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## 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

Department of the Treasury  
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning JULY 1, 2009, and ending JUNE 30, 2010

## B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization LAUREL HIGHLANDS VISITORS BUREAU

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

120 E. MAIN ST.

Room/suite

City or town, state or country, and ZIP + 4

LIGONIER, PA 15238

D Employer identification number

25-1093334

E Telephone number

724-238-5661

G Gross receipts \$ 2,861,363

F Name and address of principal officer RONALD VIRAG--EX DIR.

120 E. MAIN ST., LIGONIER, PA 15658

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☒ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c) (6) (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.laurelhighlands.org

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

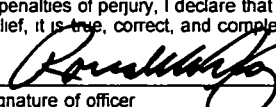
M State of legal domicile pa

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROMOTE TOURISM, TOURISM DEVELOPMENT AND THE INTERESTS OF THE TRAVEL & HOSPITALITY INDUSTRIES LOCATED IN THE LAUREL HIGHLANDS, COMPRISING FAYETTE, SOMERSET & WESTMORELAND COUNTIES, THEREBY CONTRIBUTING TO THEIR ECONOMIC VITALITY & QUALITY OF LIFE.		
	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)	3	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5	Total number of employees (Part V, line 2a)	5	16
	6	Total number of volunteers (estimate if necessary)	6	49
	Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-B, line 34	7b	0
8		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9		Program service revenue (Part VIII, line 2g)	496,318	250,476
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,661,649	2,602,985
Expenses	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,218	7,902
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,162,185	2,861,363
	14	Benefits paid to or for members (Part IX, column (A), line 4)	853,294	476,064
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	514,699	483,717
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,522,085	1,736,074
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,890,078	2,695,855
	19	Revenue less expenses Subtract line 18 from line 12	272,107	165,508
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,265,617	1,691,972
	22	Net assets or fund balances. Subtract line 21 from line 20	677,275	938,122

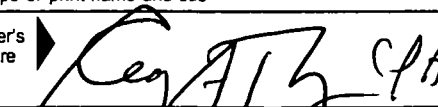
## Part II Signature Block

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.

Sign Here:  Date: 09/02/2010

Signature of officer: RONALD W. VIRAG, Executive Director

Type or print name and title

Paid Preparer's Use Only: Preparer's signature:  Date: 9/1/10 Check if self-employed: ☒ Preparer's identifying number (see instructions): P00147964

Firm's name (or yours if self-employed), address, and ZIP + 4: REGIS A. TOMSEY, CPA 106 DEPOT ST., LATROBE, PA 15650 EIN: 25-1836045 Phone no: 724-539-7610

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 PROMOTE TOURISM, TOURISM DEVELOPMENT AND THE INTERESTS OF THE TRAVEL & HOSPITALITY INDUSTRIES  
 LOCATED IN THE LAUREL HIGHLANDS COMPRISING FAYETTE, SOMERSET & WESTMORELAND COUNTIES, IN PENNSYLVANIA  
 THEREBY CONTRIBUTING TO THEIR ECONOMIC VITALITY & QUALITY OF LIFE

- 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: 541800 ) (Expenses \$1,212,614 including grants of \$ 1,212,614 ) (Revenue \$ 1,212,520 )  
 PROVIDED GRANTS TO ORGANIZATIONS TO PROMOTE TOURISM AND ECONOMIC  
 DEVELOPMENT IN THE THREE COUNTY REGION UTILIZING THE AMOUNT RECEIVED  
 THROUGH THE INDIVIDUAL COUNTY ROOM TAX PROGRAMS.

**4b** (Code: 541800 ) (Expenses \$1,483,241 including grants of \$ ) (Revenue \$ 1,648,843 )  
 PROVIDED ADVERTISING, MARKETING, AND PROMOTION FOR MEMBERS IN THE  
 LAUREL HIGHLANDS AREA OF PENNSYLVANIA TO PROMOTE TOURISM IN THE AREA.

**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 ► 2,695,855

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b>	X
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>2</b>	X
<b>3</b> 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	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>4</b>	
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	<b>5</b>	X
<b>6</b> 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	<b>6</b>	X
<b>7</b> 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	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b>	X
<b>11</b> 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	<b>11</b> X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	<b>12</b> X	
<b>12A</b> 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	<b>12A</b> Yes No X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	<b>14b</b>	X
<b>15</b> 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.	<b>15</b>	X
<b>16</b> 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	<b>16</b>	X
<b>17</b> 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	<b>17</b>	X
<b>18</b> 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	<b>18</b>	X
<b>19</b> 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.	<b>19</b>	X
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<b>20</b>	X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	<input checked="" type="checkbox"/>	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	<input checked="" type="checkbox"/>	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		<input checked="" type="checkbox"/>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		<input checked="" type="checkbox"/>
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		<input checked="" type="checkbox"/>
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<input checked="" type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		
<b>25b</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? <i>If "Yes," complete Schedule L, Part I.</i>		
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II.</i>		<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		<input checked="" type="checkbox"/>
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
<b>28c</b> 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? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		<input checked="" type="checkbox"/>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		<input checked="" type="checkbox"/>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		<input checked="" type="checkbox"/>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		<input checked="" type="checkbox"/>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	<input checked="" type="checkbox"/>	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		<input checked="" type="checkbox"/>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<input checked="" type="checkbox"/>	

