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Department of the Treasury

#### EXTENSION GRANTED TO 05/16/2011

# 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)

Open to Public

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service Inspection A For the 2009 calendar year, or tax year beginning JUL 1. 2009 and ending JUN 30, C Name of organization D Employer identification number Check if applicable use IRS label or X Address change CHATTANOOGA CONVENTION & VISITORS BUREAU print o Name change 62-0156713 Initial return See Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin 736 MARKET STREET, 18TH FLOOR 423/756-8687 Instruc-Amende 5,990,194. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-CHATTANOOGA, TN 37402 H(a) Is this a group return pendina F Name and address of principal officer: ROBERT B. DOAK for affiliates? Yes X No SAME AS C ABOVE H(b) Are all affiliates included? Yes No I Tax-exempt status: X 501(c) ( 4 ) (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.CHATTANOOGACVB.COM H(c) Group exemption number ▶ K Form of organization: X Corporation Trust [ Association Other > L Year of formation: 1946 M State of legal domicile: TN Part I Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE TOURISM AND Activities & Governance CONVENTIONS IN THE LOCAL CHATTANOOGA AREA 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 42 42 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of employees (Part V, line 2a) 5 39 Total number of volunteers (estimate if necessary) 0 6 0. Total gross unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 3,962,647. 4,516,435. 908,140. 1,460,265. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 18,020. 9,402. 2,112. 4,092. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ... 4,890,919 5,990,194. 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 613,823. 1,646,234. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) ..... **"阿尔**斯斯"。"阿尔斯" b Total fundraising expenses (Part IX, column (D), line 25) 3,063,287 4,293,746. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses. Add lines 13-17 (must equal Part IX, column (A) in 25 E VEL 4,677,110. 5,939,980. 213,809. 50,214. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances MAY 1 3 2011 Preginning of Current Year End of Year 3,149,597. 2,748,217 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 999,273. 1,350,439. Piet / u1 Net assets or fund balances. Subtract line 21 from line 20 OGDEN. 748,944. 1,799,158. 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 5-4-11 Date Signature of officer Sign Here ROBERT B. DOAK, PRESIDENT Type or print name and title Date Preparer's identifying number (see instructions) Check if Preparer's Paid lledy Datewood CA 5-3-11 signature employed > Preparer's Firm's name (or WILKINS, CREWS & ASSOCIATES, yours if Use Only self-employed), 430 CHESTNUT STREET, FOURTH FLOOR

W 913

Phone no.  $\triangleright$  (423)266-5177

X Yes No

Form 990 (2009)

address, and ZIP + 4

E

CANNED JUN

CHATTANOOGA, TN 37402

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

1 E 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	III Statement of Program Service Accomplishments riefly describe the organization's mission: O PROMOTE TOURISM AND CONVENTIONS IN THE LOCAL CHATTANOOGA AREA  d the organization undertake any significant program services during the year which were not listed on
2 C til iii 3 C iii 4 C S	d the organization undertake any significant program services during the year which were not listed on
3 D if 4 D S	
3 D if 4 D S	
4 C 8	e prior Form 990 or 990-EZ?  "Yes," describe these new services on Schedule O.
4 C	d the organization cease conducting, or make significant changes in how it conducts, any program services?
	escribe the exempt purpose achievements for each of the organization's three largest program services by expenses. ection 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and ocations to others, the total expenses, and revenue, if any, for each program service reported.
•	ode: )(Expenses \$ 3,493,587. including grants of \$ 4,516,435.)(Revenue \$ O PROMOTE TOURISM AND CONVENTIONS IN THE LOCAL CHATTANOOGA AREA
-	
_	
_ _	
4b (0	ode: ) (Expenses \$ 1,920,169 • including grants of \$ ) (Revenue \$ 1,464,357 •
Ţ	O IMPROVE AWARENESS OF LOCAL REGION AND AREA ATTRACTIONS THROUGH USE F PROMOTIONAL MAILERS AND MARKET RESEARCH
-	
<del>-</del>	
_	
4c (C	ode: ) (Expenses \$ including grants of \$ ) (Revenue \$
_	
_	
_	
<u>-</u>	
	her program services. (Describe in Schedule O.)  spenses \$ including grants of \$ ) (Revenue \$ )
4e To	tal program service expenses > \$ 5,413,756.

PartilV | 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)?	ļ		l
	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?		1	
	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, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1,4		
	Part VI.	ينوبر ري		
•	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	***	118	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			1
•	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.	35.		- 6
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	13	. 4	
•	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.	100		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			24.1
	Schedule D, Parts XI, XII, and XIII.	12	X	Made or observe
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No		5.7	7
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X	<u> </u>		*****
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			7.
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	-	_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		1	
	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			77
	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			3.7
	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			3.7
	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,"			v
^^	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	990 (	X

Form **990** (2009)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	1		
	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	ĺ		
	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		X
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		İ	
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		}	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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	*		( a " i "
	instructions for applicable filing thresholds, conditions, and exceptions).		- ' <u>1</u>	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	]	<u>X</u>
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		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_		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		1	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		ŀ	
	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?		1	
	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		<u>X</u>
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	<del>J</del> 90 (2	(900)

