



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2009

Open to Public  
Inspection

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

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>BUCKS COUNTY CONFERENCE &amp; VISITORS BUREAU</b>		<b>D</b> Employer identification number  <b>23-2483798</b>	
	Doing Business As  <b>3207 STREET ROAD</b>			
	Number and street (or P.O. box if mail is not delivered to street address)  <b>BENSALEM, PA 19020</b>		Room/suite	
	See Specific Instructions		E Telephone number  <b>215-639-0300</b>	
	City or town, state or country, and ZIP + 4		G Gross receipts \$  <b>2,609,169.</b>	
	F Name and address of principal officer <b>JERRY R LEPPING</b> <b>SAME AS C ABOVE</b>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status. <input checked="" type="checkbox"/> 501(c)(6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
J Website: ► <b>WWW.VISITBUCKSCOUNTY.COM</b>		H(c) Group exemption number ►		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation: <b>1987</b> M State of legal domicile: <b>PA</b>		

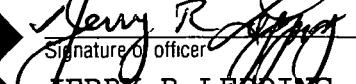
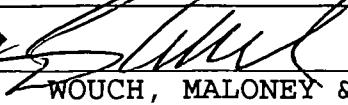
## Part I Summary

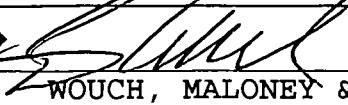
<b>Activities &amp; Governance</b> 1 Briefly describe the organization's mission or most significant activities <b>TO INCREASE VISITATION TO BUCKS COUNTY BY EFFECTIVELY MARKETING ITS HERITAGE, SITES AND ATTRACTIONS.</b> 2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) <b>3</b> 4 Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> 5 Total number of employees (Part V, line 2a) <b>5</b> 6 Total number of volunteers (estimate if necessary) <b>6</b> 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> b Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b>	<b>18</b>	
	<b>18</b>	
	<b>18</b>	
	<b>26</b>	
	<b>7</b>	
	<b>0.</b>	
	<b>0.</b>	

<b>SCANNED OCT 14 2010 Revenue</b> 8 Contributions and grants (Part VIII, line 1h) <b>387,257.</b> 9 Program service revenue (Part VIII, line 2g) <b>207,048.</b> 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>11,929.</b> 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>2,353,230.</b> 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>2,959,464.</b>	<b>Prior Year</b>	<b>Current Year</b>
	<b>247,544.</b>	
	<b>227,200.</b>	
	<b>5,336.</b>	
	<b>2,129,089.</b>	
	<b>2,609,169.</b>	
	<b>293,437.</b>	

<b>Expenses</b> 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>325,000.</b> 14 Benefits paid to or for members (Part IX, column (A), line 4) <b>714,453.</b> 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>724,409.</b> 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) <b>1,899,463.</b> 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-20) <b>2,938,916.</b> 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>2,478,831.</b> 19 Revenue less expenses Subtract line 18 from line 12 <b>20,548.</b>	<b>293,437.</b>	
	<b>293,437.</b>	

<b>Net Assets or Fund Balances</b> 20 Total assets (Part X, line 16) <b>4,463,170.</b> 21 Total liabilities (Part X, line 26) <b>2,937,158.</b> 22 Net assets or fund balances Subtract line 21 from line 20 <b>1,526,012.</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>4,463,754.</b>	
	<b>2,807,404.</b>	
	<b>1,656,350.</b>	

<b>Part II Signature Block</b> Sign Here  Signature of officer <b>JERRY R. LEPPING, EXECUTIVE DIRECTOR</b> Type or print name and title	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  <b>9/17/10</b> Date		
	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 <b>WOUCH, MALONEY &amp; CO LLP</b> <b>415 SARGON WAY, SUITE J</b> <b>HORSHAM, PA 19044-1289</b>		

<b>Paid Preparer's Use Only</b> Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 <b>WOUCH, MALONEY &amp; CO LLP</b> <b>415 SARGON WAY, SUITE J</b> <b>HORSHAM, PA 19044-1289</b>	Date <b>9/14/10</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) <b>700039A1</b>
	EIN ►	Phone no. ► <b>215-675-8364</b>	