**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	27	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	16	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	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
b	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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>		
a	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		N/A
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		N/A
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?		N/A
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		N/A
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

**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
<b>1a</b> Enter the number of voting members of the governing body . . . . .	21	
<b>b</b> Enter the number of voting members that are independent . . . . .	21	
<b>2</b> 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? . . . . .	X	
<b>3</b> 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? . . . . .		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		X
<b>6</b> Does the organization have members or stockholders? . . . . .	X	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	X	
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b> 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 . . . . .	X	

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</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? . . . . .		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	X	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	X	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .		X
<b>15</b> 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? . . . . .		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	X	
<b>b</b> Other officers or key employees of the organization . . . . .	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) . . . . .		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</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? . . . . .		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► PENNSYLVANIA

**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.  
☐ Own website    ☐ Another's website    ☒ 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: ► EXECUTIVE DIRECTOR, 120 E. MAIN ST, LIGONIER, PA 15658, 724-238-5661

**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	Former			
DONNA GAMBOL EXECUTIVE DIRECTOR	40				X		X	41,442	0	0
MARK ICKES DIRECTOR OF MEMBERSHIP DEVELOPMENT	40				X		X	37,796	0	0
JOANNE PEARSON DIRECTOR OF FINANCE & ADMINISTRATION	40				X			44,686	0	0
JULIE DONOVAN DIRECTOR OF MARKETING & PUBLIC RELATIONS	40				X			42,013	0	0
ANN NEMANIC DIRECTOR OF TOURISM SERVICES & TRAINING	40				X			43,295	0	0
ALL OTHER OFFICERS & BOARD MEMBER SERVE WITHOUT COMPENSATION										
SEE ATTACHED LIST										



<b>Part VII</b>	<b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>
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[illegible]

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 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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.

(A) Name and business address	(B) Description of services	(C) Compensation
LAUREL VALLEY GRAPHICS	PRINTING	121,000
1511 MONASTERY DR., LATROBE, PA 15650		
SOMERSET COUNTY TREASURER	ROOM TAX MONEY	
300 N. CENTER AVE., SOMERSET, PA 15501	FOR GRANT DISTRIBUTION	441,467

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	2
---	--	---

**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
<b>Contributions, gifts, grants and other similar amounts</b>	1a Federated campaigns . . . . .	1a				
	b Membership dues . . . . .	1b	87,858			
	c Fundraising events . . . . .	1c				
	d Related organizations . . . . .	1d				
	e Government grants (contributions) . . . . .	1e	162,529			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	89			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f . . . . .		250,476			
<b>Program Service Revenue</b>	2a BROCHURE DISTRIBUTION . . . . .	Business Code 541800	38,916	38,916		
	b ROOM TAXES . . . . .	541800	2,335,971	2,335,971		
	c ADVERTISING PROGRAMS . . . . .	541800	214,921	214,921		
	d OTHER . . . . .	541800	13,177	13,177		
	e . . . . .					
	f All other program service revenue . . . . .					
	g Total. Add lines 2a-2f . . . . .		2,602,985			
	<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts) . . . . .		7,902	7,902	
4 Income from investment of tax-exempt bond proceeds . . . . .						
5 Royalties . . . . .						
6a Gross Rents . . . . .		(i) Real (ii) Personal				
b Less: rental expenses . . . . .						
c Rental income or (loss) . . . . .		0 0				
d Net rental income or (loss) . . . . .			0			
7a 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) . . . . .		0 0				
d Net gain or (loss) . . . . .			0			
8a 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 . . . . .			0			
9a Gross income from gaming activities. See Part IV, line 19 . . . . .		a				
b Less: direct expenses . . . . .		b				
c Net income or (loss) from gaming activities . . . . .			0			
10a 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 . . . . .		0				
Miscellaneous Revenue		Business Code				
11a . . . . .						
b . . . . .						
c . . . . .						
d All other revenue . . . . .						
e Total. Add lines 11a-11d . . . . .		0				
12 Total Revenue. See instructions. . . . .		2,861,363	2,610,887			

**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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	476,064			
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				
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	394,082			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,912			
9 Other employee benefits	45,336			
10 Payroll taxes	36,387			
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	4,100			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	88,073			
12 Advertising and promotion	388,552			
13 Office expenses	14,815			
14 Information technology	63,017			
15 Royalties				
16 Occupancy	30,230			
17 Travel	37,130			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,925			
23 Insurance	8,901			
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	85,045			
b RMI GRANT EXPENSES	85,690			
c PRINTING	126,092			
d GRANTS TO BE DETERMINED	736,550			
e OTHER	20,179			
f All other expenses POSTAGE	41,775			
25 Total functional expenses. Add lines 1 through 24f	2,695,855			
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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	281,882	<b>1</b>	107,314
	<b>2</b> Savings and temporary cash investments . . . . .	646,106	<b>2</b>	1,202,738
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	310,242	<b>4</b>	352,849
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	14,029	<b>9</b>	12,382
	<b>10a</b> Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a 159,365		
	<b>b</b> Less: accumulated depreciation . . . . .	10b 142,676	10c	16,689
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,265,617	<b>16</b>	1,691,972	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	180,401	<b>17</b>	4,577
	<b>18</b> Grants payable . . . . .	320,384	<b>18</b>	666,367
	<b>19</b> Deferred revenue . . . . .	23,329	<b>19</b>	85,739
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	153,161	<b>25</b>	181,439
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	677,275	<b>26</b>	938,122
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	468,586	<b>27</b>	510,937
	<b>28</b> Temporarily restricted net assets . . . . .	119,756	<b>28</b>	242,913
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	588,342	<b>33</b>	753,850
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	1,265,617	<b>34</b>	1,691,972

