	than zero) or	line 5 (see in:	structions)	11	
12	Section 179 expense deduction Add lines	s 9 and 10, but do	o not enter mor	e than line 11			12	0
	Carryover of disallowed deduction to 2010						0	Alian
	te: Do not use Part II or Part III below for lis							
Pai	rt II Special Depreciation Allowa	nce and Other	Depreciation	n (Do not inc	lude listed p	roperty) (See	nstrı	uctions)
14	Special depreciation allowance for qualifie							
	during the tax year (see instructions)						14	
	Property subject to section 168(f)(1) election						15	
	Other depreciation (including ACRS).						16	3,597
Par	rt III MACRS Depreciation (Do no	t include listed	property.) (Se	e instruction	s.)		1	
			Section A		<u> </u>			
17	MACRS deductions for assets placed in se	ervice in tax years		ore 2009			17	-
	If you are electing to group any assets place						(V.)	(AC 70 - 79 - 1
	general asset accounts, check here					▶ □		
	Section B - Assets Placed						ייי <u>ייייייייייייייייייייייייייייייייי</u>	
		(b) Month and	(c) Basis for	(d) Recovery		(f)	Ϊ	(g)
	(a) Classification of property	year placed	depreciation	period	Convention	Method	Done	eciation deduction
	(a) classification of property	in service	(business/investment)		Convention	Method	Depi	sciation deduction
19	a 3-year property		(business/invesurient)	<u> </u>		-		
	b 5-year property							
	c 7-year property	1,		1		 		
	d 10-year property							
	e 15-year property	-						
	f 20-year property	†°.		-			-	
	g 25-year property			25 yrs.		S/L		
	h Residential rental	5. 25 ct 35. c c c - 3 #80#00.6			MM			
	property			27.5 yrs.		S/L		
	i Nonresidential real	-		27.5 yrs.	MM	S/L		
				39 yrs.	MM	S/L		
	property Section C - Assets Placed in	Sanciae During	2000 Tay Vans		MM David	S/L		 -
20	a Class life	Service During A	Zuus Tax Tear	Using the An	ernative Dep		m_	
	b 12-year	1. S. S. S. S. S. S. S. S. S. S. S. S. S.		10,		S/L		
	c 40-year	10 P. 10 P.		12 yrs.	1414	S/L		
		1	<u> </u>	40 yrs.	MM	S/L		
_							<u> </u>	
	Listed property. Enter amount from line 28		40 100				21	1,852
۷۷ ,	Total. Add amounts from line 12, lines 14 t	nrough 17, lines	THE and 20 in co	olumn (g), and	line 21			_
22 :	Enter here and on the appropriate lines of	your return. Partr	nersnips and S	corporations -	see instructio	ns	22	5,449
ا کے ا	For assets shown above and placed in sen	vice auring the cu		er the portion				44
	of the basis attributable to section 263A co	รเร			23		ľ	Terror

56-2307921 DURANGO AREA TOURISM OFFICE Page 2 Form 4562 (2009) Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) **24a** Do you have evidence to support the business/investment use claimed? Yes 24b If "Yes." is the evidence written? Yes ÌΝο (b) (c) Business/ (e) Basis for dep-(g) (1) (a) Recovery Method/ Depreciation Elected section 179 Type of property Date placed investment use Cost or reciation (business/ Convention deduction cost percentage other basis investment use only) (list vehicles first) in service 25 Special depreciation allowance for qualified listed property placed in service during the tax vear and used more than 50% in a qualified business use (see instructions). . . 26 Property used more than 50% in a qualified business use: 1.852 See statement % 27 Property used 50% or less in a qualified business use: S/L -% S/L -% S/L -1.852 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. **(f)** 30 Total business/investment miles driven (a) (b) (c) (d) during the year (do not include commuting Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal Yes No Yes Yes Yes Yes Yes use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? . . 36 Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles **Amortization** (b) Date (c) (d) (e) (f) Description of costs amortization Amortizable Code Amortization period Amortization for section or percentage this year

Amortization of costs that begins during your 2009 tax year (see instructions):

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

Amortization of costs that began before your 2009 tax year . . .

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