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

 Yes  No

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

**TO INCREASE VISITATION TO BUCKS COUNTY BY EFFECTIVELY MARKETING ITS HERITAGE AND ITS DIVERSE SITES AND ATTRACTIONS.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code: ) (Expenses \$ 1,635,572. including grants of \$ ) (Revenue \$ )

**THE ORGANIZATION PROMOTES TOURISM IN BUCKS COUNTY, PA AND THE SURROUNDING AREA BY PROVIDING TOURISM PUBLICATIONS, VISITOR CENTERS AND INFORMATION SERVICES.**

4b (Code: ) (Expenses \$ 293,437. including grants of \$ 293,437. ) (Revenue \$ )

**THE ORGANIZATION SUPPORTS TOURISM IN BUCKS COUNTY, PA BY PROVIDING GRANT FUNDING TO COUNTY 501(C)(3) AND 501(C)(6) ORGANIZATIONS FOR APPROVED TOURIST PROMOTIONS.**

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 1,929,009.

Form 990 (2009)

## Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 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	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? 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	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or 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, VII, VIII, IX, or X as applicable <ul style="list-style-type: none"> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI</li> <li>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</li> <li>Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII</li> <li>Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX</li> <li>Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X</li> </ul>	11	X
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14a	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	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, 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	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X

## Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c	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, 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? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	
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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Form 990 (2009)

## Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	10
1b		1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	26
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)</i>	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?	X	
4b	If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	X	
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	X	
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	X	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body	1a	18
b	Enter the number of voting members that are independent	1b	18
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
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	9	X

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	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 decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
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.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► <u>NONE</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
	<input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input type="checkbox"/> Upon request
19	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, and telephone number of the person who possesses the books and records of the organization ► <u>JERRY R LEPPING, EXECUTIVE DIRECTOR - 215-639-0300</u> <u>3207 STREET ROAD, BENSalem, PA 19020</u>

Form 990 (2009)

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter 0 in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees. See instructions for definition of "key employee".

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
SUSAN S KOELBLE	1.00	X					0.	0.	0.
DONNA BARTHOLOMEW	1.00	X					0.	0.	0.
BRADY BARR	1.00	X					0.	0.	0.
JOSEPH H CAMPBELL	1.00	X					0.	0.	0.
ROBERT CARUSO	1.00	X					0.	0.	0.
KATE CONAWAY	1.00	X					0.	0.	0.
MOHAMED ABOUL-EZZ	1.00	X					0.	0.	0.
JAMES B HUMPHREYS	1.00	X					0.	0.	0.
HILARY KRUEGER-JEBITSCH	1.00	X					0.	0.	0.
MATTHEW KNOL	1.00	X					0.	0.	0.
BEVERLY M MILLER	1.00	X					0.	0.	0.
SONNY PARIKH	1.00	X					0.	0.	0.
FRANK POLICARE	1.00	X					0.	0.	0.
WILLIAM F HAAS FIRST VICE PRESIDENT	5.00		X				0.	0.	0.
MICHAEL T ETZRODT PRESIDENT	5.00		X				0.	0.	0.
ALBERT A GIAGNACOVA TREASURER	5.00		X				0.	0.	0.
HELEN FLOCCO SECRETARY	5.00		X				0.	0.	0.

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

**1b Total**

0.

0

0.