**Part XI Financial Statements and Reporting**

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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? . . .
- b** Were the organization's financial statements audited by an independent accountant? . . .
- 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.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .
- 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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		N/A
<b>3b</b>		N/A

**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

LAUREL HIGHLANDS VISITORS BUREAU

Employer identification number

25-1093334

**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.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► . . . . .

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? . . . . . ☐ Yes ☐ 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)? . . . . . ☐ Yes ☐ 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 the 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

	Amount
<b>c</b> Beginning balance	
<b>d</b> Additions during the year	
<b>e</b> Distributions during the year	
<b>f</b> Ending balance	

**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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

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

- a** Board designated or quasi-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

(i) unrelated organizations

(ii) related organizations

**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.

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		66,468	59,659	6,809
<b>e</b> Other		92,897	83,017	9,880
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				16,689





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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	2,861,363
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	2,695,855
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	165,508
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV.)	<b>8</b>	
<b>9</b>	Total adjustments (net). Add lines 4 through 8	<b>9</b>	0
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<b>10</b>	165,508

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	2,861,363
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	0
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	2,861,363
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b>	2,861,363

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	2,695,855
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	0
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	2,695,855
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	2,695,855

**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.

**Part XIV** Supplemental Information *(continued)*

Area for supplemental information with horizontal dashed lines.





**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

LAUREL HIGHLANDS VISITORS BUREAU

Employer identification number

25-1093334

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

--	--	--

**1b**

**2**

--	--	--

**4a**

**4b**

**4c**

--	--	--

**5a**

**5b**

--	--	--

**6a**

**6b**

--	--	--

**7**

--	--	--

**8**

--	--	--



**Part III** **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

Area with horizontal dashed lines for supplemental information.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

OMB No 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization

LAUREL HIGHLANDS VISITORS BUREAU

Employer identification number

25-1093334

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total . . . . . ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SEE EXPLANATION ON					
SCHEDULE O					

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

Schedule L (Form 990 or 990-EZ) 2009



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

LAUREL HIGHLANDS VISITORS BUREAU

Employer identification number

25-1093334

FORM 990, PART VI, SECTION A, LINE 9--SEE ATTACHED BOARD MEMBER LIST FOR  
NAMES AND ADDRESSES WHERE THEY CAN BE REACHED.

FORM 990, PART VI, SECTION B, LINE 11a--THE EXECUTIVE COMMITTEE REVIEWS  
THE FORM 990 AND COMPARES IT TO THE AUDITED FINANCIAL STATEMENTS AND  
OTHER INFORMATION. THE BOARD OF DIRECTORS HAS AVAILABILITY TO REVIEW  
THE FORM 990 AT THEIR REQUEST.

FORM 990, PART VI, SECTION B, LINE 12c--THE BUREAU ANNUALLY REQUIRES THE  
INDIVIDUALS TO SIGN AND SUBMIT A COPY OF THE POLICY INDICATING THAT THEY  
HAVE COMPLIED WITH THE POLICY AND INVESTIGATES ANY CIRCUMSTANCES ITS  
BECOMES AWARE OF AS TO THE POLICY NOT BEING COMPLIED WITH.

FORM 990, PART VI, SECTION B, LINE 14--AS OF THE FISCAL YEAR END, THE  
BUREAU DID NOT HAVE A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY.  
HOWEVER, A WRITTEN POLICY WAS DRAFTED AND IS BEING DISCUSSED FOR APPROVAL  
AT CURRENT BOARD MEETINGS, AND WILL BE IN PLACE BEFORE THE END OF THE  
CURRENT FISCAL YEAR.

FORM 990, PART VI, SECTION B, LINE 15a&b--THE BUREAU HAS UTILIZED INDUSTRY  
REVIEWS, INTERNATIONAL SALARY REVIEWS AND HAS CONFERRED WITH LOCAL HUMAN  
RESOURCE DEPARTMENTS TO DETERMINE SALARIES AND PAY SCALES FOR ALL EMPLOYEES

FORM 990, SCHEDULE L, PART IV, PAGE 1--VARIOUS MEMBER OF THE BOARD OF  
DIRECTORS ARE OFFICERS AND DIRECTORS OF ORGANIZATIONS THAT ARE MEMBERS  
OF THE BUREAU. THESE ORGANIZATIONS PARTICIPATE IN THE PROMOTION AND  
ADVERTISING PROGRAMS OF THE BUREAU, AND SUBSEQUENTLY, THE BUREAU  
UTILIZES THE FACILITIES OF THE MEMBERS TO ASSIST IN THEIR PROMOTION  
OF THE REGION.