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40	Enter the number reported in Pay 2 of Form 1006. Applied Summers and Transmitted of	<del></del> -	Yes	No
14	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	,		1
ь			_	
C				
·	(gambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	<u> </u>		
20	filed for the calendar year ending with or within the year covered by this return 2a 39		ا پا	
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	1 -
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	- За	-	$\mathbf{x}$
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
ь	If "Yes," enter the name of the foreign country:	, ,	*	7.
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	;	7	
	Financial Accounts.	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	,	1 .	
а	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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	05°. C 14.	ļ
	If "Yes," indicate the number of Forms 8282 filed during the year	[7, 3] 22	133	145
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		<u>R</u> hà	, V
	benefit contract?	7e		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		<del></del>
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<u>7h</u>	29836-0924	or addition
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	,		
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings		2 LE	125,73
_	at any time during the year?	8	1.00	£ 14°
9	Sponsoring organizations maintaining donor advised funds.	è	ــــــــــــــــــــــــــــــــــــــ	<u> </u>
a	Did the organization make any taxable distributions under section 4966?	9a		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	63234	<del>, e ,</del>
10	Section 501(c)(7) organizations. Enter.	18.8 13.50		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Section 501(c)(12) organizations. Enter:		學	
ii a	Gross income from members or shareholders	; " d		. J.
	Gross income from other sources (Do not net amounts due or paid to other sources against	, ,		
U	amounts due or reasined from them.)	. 'ş		ere# 
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1 344	- <del></del> '
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		3,4	
		Form	990 (	20091

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 42			
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		<u> </u>
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		<u>X</u>
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	; `	2. 2. 2. 4	A STATE
	by the following:		(L.^``}	\$0.,,
а	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		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
44	and branches to ensure their operations are consistent with those of the organization?	10b		- <del>-</del>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?	_11 `mr	• <b>1</b>	X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	19 12.2 19 12.2 10 -		X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
U	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	1	
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?	أش	2	
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	193		Pa
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		V 75	4
	taxable entity during the year?	16a	73	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			
<u> </u>	exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed TN			
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	or		
	public inspection. Indicate how you make these available Check all that apply.			
10	Own website Another's website W Upon request  Describe in Schedule O whether (and if so, how), the appropriation makes its governing decuments, conflict of interest policy, and	d 6:	2012	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, an statements available to the public.	u iinai	icial	
20	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	on: 🕨		
LU	CAMEILLE VLIETSTRA - 423/424-4425	JII. <b>P</b>		
	736 MARKET STREET, 18TH FLOOR, CHATTANOOGA, TN 37402			
		Form	990 /	מחחמי

# 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.

(A) Name and Title	(B) Average							(D) Reportable	<b>(E)</b> Reportable	(F) Estimated								
	hours	$\overline{}$	(check all that apply)		(check all that apply)			(check all that a		(check all that a		(check all that app		(check all that apply)		compensation from	compensation from related	amount of other
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Рогтег	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations								
ROBERT B. DOAK									- "	_								
PRESIDENT	40.00	╀		X	<u> </u>	X	<u> </u>	136,890.	0.	0								
STEVE GENOVESI	40.00			x				100 122	0.	^								
/P SALES & MARKETING	40.00	+	-	^	ļ	-		100,133.	U •	0								
SEE ATTACHED SCHEDULE		ļ						0.	0.	0								
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	-									<del> </del>								
		-					_											
										-								
		ļ																
										<u>.</u>								

Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	mplo	yee	s, a	nd l	High	est	Compensated Employ	rees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	itior	1		Reportable	Reportable	Estimated
	hours	(cl	neck	allt	that	арр	ly)	compensation	compensation	amount of
	per	Ē						from	from related	other
	week	ig i						the	organizations	compensation
		io ee	Stee					organization	(W-2/1099-MISC)	from the
		tanst	al tru		) de	ad mic		(W-2/1099-MISC)		organization
	i	individual trustee or director	Institutional trustee	E.	Key employee	oyee	亨			and related organizations
		la di	Inst	Officer	Š	Highest compensated employes	Former			Organizations
			$\vdash$			$\vdash$		<u> </u>	*	
									i	
						<u> </u>				
				$\dashv$		<u> </u>				
										<del></del>
			_	_						
		$\vdash$	$\dashv$	-						
į	!									
1b Total			<u></u>		_	▶		237,023.	0.	0.

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

			. 03	110	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on		176	} {25	
	line 1a? If "Yes," complete Schedule J for such individual	3		X	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	7		in	-
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to		<b>74</b>	<b>M</b> .	
	the example ton? If "Vee " complete School de Lifer such comen		1	v	