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

0

	Yes	No
3		X
4		X
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

## **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

Q

## Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts							
1 a Federated campaigns	1a						
b Membership dues	1b	91,458.					
c Fundraising events	1c						
d Related organizations	1d						
e Government grants (contributions)	1e	148,294.					
f All other contributions, gifts, grants, and similar amounts not included above	1f	7,792.					
g Noncash contributions included in lines 1a-1f \$							
h Total. Add lines 1a-1f			► 247,544.				
Program Service Revenue		Business Code					
2 a <u>COOPERATIVE ADVERTISING</u>		541800	227,200.	227,200.			
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			► 227,200.				
Other Revenue							
3 Investment income (including dividends, interest, and other similar amounts)			► 5,336.				5,336.
4 Income from investment of tax-exempt bond proceeds			►				
5 Royalties			►				
6 a Gross Rents	(i) Real	(ii) Personal					
b Less: rental expenses	11,075.						
c Rental income or (loss)	11,075.						
d Net rental income or (loss)			► 11,075.	11,075.			
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)			►				
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a						
b Less: direct expenses	b						
c Net income or (loss) from fundraising events			►				
9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities			►				
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory			►				
Miscellaneous Revenue	Business Code						
11 a <u>ROOM TAX</u>	900099	2,067,061.	2,067,061.				
b <u>MISCELLANEOUS</u>	900099	50,953.	50,953.				
c							
d All other revenue							
e Total. Add lines 11a-11d		► 2,118,014.					
12 Total revenue. See instructions.		► 2,609,169.	2,356,289.			0.	5,336.

## Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	293,437.	293,437.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	285,606.	235,671.	49,935.	
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	333,822.	333,822.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,517.	6,517.		
9 Other employee benefits	41,615.	37,735.	3,880.	
10 Payroll taxes	56,849.	52,266.	4,583.	
11 Fees for services (non-employees):				
a Management	1,583.		1,583.	
b Legal	32,880.		32,880.	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	541,191.	541,191.		
13 Office expenses	25,995.		25,995.	
14 Information technology				
15 Royalties				
16 Occupancy	38,566.		38,566.	
17 Travel	31,634.	31,634.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,986.		7,986.	
20 Interest	125,139.		125,139.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	177,056.	95,915.	81,141.	
23 Insurance	17,531.		17,531.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PUBLIC RELATIONS & TRAD	116,830.	111,714.	5,116.	
b CONSULTANTS & CONTRACTU	114,369.	2,000.	112,369.	
c PRINTING & PUBLICATIONS	88,510.	88,510.		
d TOURIST PROMOTIONS	50,000.	50,000.		
e CLEANING & MAINTENANCE	38,202.		38,202.	
f All other expenses	53,513.	48,597.	4,916.	
25 Total functional expenses. Add lines 1 through 24f	2,478,831.	1,929,009.	549,822.	0.
26 Joint costs Check here ► <input type="checkbox"/> 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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	620.	1	26,762.
	2 Savings and temporary cash investments	515,955.	2	619,151.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	620,952.	4	635,780.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	15,024.	7	12,915.
	8 Inventories for sale or use	4,262.	8	6,549.
	9 Prepaid expenses and deferred charges			
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,471,431.		
	b Less accumulated depreciation	10b 1,308,834.	3,306,357.	10c 3,162,597.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	4,463,170.	16	4,463,754.
Liabilities	17 Accounts payable and accrued expenses	47,531.	17	52,156.
	18 Grants payable		18	
	19 Deferred revenue	188,650.	19	200,548.
	20 Tax-exempt bond liabilities		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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	2,700,977.	25	2,554,700.
	26 Total liabilities. Add lines 17 through 25	2,937,158.	26	2,807,404.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,526,012.	27	1,609,319.
	28 Temporarily restricted net assets		28	47,031.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		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	1,526,012.	33	1,656,350.
	34 Total liabilities and net assets/fund balances	4,463,170.	34	4,463,754.

Form 990 (2009)

## Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a <input type="checkbox"/>	X
b Were the organization's financial statements audited by an independent accountant?	2b <input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c <input type="checkbox"/>	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a <input type="checkbox"/>	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b <input type="checkbox"/>	

Form 990 (2009)

**Schedule D**

(Form 990)

Department of the Treasury  
Internal Revenue Service**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

Name of the organization

BUCKS COUNTY CONFERENCE & VISITORS BUREAUEmployer identification number  
23-2483798**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	<u>Held at the End of the Tax Year</u>
b Total acreage restricted by conservation easements	<u>2a</u>
c Number of conservation easements on a certified historic structure included in (a)	<u>2b</u>
d Number of conservation easements included in (c) acquired after 8/17/06	<u>2c</u>
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	<u>2d</u>
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	► \$
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items  
(check all that apply)

a  Public exhibition  
b  Scholarly research  
c  Preservation for future generations

d  Loan or exchange programs  
e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets  
to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

c Beginning balance  
d Additions during the year  
e Distributions during the year  
f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization  
by

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,676,629.	713,651.	2,962,978.
c Leasehold improvements				
d Equipment		794,802.	595,183.	199,619.
e Other				
<b>Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))</b>				► 3,162,597.