Name of the organization

LAUREL HIGHLANDS VISITORS BUREAU

Employer identification number

25-1093334

## Related Organizations and Unrelated Partnerships

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

LAUREL HIGHLANDS VISITORS BUREAU

**Employer Identification number**  
**25-1093334**

**Part I**

[illegible]

**Part II** **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

[illegible]



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Accrual Basis

# Laurel Highlands Visitors Bureau Transactions by Account

As of June 30, 2010

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
<b>Grants Payable-Westmoreland</b>								
Check	7/13/2009	252	WESTMORELAND COUNTY HISTORICA	2009 Grant A		CNB	-5,000 00	152,557 92
Deposit	7/30/2009	Dep 7		Room Tax D		CNB	20,552 99	147,557 92
Check	8/3/2009	253	GEYER PERFORMING ARTS CENTER	2009 Grant A		CNB	-3,000 00	168,110 91
Check	8/3/2009	254	WESTMORELAND MUSEUM OF ART	2009 Grant A		CNB	-10,000 00	165,110 91
Check	8/6/2009	1148	IDLEWILD	2009 Grant A		CNB	-10,000 00	155,110 91
Check	8/6/2009	1149	LATSHAW PRODUCTIONS & MARKETING	2009 Grant A		CNB	-5,000 00	145,110 91
Check	8/25/2009	1151	ESCAPE TO DON	2009 Grant A		CNB	-5,000 00	140,110 91
Deposit	8/26/2009	Dep 8		Room Tax d		CNB	24,980 29	135,110 91
Check	8/31/2009	255	LIVING TREASURES	2009 Grant A		CNB	-4,000 00	160,091 20
General Jo	9/28/2009	Dep				CNB	29,058 09	156,091 20
Check	9/29/2009	256	RAMADA LIG	2009 Grant A		CNB	-10,000 00	185,149 29
Check	10/5/2009	257	WESTMORELAND ARTS & HERITAGE F	2009 Grant A		CNB	-5,000 00	175,149 29
Transfer	10/21/2009			Room Tax D		CNB	33,152 69	170,149 29
Check	11/12/2009	258	WESTMORELAND HOMESTEADS VFD	2009 Grant A		CNB	-3,000 00	203,301 98
Check	11/12/2009	259	BRIGHT MORNING B&B	2009 Grant A		CNB	-3,000 00	200,301 98
Transfer	11/25/2009			Room Tax D		CNB	31,539 53	197,301 98
Check	12/11/2009	260	Chrntmas in the Mountains Committee	2009 Grant A		CNB	-3,000 00	228,841 51
Check	12/17/2009	261	PROGRESS FND	2009 Grant A		CNB	-3,000 00	225,841 51
Transfer	12/22/2009			Room Tax D		CNB	31,085 34	222,841 51
Check	12/22/2009	1152	PALACE THEATER	2009 Grant A		CNB	-10,000 00	253,926 85
Check	1/6/2010	1153	GREATER MONESSEN HISTORICAL SO	2009 Grant A		CNB	-3,000 00	243,926 85
Check	1/6/2010	1154	City of Greensburg	2009 Grant A		CNB	-5,000 00	240,926 85
Check	1/20/2010	262	LIGONIER CHAMBER	2009 Grant A		CNB	-4,000 00	235,926 85
Transfer	1/26/2010			Room Tax D		CNB	27,339 74	231,926 85
Transfer	2/25/2010			Room Tax D		CNB	18,550 40	259,266 59
Check	3/15/2010	263	JCERT PROPERTIES	2009 Grant A		CNB	-5,000 00	277,816 99
Transfer	3/23/2010			Room Tax D		CNB	20,179 28	272,816 99
Check	4/8/2010	264	LIGONIER VALLEY RAILROAD	2009 Grant A		CNB	-4,999 00	292,996 27
Check	4/22/2010	265	USONIAN PRESERVATION INC	2008 Grant A		CNB	-2,000 00	287,997 27
Transfer	4/29/2010			Room Tax D		CNB	19,134 41	285,997 27
Check	5/17/2010	1155	REGIONAL TRAIL CORP	2010 Grant A		CNB	-3,000 00	305,131 68
Check	5/17/2010	1156	BRADDOCK TRAIL	2010 Grant A		CNB	-2,000 00	302,131 68
Check	5/17/2010	1157	LIGONIER CHAMBER	2010 Grant A		CNB	-2,575 00	300,131 68
Check	5/17/2010	1158	Christmas in the Mountains Committee	2010 Grant A		CNB	-3,000 00	297,556 68
Check	5/17/2010	1159	City of Greensburg	2010 Grant A		CNB	-6,000 00	294,556 68