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
THE JOHNSON GROUP	ADVERTISING, ACCT	
436 MARKET STREET, CHATTANOOGA, TN 37402	SERVICES, PRODUCTION	999,018.
CHATTANOOGA CONVENTION CENTER	GENERAL SUPPORT AND	
1150 CARTER STREET, CHATTANOOGA, TN 37402	USE OF CONV CENTER	473,933.
IMPACTS RESEARCH & DEVELOPMENT, LLC	MARKET	
1808 PATTERSON STREET, NASHVILLE, TN 37203	RESEARCH/ADVERTISING	371,883.
GREATER CHATTANOOGA SPORTS/EVENTS COMMITTEE	GENERAL SUPPORT AND	
2 BROAD STREET, CHATTANOOGA, TN 37402	EVENT SUPPORT	170,798.
RIVER PLACE, LP, 100 EAST 10TH STREET,	RENT, CAM FEES, AND	
SUITE 600, CHATTANOOGA, TN 37402	PROPERTY TAXES	109,788.
2 Total number of independent contractors (including but not limited to those liste \$100,000 in compensation from the organization ► 5	d above) who received more than	
		E 000 (2000)

Form **990** (2009)

		(2009) CHATTANOOGA (	CONVENTIO	N & VISITO	RS BUREAU	62-0156	713 Page <b>9</b>
Pa	rt VI	II 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	b d e f	Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  16	516,435.				
Se	g h	Total. Add lines 1a-1f		4,516,435.			, ,
Program Service Revenue	2 a	CO-OP ADVERTISING	Business Code 541800 541800	T	595,083. 429,700.		
Ser	c	VISITORS GUIDE ADS	511140	228,836.			
E S	d	CHOUSE / FRANCE COLLABORAT	541800	101,775.			
P.C.	e	GIFT SHOP SALES	453220	97,730.			
F	f	All other program service revenue	453220	7,141.	7,141.		
	q			1,460,265.	1 4 - 1 - 1	313 32 15	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	3	Investment income (including dividends, interest other similar amounts)	est, and > oroceeds	9,402.			9,402.
	5	Royalties		**************************************			
	6 a b	Gross Rents Less: rental expenses Rental income or (loss)	(ii) Personal				
		Net rental income or (loss)	<b>•</b>	N. t of military in hid hard	No. A second to a second organization	Alterialistication v. a.f.	
	7 a	Gross amount from sales of assets other than inventory (i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses Gain or (loss)					
1	đ	Net gain or (loss)	<b>&gt;</b>				
evenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See			****		
Other Revenue		Part IV, line 18 a Less: direct expenses b					
	9 a	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 a Less direct expenses b					,
	С	Net income or (loss) from gaming activities . Gross sales of inventory, less returns	<b>&gt;</b>		al- approach allower on an action		
		and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventory			**		
		MISCELLANEOUS INCOME	Business Code 900099	4,092.	4,092.		
	c						
	d e	All other revenue Total. Add lines 11a-11d	•	4,092.			-
	12	Total revenue, See instructions.	<b>&gt;</b> _	5,990,194.	1,464,357.	0.	9,402.
93200 02-04-	10						Form <b>990</b> (2009)

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

	All other organizations must com				
	not include amounts reported on lines 6b, 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				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			,	* 3.
Ü	organizations, and individuals outside the U.S.				7 A .
	See Part IV, lines 15 and 16				<b>,</b>
4	Benefits paid to or for members			<u> </u>	A
5	Compensation of current officers, directors,			<u>*                                    </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•	trustees, and key employees	239,742.	101,502.	138,240.	
6	Compensation not included above, to disqualified	235/1426	101/302.	130,240.	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	1,074,619.	997,934.	76,685.	
8	Pension plan contributions (include section 401(k)		33.730 ± 6	,	
•	and section 403(b) employer contributions)	81,664.	67,711.	13,953.	
9	Other employee benefits	147,023.		23,360.	
10	Payroll taxes	103,186.	87,905.	15,281.	
11	Fees for services (non-employees):		0.7500	20,2020	
a	Management				
b					
C	Accounting	20,904.		20,904.	
ď	Lobbying				
e	Professional fundraising services. See Part IV, line 17		5 18 18 18 18 18 18 18 18 18 18 18 18 18	2000年大学	
f	Investment management fees		738 7488 759 757 757		
g	Other				
12	Advertising and promotion	3,493,587.	3,493,587.		
13	Office expenses	64,718.		5,519.	
14	Information technology	41,514.	9,667.	31,847.	
15	Royalties	•		•	
16	Occupancy	290,519.	196,187.	94,332.	
17	Travel	17,666.	7,702.	9,964.	
18	Payments of travel or entertainment expenses			•	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	180,010.	173,535.	6,475.	
20	Interest	1,337.	•	1,337.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	61,417.		61,417.	
23	Insurance	14,243.		14,243.	
24	Other expenses. Itemize expenses not covered				
	above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	COST OF GIFT SHOP SALES	47,518.	47,518.	3 C 10 X C	a number of the second
b	MEMBERSHIPS & SUBSCRIPT	18,396.	12,094.	6,302.	<u> </u>
c	TELEPHONE	17,532.	14,155.	3,377.	<del></del>
ď	SITE INSPECTIONS	10,776.	10,776.		<del></del>
e	SUPPLIES	9,888.	6,900.	2,988.	
	All other expenses	3,721.	3,721.		
25	Total functional expenses. Add lines 1 through 24f	5,939,980.	5,413,756.	526,224.	0
	Joint costs. Check here I I I following	-,,-			v
-	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	730.	1	<del></del>
2	Savings and temporary cash investments	1,467,048.	2	788. 1,217,475.
3	Pledges and grants receivable, net	1,401,040.	3	1,211,413
4	Accounts receivable, net	1,037,254.	4	1,658,461
5	Receivables from current and former officers, directors, trustees, key	1,031,234.	4	1,030,401
"	employees, and highest compensated employees. Complete Part II	* · *		:
-			_	
6	Receivables from other disqualified persons (as defined under section		5	
"	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	*		
	Part II of Schodula I		6	
,   7	Notes and leans respirable and		7	<del>-</del>
8	Inventories for sale or use	23,704.	8	19,434
8 9	Prepaid expenses and deferred charges	45,753.	9	105,858
1 -	a Land, buildings, and equipment: cost or other	43,733.		100,000
.0.	basis. Complete Part VI of Schedule D 10a 864, 948.		, .	
١,	717 267	173,728.	10c	147,581.
11	Investments authinity traded according	113,120.	11	141,301
12	Investments - publicly traded securities  Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Indomethia		14	
15	Other coasts Coa Dart IV Sug 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,748,217.	16	3,149,597.
17	Accounts payable and accrued expenses	896,153.	17	1,263,705
18	Grants payable	0,00,100,	18	1,203,103
19	Defended on a con-	77,405.	19	69,894.
20	Toy over the and link little	7772036	20	05,054.
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,	-1 h & C & C & C & C & C & C & C & C & C &	21	
	highest compensated employees, and disqualified persons. Complete Part II		,	
	of Schedule L		ائد شد. <b>22</b>	
23	Secured mortgages and notes payable to unrelated third parties	25,715.	23	16,840.
24	Unsecured notes and loans payable to unrelated third parties	25,115.	24	10,040.
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	999,273.	<u>25</u> 26	1,350,439.
+	Organizations that follow SFAS 117, check here		~	1,330,439.
	lines 27 through 29, and lines 33 and 34.		``	
27	Unrestricted net assets	1,748,944.	27	1,799,158.
28	Tomporprily restricted not seeds	1//10/511	28	1,100,100
29	Dormononthy restricted not specific		29	·
	Organizations that do not follow SFAS 117, check here and		28	* / 70 40 40
	complete lines 30 through 34.		-	
30	Capital stock or trust principal, or current funds	1 177 777 1883	30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del></del>
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,748,944.	33	1 700 150
34	Total liabilities and net assets/fund balances	2,748,217.		1,799,158. 3,149,597.
_ <del></del>	Total national and the asserts fully balances		34	5,149,597. Form <b>990</b> (2009)