Schedule D (Form 990) 2009

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►

**Part IX Other Assets.** See Form 990, Part X, line 15

Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )

**Part X** **Other Liabilities.** See Form 990, Part X, line 25

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

2,554,700.

**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

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,609,169.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	2,478,831.
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	130,338.
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	
9 Total adjustments (net) Add lines 4 through 8	9	0.
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	130,338.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements	1	2,644,285.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	35,116.
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	35,116.
3 Subtract line 2e from line 1	3	2,609,169.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,609,169.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements	1	2,513,947.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	35,116.
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	35,116.
3 Subtract line 2e from line 1	3	2,478,831.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,478,831.

**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

**FIN 48 FOOTNOTE:****INCOME TAXES**

THE BUREAU IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, THERE IS NO PROVISION FOR INCOME TAXES.

EFFECTIVE JULY 1, 2009, THE COMPANY ADOPTED THE FINANCIAL ACCOUNTING STANDARDS BOARD STANDARD ON ACCOUNTING FOR UNCERTAIN TAX POSITIONS. THAT

STANDARD REQUIRES COMPANIES RECOGNIZE THE POTENTIAL INCOME TAX AND RELATED PENALTIES AND INTEREST ARISING FROM UNCERTAIN TAX POSITIONS. POTENTIAL INTEREST AND PENALTIES ARE RECOGNIZED AS A COMPONENT OF THE PROVISION FOR INCOME TAXES. THE COMPANY AND MANAGEMENT HAVE CONCLUDED THAT THERE ARE NO TAXES, PENALTIES OR INTEREST RESULTING FROM UNCERTAIN POSITIONS THAT WOULD MATERIALLY IMPACT THE COMPANY'S FINANCIAL STATEMENTS AT EITHER JULY 1, 2009 OR JUNE 30, 2010.

**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
► Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**BUCKS COUNTY CONFERENCE & VISITORS BUREAU**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

<b>Part II Grants and Other Assistance to Governments and Organizations in the United States</b>		Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ►					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOWMAN'S HILL WILDFLOWER RESERVE PO BOX 685 NEW HOPE, PA 18938	23-6262778	501(C)(3)	12,500.	0.			PROMOTE TOURISM - CAPITAL IMPROVEMENTS
BUCKS COUNTY COVERED BRIDGE SOCIETY - 1622 RIDGE ROAD - PERKASIE, PA 18944	80-0327497	501(C)(3)	12,500.	0.			PROMOTE TOURISM - MARKETING
BUCKS COUNTY HISTORICAL SOCIETY 84 S PINE STREET DOYLESTOWN, PA 18901	23-1371952	501(C)(3)	20,000.	0.			PROMOTE TOURISM - MARKETING
BUCKS COUNTY WINE TRAIL PO BOX 371 BUCKINGHAM, PA 18912	20-0750083	501(C)(3)	40,000.	0.			PROMOTE TOURISM - MARKETING
BUCKS COUNTY ZOO 1540-D CAMPUS DRIVE WARMINSTER, PA 18974	27-0761067	501(C)(3)	10,000.	0.			PROMOTE TOURISM - MARKETING
CHURCHVILLE NATURE CENTER 501 CHURCHVILLE LANE CHURCHVILLE, PA 18966	23-2110120	501(C)(3)	7,500.	0.			PROMOTE TOURISM - MARKETING

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

► 16.  
0.

Schedule I (Form 990) 2009

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed

**Part IV** **Supplemental Information** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I. PART I. LINE 2: THE ORGANIZATION REQUIRES THAT ALL GRANTEEES

PROVIDE CLOSING REPORTS INCLUDING DOCUMENTATION OF THE EXPENDITURES AND

BESIDE'S OF THE GRANT.

