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Department of the Treasury

SCANNED DEC 0 9 2010

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

Inte	artment o	of the Treasury enue Service	_	► The organization may have to	use a copy of this return to sa	itisfy state repor	ting requirem	ents	Open	to Public In	spection
	For th	e 2009 calend	dar year,	or tax year beginning 7,	['] 01 , 20 0	9, and endir	ig 6/3	0	,	2010	
В	Check if	applicable	Diagram	С				D Employ	er Identific	ation Number	
	Add	dress change	Please use IRS label	WASHINGTON COUNTY		CIATION		93-0	08509	26	
	Nar	me change	or print or type.	11000 SW STRATUS				E Telepho	ne numbe	r	
	Init	al return	See specific	BEAVERTON, OR 970	108-1106		į	503-	-644-	5555	
	Ter	mination	Instruc- tions.					-			
	Am	ended return						G Gross re	ceipts \$	1,451	.,434.
	App	plication pending	F Name a	and address of principal officer $ $	ERRY GOLDMAN		H(a) Is this a			tes? Yes	s X No
				AS C ABOVE			H(b) Are all a	iffiliates incli ittach a list		retions) Tes	s 🗌 No
<u>l</u>	Tax-	exempt statu	s X 501	(c) (6) (insert no.) 4947(a)(1) or	527	11 140, 2	illacii a iisi	(See IIISII L	ictions)	
J	Web	site: ► WW	W.WCVA	.ORG_	_		H(c) Group e	xemption nu	mber -		
K			X Corpora	ition Trust Association	Other ►	L Year of Forma	tion 1983	Mis	tate of leg	al domicile O	R
Pa	rt I	Summa									
	1 6	Briefly describ	oe the org	janization's mission or mos	significant activities:	TO_ACTIV	ELY PRO	MOTE 1	WASHI	NGTON_C	YTNUC
ø				ON FOR CONVENTION							
anc	-							. – – – –			
Activities & Governance	_										
Š		Check this bo	x ► 📙	if the organization discontin	ued its operations or dis	sposed of mo	ore than 25	% of its	- 1		
ಹ				bers of the governing body		1h\			3		15
ies				t voting members of the go [,] yees (Part V, line 2a)	verning body (Part VI, II	ne ID)		-	5		13 14
Ę.				eers (estimate if necessary)				ŀ	6		2
Ą				usiness revenue from Part)		Ì	7a		0.
				taxable income from Form				Ì	7b	,	0.
				· · · · · · · · · · · · · · · · · · ·			Pr	ior Year		Current \	 /ear
•	8 (Contributions	and gran	ts (Part VIII, line 1h)				ioi reai	 		3,520.
Revenue				ue (Part VIII, line 2g)			2,	,315,3	71.		3,322.
eve	10	nvestment in	come (Pa	rt VIII, column (A), lines 3,	4, and 7d)			31,6			,592.
α	11 (Other revenue	e (Part VI	II, column (A), lines 5, 6d, 8	3c, 9c, 10c, and 11e)					•	
				nes 8 through 11 (must equ		line 12)	2,	347,0	63.	1,451	.,434.
				ounts paid (Part IX, column				168,7	20.	234	1,740.
				nembers (Part IX, column (
တ္	15 8	Salaries, othe	r compen	sation, employee benefits (Part IX, column (A), line	es 5-10)		577,0	46.	589	9,471.
Expenses	16a F	Professional f	undraisin	g fees (Part IX, column (A),	line 11e)						
, xbe	bΤ	Total fundrais	ıng exper	ises (Part IX, column (D), lį	ne 25)		\$+ ' 1	2β (1) (1) (1) (1) (1) (1) (1) (1	t , .	,	· , /
ш	17 (Other expense	es (Part I	X, column (A), lines 11a-11	d. 11f-24f).	1)		987,0	63.	832	2,438.
				es 13-17 (must equal Part			1,	732,8		1,656	
				Subtract line 18 from line		1 - 1		614,2			,215.
8					0	1.61	Beginn	ning of Ye		End of Y	
Net Assets or Fund Balances	20 T	Total assets (I	Part X, lır	ne 16)	(:Œ		025,3			7,166.
d A		Total liabilities				11			0.		0.
25	22 N	Vet assets or	fund bala	nces Subtract line 21 from	line 20		2.	025,3	80.	1.820	,166.
Pa		Signatu						020,0		1,020	7100.
		Under penaities	of perjury, I	declare that I have examined this re	turn, including accompanying so	hedules and stat	ements, and to	o the hest of	my knowi	edge and helief	IT IS
		true, correct, an	nd complete	declare that I have examined this re Declaration of preparer (other than of	ifficer) is based on all information	on of which prepa	rer has any kr	nowledge		ougo una conor,	11.15
Sig	ın	- Ter	mu	W. Colla				10/2	5/20	110	
He	re	Signature o	of officer		^ -		Date	· · · · · · · · · · · · · · · · · · ·			
		- Ter	YANC	e W. Goldman	1 fresiden	J/CE	\bigcirc				
		Type or prii	nt name and	title		-					
						Date	Che	ck if	Prepa (see	arer's identifying instructions)	number
Pai		Preparer's	. 1/2	1124	- A A.	10101	self emp	oloyed ►			
Pre	_	signature > KMW A Dallina, CA 10/8/10							P00	0038147	
pai Us	er's	Firm's name (or	BATE	MAN LARKIN, CPAS,	P.C.	-					
On		yours if self- employed)	▶ 1353	35 SW 72ND AVE STE	170		EIN	► 93	3-125	6891	
	· J	address, and ZiP + 4	TIGA							39-4142	
May	the IR	S discuss the	s return v	outh the preparer shown abo	ve? (see instructions)					X Yes	No