Form 990 (2009)

## Schedule D

Department of the Treasury Internal Revenue Service

(Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

Employer identification number

-	CHATTANOOGA CONVEN	<u>TION &amp; VISITORS BUR</u>	EAU 62-0156713	
Pa	ort I Organizations Maintaining Donor Advise	d Funds or Other Similar Fu	nds or Accounts. Complete if the	
	organization answered "Yes" to Form 990, Part IV, lin	e 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 hold in donor as	dyread funds	
Ŭ	are the organization's property, subject to the organization's			
6				lo
U	Did the organization inform all grantees, donors, and donor a		•	
	for charitable purposes and not for the benefit of the donor of			
'Da	rt II Conservation Easements. Complete if the ord		Yes N	<u>io</u>
			U, Part IV, line 7.	_
1	Purpose(s) of conservation easements held by the organizati			
	Preservation of land for public use (e.g., recreation or p	leasure) Preservation of an	historically important land area	
	Protection of natural habitat	Preservation of a	certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the fo	rm of a conservation easement on the last	
	day of the tax year.			
			Held at the End of the Tax Yes	11
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	_
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c	_
d	Number of conservation easements included in (c) acquired a			
3	Number of conservation easements modified, transferred, rel			_
	year >	,,,	and organization doming the tark	
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per		of	
	violations, and enforcement of the conservation easements it			_
6	Staff and volunteer hours devoted to monitoring, inspecting,			b
7	Amount of expenses incurred in monitoring, inspecting, and	-	<del> </del>	
8	-	_		
0	Does each conservation easement reported on line 2(d) abov	•		
_			Yes L. N	0
9	In Part XIV, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organizat	on's financial statements that describ	es the organization's accounting for	
Da	conservation easements.	Aut Historical Turns	Other Circiles Assets	_
ात्वा	† III Organizations Maintaining Collections of	•	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			
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of	public service, provide, in Part XIV, the text	of
	the footnote to its financial statements that describes these it			
b	If the organization elected, as permitted under SFAS 116, to i	eport in its revenue statement and ba	lance sheet works of art, historical treasures	i,
	or other similar assets held for public exhibition, education, or	research in furtherance of public serv	rice, provide the following amounts relating t	0
	these items.			
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$	
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$	_
2	If the organization received or held works of art, historical trea		cial gain, provide	_
	the following amounts required to be reported under SFAS 11		• ··· F··	
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$	
	Assets included in Form 990, Part X		\$	-
-		· ··· · ·	· · · • • — — — — — — — — — — — — — — —	_