Name of the organization

**BUCKS COUNTY CONFERENCE & VISITORS BUREAU**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELAWARE & LEHIGH NATIONAL HERITAGE CORRIDOR - 2750 HUGH MOORE PARK ROAD - EASTON, PA 18042		501(C)(3)	10,000.	0.			PROMOTE TOURISM - MARKETING
DELAWARE VALLEY PHILHARMONIC ORCHESTRA - 409 HOOD BLVD - FAIRLESS HILLS, PA 19030		501(C)(3)	5,000.	0.			PROMOTE TOURISM - MARKETING
FRIENDS OF WASHINGTON CROSSING PARK - PO BOX 1776 - WASHINGTON CROSSING, PA 18977		501(C)(3)	40,000.	0.			PROMOTE TOURISM - MARKETING
HISTORIC FALLSINGTON 4 YARDLEY AVENUE FALLSINGTON, PA 19054		501(C)(3)	5,500.	0.			PROMOTE TOURISM - MARKETING
HISTORIC MORRISVILLE SOCIETY HILLCREST & LEGION AVENUES MORRISVILLE, PA 19067		501(C)(3)	5,000.	0.			PROMOTE TOURISM - CAPITAL IMPROVEMENTS
MICHENER ART MUSEUM 139 S PINE ST DOYLESTOWN, PA 18901		501(C)(3)	45,000.	0.			PROMOTE TOURISM - MARKETING
NEW HOPE ARTS INC 2 STOCKTON AVE NEW HOPE, PA 18938		501(C)(3)	5,000.	0.			PROMOTE TOURISM - CAPITAL IMPROVEMENTS
PEARL S BUCK HOUSE 520 DUBLIN RD PERKASIE, PA 18944-3000		501(C)(3)	20,000.	0.			PROMOTE TOURISM - CAPITAL IMPROVEMENTS

Schedule I-1 (Form 990) 2009

Continuation Sheet for Schedule I (Form 990)  
 ▶ Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
 932241 02-01-10



**SCHEDULE M**  
(Form 990)

**Noncash Contributions**

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number  
**23-2483798**

**BUCKS COUNTY CONFERENCE & VISITORS BUREAU**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( <u>SERVICES</u> )	X	142	0.	
26 Other ► ( _____ )				
27 Other ► ( _____ )				
28 Other ► ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?  
b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  
b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2009

932141  
03-12-10

## Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information

SCHEDULE M, LINE 33: THE FINANCIAL STATEMENTS REPORT DONATED SERVICES  
VALUED AT \$35,116 AND THE CORRESPONDING EXPENSE OF \$35,116. THESE  
AMOUNTS ARE REPORTED IN NEITHER THE REVENUES NOR THE EXPENSES ON THIS  
INFORMATION RETURN.

## Supplemental Information to Form 990

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

BUCKS COUNTY CONFERENCE & VISITORS BUREAU

Employer identification number  
23-2483798

FORM 990, PART VI, SECTION A, LINE 6: THERE IS ONE CLASS OF MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: THERE IS ONE CLASS OF MEMBERS; ALL  
MEMBERS MAY ELECT THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE COMMITTEE REVIEWS THE  
990 IN CONJUNCTION WITH ITS REVIEW OF THE AUDITED FINANCIAL STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 12C: BOTH THE ORGANIZATION'S EXECUTIVE  
COMMITTEE AND THE COUNTY SOLICITOR (INDEPENDENT OF ORGANIZATION) REQUIRE  
ANNUAL STATEMENTS REGARDING CONFLICTS OF INTEREST. THESE STATEMENTS ARE  
REVIEWED BY BOTH THE COMMITTEE AND THE SOLICITOR.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE  
BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION FOR ITS KEY  
EMPLOYEES, DIRECTORS, AND TOP MANAGEMENT. THE COMMITTEE UTILIZES COMPARABLE  
SALARY DATA IN ITS APPROVAL PROCESS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING  
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE  
AVAILABLE TO THE PUBLIC UPON REQUEST.



**Part III** **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or city)	Direct controlling entity	Predominant income (related) unrelated	Share of total income	Share of end-of-year income	Disproportionate amount in box	Code V, U, B, I	General or managing

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

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)