Check	5/17/2010	1160	LIGONIER HISTORICAL SOCIETY	2010 Grant A		CNB	-3,720 00	288,556 68
Check	5/17/2010	1161	COTTAGES AT MILLBANK LLC	2010 Grant A		CNB	-2,500 00	284,836 68
Check	5/17/2010	1162	DAYS INN DON	2010 Grant A		CNB	-3,000 00	282,336 68
Check	5/17/2010	1163	DERRY AREA HISTORICAL SOCIETY	2010 Grant A		CNB	-500 00	279,336 68
Check	5/17/2010	1164	DERRY RAILROAD DAYS	2010 Grant A		CNB	-1,000 00	278,836 68
Check	5/17/2010	1165	ESCAPE TO DON	2010 Grant A		CNB	-4,000 00	277,836 68
Check	5/17/2010	1166	FAMILY FESTIVALS	2010 Grant A		CNB	-5,000 00	273,836 68
Check	5/17/2010	1167	FESTA ITALIANA DI VANDERGRIFT	2010 Grant A		CNB	-4,500 00	268,836 68
Check	5/17/2010	1168	FORT LIG	2010 Grant A		CNB	-6,000 00	264,336 68
Check	5/17/2010	1169	FORT LIGOINER DAYS INC	2010 Grant A		CNB	-2,800 00	258,336 68
Check	5/17/2010	1170	FOX DEN ACRES CAMPGROUND	2010 Grant A		CNB	-3,500 00	255,536 68
Check	5/17/2010	1171	GREENDANCE	2010 Grant A		CNB	-5,400 00	252,036 68
Check	5/17/2010	1172	IDLEWILD	2010 Grant A		CNB	-11,750 00	246,636 68
Check	5/17/2010	1173	IRWIN PROJECT	2010 Grant A		CNB	-2,000 00	234,886 68
Check	5/17/2010	1174	LATSHAW PRODUCTIONS & MARKETING	2010 Grant A		CNB	-6,250 00	232,886 68
Check	5/17/2010	1175	LIGONIER HISTORICAL SOCIETY	2010 Grant A		CNB	-3,600 00	226,636 68
Check	5/17/2010	1176	LINCOLN HIGHWAY	2010 Grant A		CNB	-2,500 00	223,036 68
Check	5/17/2010	1177	LIVING TREASURES	2010 Grant A		CNB	-3,750 00	220,536 68
Check	5/17/2010	1178	MOUNT PLEASANT GLASS FESTIVAL	2010 Grant A		CNB	-5,000 00	216,786 68
Check	5/17/2010	1179	Overly's Country Chrntmas	2010 Grant A		CNB	-3,200 00	211,786 68
Check	5/17/2010	1180	CARNEGIE MUSEUMS OF PGH	2010 Grant A		CNB	-5,000 00	208,586 68
Check	5/17/2010	1181	RAMADA LIG	2010 Grant A		CNB	-3,400 00	203,586 68
Check	5/17/2010	1182	STAHLSTOWN FLAX SCUTCHING	2010 Grant A		CNB	-3,400 00	200,186 68
Check	5/17/2010	1183	Valley Players of Ligonier	2010 Grant A		CNB	-1,950 00	196,786 68
Check	5/17/2010	1184	VICTORIAN VANDERGRIFT MUSEUM	2010 Grant A		CNB	-4,100 00	194,836 68
Check	5/17/2010	1185	WEST NEWTON CEMETERY	2010 Grant A		CNB	-5,000 00	190,736 68
Check	5/17/2010	1186	West Overton Museums	2010 Grant A		CNB	-5,000 00	185,736 68
Check	5/17/2010	1187	WESTMORELAND FAIR	2010 Grant A		CNB	-5,000 00	180,736 68
Check	5/17/2010	1188	WESTMORELAND ARTS & HERITAGE F	2010 Grant A		CNB	-6,000 00	175,736 68
Check	5/17/2010	1189	WESTMORELAND COUNTY HISTORICA	2010 Grant A		CNB	-5,000 00	169,736 68
Check	5/17/2010	1190	WESTMORELAND TRUST	2010 Grant A		CNB	-12,500 00	164,736 68
Check	5/17/2010	1191	WESTMORELAND MUSEUM OF ART	2010 Grant A		CNB	-12,500 00	152,236 68
Check	5/17/2010	1192	WESTMORELAND SYMPHONY ORCHE	2010 Grant A		CNB	-5,000 00	139,736 68
Check	5/17/2010	1193	D & A OPERATIONS	2010 Grant A		CNB	-5,000 00	134,736 68
Transfer	5/25/2010			Room Tax D		CNB	-3,750 00	130,986 68
Check	6/8/2010	266	FESTA ITALIANA DI VANDERGRIFT	2009 Grant A		CNB	19,794 39	150,781 07
Check	6/28/2010	267	IDLEWILD	2010 Grant A		CNB	-4,500 00	146,281 07
Transfer	6/29/2010			Room Tax D		CNB	-11,750 00	134,531 07
						CNB	24,182 90	158,713 97
Total Grants Payable-Westmoreland							6,156 05	158,713 97
<b>TOTAL</b>							<b>6,156.05</b>	<b>158,713.97</b>