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

		OOGA CONVE					<u>-01567</u>	<u>L3</u> F	2 age
Pa	rt III   Organizations Maintaining (								
3	Using the organization's acquisition, access	sion, and other recor	ds, check any of t	he following th	at are a s	significant use	of its collecti	on iten	ns
	(check all that apply):								
а	Public exhibition	•	d ∐Loan or e	xchange prog	rams				
b	Scholarly research	•	e U Other						
C	Preservation for future generations								
4	Provide a description of the organization's of	ollections and expla	in how they furthe	r the organizat	ion's exe	empt purpose i	n Part XIV.		
5	During the year, did the organization solicit	or receive donations	of art, historical tr	easures, or oth	ner sımıla	r assets			
	to be sold to raise funds rather than to be m						Yes		□ No_
Pa	rt IV Escrow and Custodial Arrar	<b>igements.</b> Compl	ete if organization	answered "Ye	s" to For	m 990, Part IV	, line 9, or		
	reported an amount on Form 990, Pa	ırt X, line 21.							
1a	Is the organization an agent, trustee, custod	lian or other interme	diary for contributi	ons or other a	ssets not	tincluded			
	on Form 990, Part X?						Yes		□No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:						
							Amou	nt	
C	Beginning balance					1c			
ď	Additions during the year					. 1d			
е	Distributions during the year					1e			
f	Ending balance		·			. <u>1f</u>			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				Yes		No
	If "Yes," explain the arrangement in Part XIV			<del>-</del>					
Pa	rt V F Endowment Funds. Complete	f the organization ar	swered "Yes" to I	Form 990, Parl	IV, line 1	10.			
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three years		ır years	back
1a	Beginning of year balance					cht Pasi.	, , '5.	3.	
b	Contributions			\$\$.7 (5°, 2°)		數學學	, , , ,	13 6 6 14	
C	Net investment earnings, gains, and losses							- '(	3 150
d	Grants or scholarships			The state of the s	10		, , ,	13 P	
е	Other expenditures for facilities					TOLET	. `	, / Ta - 3	4
	and programs								
f	Administrative expenses			<b>要</b> 有法计 ""	. , ,,	OF MANY			1 3 3 sal
9	End of year balance			\$5.2	4 .	STATE OF THE STATE		week.	* 22
2	Provide the estimated percentage of the year	r end balance held a	is:						
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment ▶	<del>/</del>							
<b>3</b> a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administe	ered for ti	he organizatio	n		
	by:	_						Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				3b		<u> </u>
4	Describe in Part XIV the intended uses of the				•				
Par	t:VI Investments - Land, Building			0, Part X, line	10.				
	Description of investment	(a) Cost or o		st or other		cumulated	(d) Boo	k valu	е
	·	basis (investn	', '	s (other)		oreciation	(4, -4,		_
1a	Land								
	Buildings					- 4 41 / See 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<del> </del>		
	Leasehold improvements		5	03,284.		169,583.	1 2	3,7	01
	Equipment	•		61,664.		247,784		3,8	
	Other		<del></del>	<u>,</u>		22111040	<u> </u>	2,0	<del>55.</del>
	Add lines 1a through 1a (Column (d) must a		V antuma (D) to a	10(a) )			1 1 4	7 5	01

Schedule D (Form 990) 2009

(including name of security)	(b) Book value		ethod of valuation: nd-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
		· · · · · · · · · · · · · · · · · · ·	<del></del>
		<del></del>	<del></del>
			· · · · · · · · · · · · · · · · · · ·
atal (Cal /b) must as well Form COO. Dark V. and (D) tops 40.) b		200	- 100
fotal. (Col (b) must equal Form 990, Part X, col (B) line 12.)	- F - 200 D - 1 / 1 / 1	The second second	The state of the s
Pärt VIII Investments - Program Related. Se	e Form 990, Part X, line 1		Abod of valuetion
(a) Description of investment type	(b) Book value		ethod of valuation: d-of-year market value
		COST OF EIG	
<del></del>			
otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line			
(a) [	Description		(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line	15.)		•
otal. (Column (b) must equal Form 990, Part X, col (B) line	15.)		. •
otal. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. See Form 990, Part X, II  (a) Description of liability	15.)	(b) Amount	
Part X Other Liabilities. See Form 990, Part X, II  (a) Description of liability	15.) ne 25.	(b) Amount	. •
Part X Other Liabilities. See Form 990, Part X, II  (a) Description of liability	15.) ne 25.	(b) Amount	<b>&gt;</b>
Part X Other Liabilities. See Form 990, Part X, II  (a) Description of liability	15.)	(b) Amount	•
Part X Other Liabilities. See Form 990, Part X, II  (a) Description of liability	15.)	(b) Amount	
Part X Other Liabilities. See Form 990, Part X, II  (a) Description of liability	15.)	(b) Amount	
Part X Other Liabilities. See Form 990, Part X, II  (a) Description of liability	15.)	(b) Amount	
Part X Other Liabilities. See Form 990, Part X, II  (a) Description of liability	15.)	(b) Amount	
Part X Other Liabilities. See Form 990, Part X, II	15.)	(b) Amount	
Part X Other Liabilities. See Form 990, Part X, II  (a) Description of liability	15.)	(b) Amount	
Part X Other Liabilities. See Form 990, Part X, II  (a) Description of liability	15.)	(b) Amount	
Part X Other Liabilities. See Form 990, Part X, II  (a) Description of liability	ine 25.	(b) Amount	