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476.06Y

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Accrual Basis

## Laurel Highlands Visitors Bureau

## Transactions by Account

As of June 30, 2010

Type	Date	Num	Name	Memo	Clr	S...	Amount	Balance
<b>Grants Payable-Fayette</b>								167,826 49
Deposit	7/24/2009	Dep 7		Room Tax De		1s	15,462 66	183,289 15
General	8/21/2009	Dep P		Penn State F		1s	223,021 53	406,310 68
General	9/29/2009	Dep-9				1s	49,287 04	455,597 72
Transfer	10/22/2009			Room Tax		1s	51,169 26	506,766 98
Bill	11/12/2009	Touns	BROWNSVILLE AREA REV CORP	2009		Ac	-1,000 00	505,766 98
Bill	11/12/2009	Touns	BROWNSVILLE AREA REV CORP	2009		Ac	-5,000 00	500,766 98
Bill	11/12/2009	Touns	BROWNSVILLE HISTORICAL	2009		Ac	-7,500 00	493,266 98
Bill	11/12/2009	Touns	BROWNSVILLE HISTORICAL	2009		Ac	-5,000 00	488,266 98
Bill	11/12/2009	Touns	CHESTNUT RIDGE TROUT	2009		Ac	-2,500 00	485,766 98
Bill	11/12/2009	Touns	CONNELLSVILLE HISTORICAL	2009		Ac	-2,500 00	483,266 98
Bill	11/12/2009	Touns	CONNELLSVILLE CULTURAL	2009		Ac	-5,250 00	478,016 98
Bill	11/12/2009	Touns	CONNELLSVILLE CULTURAL	2009		Ac	-7,500 00	470,516 98
Bill	11/12/2009	Touns	DUNBAR HISTORICAL	2009		Ac	-7,986 00	462,530 98
Bill	11/12/2009	Touns	DUNBAR HISTORICAL	2009		Ac	-1,904 00	460,626 98
Bill	11/12/2009	Touns	FAYETTE COUNTY FAIR	2009		Ac	-5,000 00	455,626 98
Bill	11/12/2009	Touns	FAYETTE COUNTY HISTORICAL	2009		Ac	-250 00	455,376 98
Bill	11/12/2009	Touns	FAY-PENN EDC	2009		Ac	-10,000 00	445,376 98
Bill	11/12/2009	Touns	STATE THEATRE	2009		Ac	-10,000 00	435,376 98
Bill	11/12/2009	Touns	LIONS SQUARE	2009		Ac	-1,000 00	434,376 98
Bill	11/12/2009	Touns	NATIONAL ROAD	2009		Ac	-7,500 00	426,876 98
Bill	11/12/2009	Touns	NATIONAL ROAD	2009		Ac	-7,500 00	419,376 98
Bill	11/12/2009	Touns	PA PARKS & FORESTS	2009		Ac	-3,000 00	416,376 98
Bill	11/12/2009	Touns	PA PARKS & FORESTS	2009		Ac	-7,500 00	408,876 98
Bill	11/12/2009	Touns	PERRYOPOLIS PARKS & REC	2009		Ac	-6,000 00	402,876 98
Bill	11/12/2009	Touns	TOUCHSTONE CENTER FOR CRAFTS	2009		Ac	-4,290 00	398,586 98
Bill	11/12/2009	Touns	REGIONAL TRAIL/ATA	2009		Ac	-1,000 00	397,586 98
Bill	11/12/2009	Touns	REGIONAL TRAIL CORP	2009		Ac	-13,200 00	384,386 98
Bill	11/12/2009	Touns	SOCIETY OF ST VINCENT DE PAUL	2009		Ac	-3,000 00	381,386 98
Bill	11/12/2009	Touns	REDSTONE FOUNDATION	2009		Ac	-1,000 00	380,386 98
Bill	11/12/2009	Touns	REDSTONE FOUNDATION	2009		Ac	-5,000 00	375,386 98
Bill	11/12/2009	Touns	WESTERN PA CONSERVE	2009		Ac	-10,000 00	365,386 98
Bill	11/12/2009	Touns	WESTERN PA CONSERVE	2009		Ac	-10,000 00	355,386 98
Transfer	12/22/2009			Room Tax De		1s	82,598 36	437,985 34
Transfer	1/27/2010			Room Tax De		1s	23,753 45	461,738 79
General	4/1/2010	Room				1s	19,064 15	480,802 94
General	4/9/2010	Room				1s	20,140 55	500,943 49
Transfer	5/14/2010			Room Tax		1s	20,072 30	521,015 79
Transfer	5/21/2010			Room Tax		1s	20,927 42	541,943 21
Bill	6/8/2010	2009	FAY-PENN EDC	2009 Grant-final		Ac	-10,000 00	531,943 21
Bill	6/8/2010	2009	TOUCHSTONE CENTER FOR CRAFTS	2009 Grant-fin		Ac	-4,290 00	527,653 21
Bill	6/15/2010	2009	WESTERN PA CONSERVE			Ac	-10,000 00	517,653 21
Bill	6/16/2010	Touns	WESTERN PA CONSERVE			Ac	-10,000 00	507,653 21
Total Grants Payable-Fayette							339,826 72	507,653 21
<b>TOTAL</b>							<b>339,826.72</b>	<b>507,653.21</b>

185.670

Somerset 40% grant  
30% common fund

**Laurel Highlands Visitors Bureau  
Board of Directors 2009-2010**

**Executive Committee:**

**Brad Heiser, Chairman**  
Fallingwater  
P.O. Box R  
Mill Run, PA 15464  
Phone: 724.329.7830  
Fax: 724.329.0655  
Email: [bheiser@paconserve.org](mailto:bheiser@paconserve.org)

**Andrea Cuda, Vice Chair**  
Ramada Historic Ligonier  
216 West Loyalhanna Street  
Ligonier, PA 15658  
Phone: 724.238.9545  
Fax: 724.238.9803  
Email: [andreacuda@yahoo.com](mailto:andreacuda@yahoo.com)

**Judy Linsz Ross, Treasurer**  
Westmoreland Museum of American Art  
221 North Main Street  
Greensburg, PA 15601  
Phone: 724.837.1500, ext 28  
Fax: 724.837.2921  
Email: [jlross@wmuseumaa.org](mailto:jlross@wmuseumaa.org)

**Donna Holdorf, Secretary**  
**(Acting Interim Executive Director)**  
**( on temporary leave from Board)**  
National Road Heritage Corridor  
65 West Main Street, 2nd Floor  
Uniontown, PA 15401  
Phone: 724.437.9877  
Fax: 724.437.6550  
Email: [donnah@nationalroadpa.org](mailto:donnah@nationalroadpa.org)

**Robert Duppstadt, Member at Large**  
Hidden Valley Resort  
One Craighead Drive  
Hidden Valley, PA 15502-4420  
Phone: 814.443.8410  
Fax: 814.445.7200  
Email: [rduppstadt@hiddenvalleyresort.com](mailto:rduppstadt@hiddenvalleyresort.com)

**Directors:**

**Lori Arnold**  
Queecreek Mine Rescue Site  
151 Haupt Road  
Somerset, PA 15501  
Phone: 814.445.4876  
Fax: 814.443.4001  
Email: [lori@9for9.org](mailto:lori@9for9.org)

**Linda McKenna Boxx**  
Allegheny Trail Alliance  
c/o McKenna Foundations  
P. O. Box 186  
Latrobe, PA 15650  
Phone: 724.537.6900  
Fax: 724.537.6906  
Email: [lboxx2@aol.com](mailto:lboxx2@aol.com)

**Kary Coleman**  
Seton Hill University  
Seton Hill Drive  
Greensburg, PA 15601  
Phone: 724.830.1069  
Email: [coleman@setonhill.edu](mailto:coleman@setonhill.edu)

**Barbara Harrold**  
Somerset Trust Company  
P.O. Box 777  
Somerset, PA 15501  
Phone: 814.443.9029  
Fax: 814.443.9220  
Email: [harrold@somersettrust.com](mailto:harrold@somersettrust.com)

**Susie Harshbarger**  
Oakhurst Tea Room  
2409 Glades Pike  
Somerset, PA 15501  
Phone: 814.443.2897  
Fax: 814.445.3781  
Email: [info@oakhursttearoom.com](mailto:info@oakhursttearoom.com)

**Laurel Highlands Visitors Bureau  
Board of Directors 2009-2010**

Michael Langer  
Westmoreland Cultural Trust  
102 North Main Street, Suite 232  
Greensburg, PA 15601  
Phone: 724.836.1123  
Fax: 724.836.1653  
Email: [mjlanger@earthlink.net](mailto:mjlanger@earthlink.net)

Brandon Leonatti  
Idlewild & SoakZone  
P.O. Box C  
Ligonier, PA 15658  
Phone: 724.238.3666  
Fax: 724.238.6544  
Email: [bleonatti@idlewild.com](mailto:bleonatti@idlewild.com)

Lisa Malago  
Holiday Inn Uniontown  
700 West Main Street  
Uniontown, PA 15401  
Phone: 724.437.2816  
Fax: 724.437.3505  
Email: [lisa.malago@archonhospitality.com](mailto:lisa.malago@archonhospitality.com)

Eric Mauck  
Seven Springs Mountain Resort  
777 Waterwheel Drive  
Seven Springs, PA 15622  
Phone: 814.352.2097  
Email: [emauck@7springs.com](mailto:emauck@7springs.com)

Joel Means  
Ohiopyle Trading Post  
P.O. Box 94  
Ohiopyle, PA 15470  
Phone: 724.329.1450  
Fax: 724.329.6795  
Email: [joelmeans@ohiopyletradingpost.com](mailto:joelmeans@ohiopyletradingpost.com)

Lenora Palonder  
The Inn at Lenora's  
301 Liberty Street, P.O. Box 24  
Perryopolis, PA 15473  
Phone: 724.736.2509  
Fax: 724.736.8301  
Email: [dine@lenoras.com](mailto:dine@lenoras.com)

Judy Pletcher  
Rockwood Mill Shoppes & Opera House  
450 Main Street  
Rockwood, PA 15557  
Phone: 814.926.4546  
Fax: 814.926.4657  
Email: [rockwoodmill@verizon.net](mailto:rockwoodmill@verizon.net)

Chris Plummer  
Nemacolin Woodlands Resort  
1001 Lafayette Drive  
Farmington, PA 15437  
Phone: 724.329.6791  
Fax: 724.329.6198  
Email: [chris.plummer@nwlr.com](mailto:chris.plummer@nwlr.com)

**Directors Appointed by County  
Commissioners:**

Muriel Nuttall (Fayette County)  
Fayette Chamber of Commerce  
65 West Main Street  
Uniontown, PA 15401  
Phone: 724.437.4571  
Email: [mnuttall@faycham.org](mailto:mnuttall@faycham.org)

Ron Aldom (Somerset County)  
Somerset County Chamber of Commerce  
601 North Center Avenue  
Somerset, PA 15501  
Phone: 814.445.6431  
Fax: 814.443.4313  
Email: [raldom@somersetcountychamber.com](mailto:raldom@somersetcountychamber.com)

Phillip B. Light (Westmoreland County)  
P.O. Box 84  
Laughlintown, PA 15655  
Phone: 724.238.4096  
Email: [plight61@comcast.net](mailto:plight61@comcast.net)



**Laurel Highlands Visitors Bureau  
Board of Directors 2009-2010**

**Executive Committee:**

**Brad Heiser, Chairman**  
Fallingwater  
P.O. Box R  
Mill Run, PA 15464  
Phone: 724.329.7830  
Fax: 724.329.0655  
Email: [bheiser@paconserve.org](mailto:bheiser@paconserve.org)

**Andrea Cuda, Vice Chair**  
Ramada Historic Ligonier  
216 West Loyalhanna Street  
Ligonier, PA 15658  
Phone: 724.238.9545  
Fax: 724.238.9803  
Email: [andreacuda@yahoo.com](mailto:andreacuda@yahoo.com)