Schedule D (Form 990) 2009

	dule D (Form 990) 2009 CHATTANOOGA CONVENTION & VISITORS BU			)156713 Page 4
Ра	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial Sta	itement	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		<u>5,990,194.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		<u>5,939,980.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		50,214.
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		50,214.
Pai	txilli Reconciliation of Revenue per Audited Financial Statements With Reve	nue per	Return	
1	Total revenue, gains, and other support per audited financial statements		. 1	<u>5,990,194.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments 2a			
b	Donated services and use of facilities			
С	Recovenes of prior year grants 2c			
ď	Other (Describe in Part XIV.)		c	
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	5,990,194.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	• • • • •		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)		7	
	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	5,990,194.
Pai	TEXIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses p	er Retur	'n
1	Total expenses and losses per audited financial statements		1	5,939,980.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		, ,	
а	Donated services and use of facilities			
b	Pnor year adjustments 2b			
С	Other losses 2c		2	
d	Other (Describe in Part XIV)		<b>]</b>	
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	5,939,980.
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			
b	Other (Describe in Part XIV.)		7.	
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	5,939,980.
Par	tiXIV Supplemental Information			
Comp	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV. lines	s 1b and 2	b: Part V. line 4: Part
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro			
•	, , , , , , , , , , , , , , , , , , , ,			
				· · · · · · · · · · · · · · · · · · ·

#### **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.

2009
Open to Public Inspection

Name of the organization

CHATTANOOGA CONVENTION & VISITORS BUREAU

Employer identification number 62-0156713

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS NOT
PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS FILED, HOWEVER
IT IS REVIEWED BY BOTH THE PRESIDENT AND CONTROLLER, AND A COPY IS KEPT ON
FILE TO BE SEEN UPON REQUEST.
FORM 990, PART VI, SECTION B, LINE 15: THE PERSONNEL COMMITTEE REVIEWS ANY
REQUESTS MADE BY THE PRESIDENT AND CEO FOR A CHANGE IN RATE OF PAY OR
BONUS. UPON REVIEW, A SIGNED LETTER OF CHANGE IS SENT TO THE CONTROLLER
AND TO THE PRESIDENT AND CEO SPELLING OUT ANY CHANGE IN THE RATE OF PAY OR
ISSUANCE OF BONUSES FOR THE PRESIDENT AND CEO. A COPY OF THESE LETTERS IS
KEPT IN THE PRESIDENT/CEO'S PERSONNEL FILE. OTHER OFFICERS COMPENSATION IS
DETERMINED SIMILARLY.
FORM 990, PART VI, SECTION C, LINE 19: ANY REQUESTS TO VIEW ARE FIELDED BY
THE PRESIDENT AND CEO WHO THEN SENDS THE REQUEST TO THE CONTROLLER FOR
FULFILLMENT.
FORM 990, PART XI, LINE 2C:
THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR
SELECTION PROCESS DURING THE TAX YEAR.

CHATTANOOGA AREA CONVENTION & VISITORS BUREAU OFFICERS AND DIRECTORS July 2009- June 2010

# **EXECUTIVE COMMITTEE**

OFFICE	NAME & TITLE	BUSINESS ADDRESS	PHONE/FAX/EMAIL_
CHAIRMAN	Jim Bambrey,	Chattanooga Choo Choo	266-5000
	General Manager	1400 Market Street	756-2420 fax
		Chattanooga, TN 37402	
VICE CHAIRMAN	Hiren Desai, Chief Operating	3H Group, Inc.	421-2086
	Officer	6716 Heritage Business Court	499-0476 fax
		Suite 4	
		Chattanooga, TN 37421	
SECRETARY	Mike Landguth, President &	Chattanooga Metropolitan	855-2201
	CEO	Airport Authority	855-2212 fax
		1001 Airport Road, Suite 14	
		Chattanooga, TN 37421	
TREASURER	Charlie Arant, President	Tennessee Aquarium	785-4002
		1 Broad Street	267-3561 fax
		PO Box 11048	
		Chattanooga, TN 37401-2048	
PAST CHAIRMAN	Larry Richey,	FSG Bank	308-2022
	Senior Vice President	531 Broad Street	308-2025 fax
		Chattanooga, TN 37402	
AT-LARGE	Rick Thompson, President	Artech Design Group	265-4313
		1410 Cowart Street	265-5413 fax
		Chattanooga, TN 37408	
AT-LARGE	Andrew Kean, President &	Rock City Gardens	820-2531
	COO	1400 Patten Road	820-2533 fax
		Lookout Mtn., GA 30750	
PRESIDENT&CEO	Bob Doak	Chattanooga Area CVB	424-4440
		2 Broad Street	265-1630 fax
		Chattanooga, TN 37402	

# **BOARD OF DIRECTORS**

NAME & TITLE	BUSINESS ADDRESS	PHONE/FAX/E-MAIL	TERM EXPIRES
Andrea Anderson,	Courtyard by Marriott	755-0871	ExO
General Manager	<ul> <li>Downtown Chattanooga</li> </ul>	755-0872 fax	
President, GCLA	200 Chestnut Street		
	Chattanooga, TN 37402		
Chip Baker,	Friends of the Festival	756-2212	10
Executive Director	351 Riverfront Parkway	756-2719 fax	
	180 Hamm Road		
	Chattanooga, TN 37405		
Honorable Bill Bennett,	Assessor of Property	209-7333	12
Assessor of Property	6135 Heritage Park Drive	209-7301 fax	
	Chattanooga, TN 37416		

Amanda Buchanan	Table 2 Restaurant 232 East 11 <sup>th</sup> Street, Suite A110	242-5067	12
	Chattanooga, TN 37402		
Bill Chapin, President	Rock City Gardens	820-2531 x 1241	10
Ziii Ciiupiii, i resideiii	1400 Patten Road	820-2533 fax	
	Lookout Mtn., GA 30750		
Mike Costa, General Manager	WTVC - News Channel 9	756-5500	12
Wilke Costa, Conoral Wallager	PO Box 60028	757-7400 fax	
	Chattanooga, TN 37406	757 7400 lux	
Tom Cupo, General Manager	The Chattanoogan	756-3400	11
Tom Cupo, General Manager	1201 S. Broad Street	756-3404 fax	11
	Chattanooga, TN 37402	750-5404 lax	
Towns Donniston Assistant to	UTC	425-4203	11
Terry Denniston, Assistant to the Chancellor		756-5559 fax	11
the Chancellor	615 McCallie Avenue, Dept. 5605	730-3339 lax	
	Chattanooga, TN 37403	(20.1411	F0
Tom Dugan, Executive	CARTA	629-1411	ExO
Director	1617 Wilcox Boulevard	698-2749 fax	
	Chattanooga, TN 37403	200 1070	
Joe Duperre, General Manager	Chattanooga Marriott	308-1070	10
	2 Carter Plaza	308-1011 fax	
	Chattanooga, TN 37402		<del></del>
Douglas A. Dyer, Partner	Brennan Dyer & Co., LLC	265-5062	10
	735 Broad Street, Suite 400	265-5068 fax	
	Chattanooga, TN 37402		
Robyn Fuller,	Staybridge	385-1232	11
General Manager	1300 Carter Street	267-0945 fax	
	Chattanooga, TN 37402		
Sherrie Gilchrist,	Tennessee Multicultural Chamber of	265-0021	11
President/CEO	Commerce	265-0023 fax	
	533 Chestnut Street, S-200		
	PO Box 1189		
	Chattanooga, TN 37402		
Philip Grymes, Executive	Outdoor Chattanooga	643-6881	10
Director	1250 Market Street	421-5227 fax	
	Suite 1006		
	Chattanooga, TN 37402		
Sandra Gurgone, Director of	Vision Hospitality Group, Inc.	892-1010	11
Revenue Management	2034 Hamilton Place Blvd	892-1018 fax	• •
	Ste 200, CBL II	=	
	Chattanooga, TN 37421		
Rick Hansard, Marketing	Chattanooga Coca Cola Bottling Co.	493-0420	11
Director	PO Box 11128	493-0411 fax	1.1
Director	Chattanooga, TN 37401	IJJ UIII IUA	
Filan Hays Community	1703 Mitchell Avenue	240-7285	11
Ellen Hays, Community	Chattanooga, TN 37408	2 <del>7</del> 0-1203	11
Volunteer Volunteer		442 1574	
Hon. Gerald McCormick	PO Box 4741	443-1574	12
State Representative	Chattanooga, TN 37405	0.65.5416	
Jed Mescon,	WRCB TV Channel 3	267-5412	11
News Anchor	500 Whitehall Road	267-6840 fax	
<u> </u>	Chattanooga, TN 37405		
Jeff Messinger, Owner	Mt. Vernon Restaurant	266-6591	10
	3535 Broad Street	266-4216 fax	
	Chattanooga, TN 37409		