**Judy Linsz Ross, Treasurer**  
Westmoreland Museum of American Art  
221 North Main Street  
Greensburg, PA 15601  
Phone: 724.837.1500, ext 28  
Fax: 724.837.2921  
Email: [jlross@wmuseumaa.org](mailto:jlross@wmuseumaa.org)

**Donna Holdorf, Secretary  
(Acting Interim Executive Director)  
(on temporary leave from Board)**  
National Road Heritage Corridor  
65 West Main Street, 2nd Floor  
Uniontown, PA 15401  
Phone: 724.437.9877  
Fax: 724.437.6550  
Email: [donnah@nationalroadpa.org](mailto:donnah@nationalroadpa.org)

**Robert Duppstadt, Member at Large**  
Hidden Valley Resort  
One Craighead Drive  
Hidden Valley, PA 15502-4420  
Phone: 814.443.8410  
Fax: 814.445.7200  
Email: [rduppstadt@hiddenvalleyresort.com](mailto:rduppstadt@hiddenvalleyresort.com)

**Directors:**

**Lori Arnold**  
Queecreek Mine Rescue Site  
151 Haupt Road  
Somerset, PA 15501  
Phone: 814.445.4876  
Fax: 814.443.4001  
Email: [lori@9for9.org](mailto:lori@9for9.org)

**Linda McKenna Boxx**  
Allegheny Trail Alliance  
c/o McKenna Foundations  
P. O. Box 186  
Latrobe, PA 15650  
Phone: 724.537.6900  
Fax: 724.537.6906  
Email: [lboxx2@aol.com](mailto:lboxx2@aol.com)

**Kary Coleman**  
Seton Hill University  
Seton Hill Drive  
Greensburg, PA 15601  
Phone: 724.830.1069  
Email: [coleman@setonhill.edu](mailto:coleman@setonhill.edu)

**Barbara Harrold**  
Somerset Trust Company  
P.O. Box 777  
Somerset, PA 15501  
Phone: 814.443.9029  
Fax: 814.443.9220  
Email: [harrold@somersettrust.com](mailto:harrold@somersettrust.com)

**Susie Harshbarger**  
Oakhurst Tea Room  
2409 Glades Pike  
Somerset, PA 15501  
Phone: 814.443.2897  
Fax: 814.445.3781  
Email: [info@oakhursttearoom.com](mailto:info@oakhursttearoom.com)

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Michael Langer  
Westmoreland Cultural Trust  
102 North Main Street, Suite 232  
Greensburg, PA 15601  
Phone: 724.836.1123  
Fax: 724.836.1653  
Email: [mjlanger@earthlink.net](mailto:mjlanger@earthlink.net)

Brandon Leonatti  
Idlewild & SoakZone  
P.O. Box C  
Ligonier, PA 15658  
Phone: 724.238.3666  
Fax: 724.238.6544  
Email: [bleonatti@idlewild.com](mailto:bleonatti@idlewild.com)

Lisa Malago  
Holiday Inn Uniontown  
700 West Main Street  
Uniontown, PA 15401  
Phone: 724.437.2816  
Fax: 724.437.3505  
Email: [lisa.malago@archonhospitality.com](mailto:lisa.malago@archonhospitality.com)

Eric Mauck  
Seven Springs Mountain Resort  
777 Waterwheel Drive  
Seven Springs, PA 15622  
Phone: 814.352.2097  
Email: [emauck@7springs.com](mailto:emauck@7springs.com)

Joel Means  
Ohiopyle Trading Post  
P.O. Box 94  
Ohiopyle, PA 15470  
Phone: 724.329.1450  
Fax: 724.329.6795  
Email: [joelmeans@ohiopyletradingpost.com](mailto:joelmeans@ohiopyletradingpost.com)

Lenora Palonder  
The Inn at Lenora's  
301 Liberty Street, P.O. Box 24  
Perryopolis, PA 15473  
Phone: 724.736.2509  
Fax: 724.736.8301  
Email: [dine@lenoras.com](mailto:dine@lenoras.com)

Judy Pletcher  
Rockwood Mill Shoppes & Opera House  
450 Main Street  
Rockwood, PA 15557  
Phone: 814.926.4546  
Fax: 814.926.4657  
Email: [rockwoodmill@verizon.net](mailto:rockwoodmill@verizon.net)

Chris Plummer  
Nemacolin Woodlands Resort  
1001 Lafayette Drive  
Farmington, PA 15437  
Phone: 724.329.6791  
Fax: 724.329.6198  
Email: [chris.plummer@nwlr.com](mailto:chris.plummer@nwlr.com)

**Directors Appointed by County  
Commissioners:**

Muriel Nuttall (Fayette County)  
Fayette Chamber of Commerce  
65 West Main Street  
Uniontown, PA 15401  
Phone: 724.437.4571  
Email: [mnuttall@faycham.org](mailto:mnuttall@faycham.org)

Ron Aldom (Somerset County)  
Somerset County Chamber of Commerce  
601 North Center Avenue  
Somerset, PA 15501  
Phone: 814.445.6431  
Fax: 814.443.4313  
Email: [raldom@somersetcountychamber.com](mailto:raldom@somersetcountychamber.com)

Phillip B. Light (Westmoreland County)  
P.O. Box 84  
Laughlintown, PA 15655  
Phone: 724.238.4096  
Email: [plight61@comcast.net](mailto:plight61@comcast.net)