Hugh Morrow, President	Ruby Falls	822-0553	12
,	1720 South Scenic Parkway	821-6705 fax	
	Chattanooga, TN 37409		
Susan Moses, Chef/Owner	212 Market Street Restaurant	265-1212	10
	212 Market Street	267-6757 fax	
	Chattanooga, TN 37402		
Kay Parish, Executive Director	Friends of Chickamauga &	400-2738	12
,,	Chattanooga Natl Military Park	267-5886 fax	
	PO Box 748		
	Chattanooga, TN 37401		
Carla Pritchard, Executive	Chattanooga Presents	265-0771	10
Director	720 Cherry Street		
	Chattanooga, TN 37402		
Hon. Claude Ramsey,	County Courthouse	209-6100	ExO
County Mayor	Room 208	209-6101 fax	
County Mayor	Chattanooga, TN 37402		
Henry Schulson,	Creative Discovery Museum	756-2738	12
Executive Director	PO Box 6339	267-9344 fax	
Executive Director	Chattanooga, TN 37401	20, 33.1.12.1	
Jeff Sikes, Regional Manager	Thompson Engineering, Inc.	756-7970	11
Jen Sikes, Regional Manager	232 E. 11 <sup>th</sup> Street; Suite A114	870-4247	••
	Chattanooga, TN 37402	070-4247	
Hon. Mike Steele,	Payroll Professionals	266-4018	10
Owner/Partner	400 Chestnut St., Suite 200	200-4016	10
Owner/r artifer	Chattanooga, TN 37402		
Rob Stickley, VP of Revenue	Gordon Biersch Brewery	424-2000	12
Rob Stickley, VI of Revenue	Restaurant Group	752-1973 fax	12
	2001 Riverside Drive, #3100	, 32 13 / 3 Tun	
	Chattanooga, TN 37406		
Annie Still, Director of Sales	Chattanooga Choo Choo	266-5000	12
Annie Stin, Director of Suics	1400 Market Street	756-2420 fax	
	Chattanooga, TN 37402	, 50 2 120 Iun	
Cindy Todd, Director of	Tennessee Aquarium	785-3004	12
Marketing	PO Box 11048	265-2871 fax	12
Marketing	Chattanooga, TN 37401-2048	203 2071 141	
Don Walker, Director of	Tennessee Aquarium	785-4037	12
Guest Services	1 Broad Street	267-3561 fax	12
Guest Bervices	PO Box 11048	ZOI-JJOI IUN	
	Chattanooga, TN 37401-2048		
Reverend Ann Weeks	305 North Forrest Avenue	802-0939	11
Meveretta Will AAGGW2	Lookout Mountain, TN 37350	00 <i>L</i> -0737	11
Tom Edd Wilson	Chatt. Area Chamber of Commerce	756-2121	ExO
Tom Edd Wilson, President/CEO	811 Broad Street	267-7272 fax	LAO
I ICSIGENIACEO	Suite 100	201-1212 IdA	
•			
Y 7-11	Chattanooga, TN 37402	756 2025	12
Larry Zehnder	City of Chattanooga	756-3025	12
	Parks & Recreation		
	1102 South Watkins St.		
	Chattanooga, TN 37404		

CHATTANOOGA CONVENTION & VISITORS BUREAU

EIN: 62-0156713

Form 886	68 (Rev. 1-2011)				_	Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, e	complete only Part II and check this bo	ЭX	•	X
Note. Or	ily complete Part II if you have already been granted an a	automatic	3-month extension on a previously filed	Form	8868.	
	are filing for an Automatic 3-Month Extension, comple					<del></del>
Part II	<del></del>	xtensio	n of Time. Only file the original (no c	opies i	needed).	
Type or	Name of exempt organization Employer					number
print					2 0156712	
File by the	Number, street, and room or suite no. If a P.O box, s			<u> </u>	2-0156713	
extended due date for			uons.			
filing your return See	City, town or post office, state, and ZIP code For a for		tress, see instructions			
instructions		g uu				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
					-	
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 990		01				
Form 990		02	Form 1041-A		_	08
Form 990		03	Form 4720			09
Form 990	· · · · · · · · · · · · · · · · · · ·	04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05 06	Form 6069 Form 8870			11
	O-T (trust other than above)			مار وا	d Farm 9969	12
	o not complete Part II if you were not already granted to the care of ► CAMEILLE VLIETSTRA - 7					· · · · ·
	none No. ► 423/424-4425	JU PARK	FAX No. ► 423/265-1630		A, IN 37402	
	organization does not have an office or place of business	s in the Ur		<u>′</u>	<b></b>	
	is for a Group Return, enter the organization's four digit			ıs is fo	r the whole group, c	heck this
box 🕨	. If it is for part of the group, check this box	1	ich a list with the names and EINs of all			
4 I re	quest an additional 3-month extension of time until	MAY	15, 2011			
<b>5</b> Fo	r calendar year, or other tax year beginning	JUL 1	, 2009 , and ending	JUN	30, 2010	
6 If t	he tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	Final r	eturn	
L	Change in accounting period					
_	ate in detail why you need the extension					
<u>S1</u>	SEE STATEMENT 1					
		. <del>-</del>	<u> </u>		<del> </del>	
On If t	nin application in for Form 000 PL 000 DE 000 T 4700	or 6060 o	star the testative tay less any	ĺ		
	nis application is for Form 990-BL, 990-PF, 990-T, 4720, on refundable credits. See instructions.	or 6069, e	nter the tentative tax, less any	8a	\$	0.
	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated				•	
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					
	eviously with Form 8868.			8b	s	0.
c Ba	lance due. Subtract line 8b from line 8a. Include your pa	yment wit	h this form, if required, by using			
EF	TPS (Electronic Federal Tax Payment System). See instru	uctions.		8c	\$	0.
	Signa	ature an	d Verification			
Under pen it is true, c	alties of perjury, I declare that I have examined this form, includ orrect, and complete, and that I am authorized to prepare this fo	ing accomp orm.	panying schedules and statements, and to the	e best o	f my knowledge and be	elief,
Signature	► Title ► (	CONTRO	OLLER	Date	<b>_</b>	
					<del></del>	

Form 8868 (Rev. 1-2011)

FORM 8688 EXPLANATION FOR EXTENSION STATEMENT

### **EXPLANATION**

INFORMATION HAS BEEN REQUESTED, BUT NOT YET RECEIVED FROM THIRD-PARTY SOURCES. THIS INFORMATION IS NEEDED IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.