_	· · `_ · · · · 	<u>-0850</u>	192	0		age 2
Par	t III Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission					
	, TO ACTIVELY PROMOTE WASHINGTON COUNTY AS A DESTINATION FOR CONVENTIONS	, BU	SI	IESS	AND)
	PLEASURE TRAVELERS.					
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					<i>-</i>
	Did the organization undertake any significant program services during the year which were not listed on the price					
_	Form 990 or 990-EZ?	" 「	$\neg$	V	X	NI.
		L		Yes		No
_	If 'Yes,' describe these new services on Schedule O	г	_		T.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L		Yes	X	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 exp and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and alloca	enses	Sec	tion 5	01(c)(	(3)
	expenses, and revenue, if any, for each program service reported	แบกราเ	יווט כ	ers, u	ne tota	<b>3</b> 1
4 a	(Code) (Expenses \$ 1,404,479. including grants of \$ 234,740.) (Revenue)					)
	THE ORGANIZATION PROMOTED TRAVEL TO WASHINGTON COUNTY BY PROVIDING INF					
	TOURISM TRADE SHOWS AND TO MEETING PLANNERS; THEY FACILITATED THE DISS	EMIN	AT]	ON	OF	
	INFORMATIONAL MATERIALS TO VARIOUS INTERESTED BUSINESSES AND OTHER POT					
	VISITORS.					
4h	(Code	<u> </u>				١
	/ (Levella ) (Experises +) (Nevertal )	~ ~_				—′
					<b>-</b>	
	(C.) (C.)					
4 c	(Code) (Expenses \$ including grants of \$) (Revenue)	e \$_				)
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	Other program assured (Describe in Cability O.)					
40	Other program services (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue \$					
40	Total program service expenses > 1 404 479					

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A Х 2 X Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I X 3 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 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 Х 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, 6 Х 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х 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 Х Schedule D. Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 'Yes,' complete Schedule D, Part VХ 10 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or Х X as applicable 11 Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part V. ٠. F_{jk} • 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 è 15.5 والأرابي · 授品 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 13-17 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 Şį 1 Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 13 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses E. E the organization's liability for uncertain tax positions under FIN 48? If Yes, 'complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII X 12 No 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes in Die ٠,* Х year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional. 12 A Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **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 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 Х 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 Х 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 Х Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20 Х

Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II X 21 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 Х 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х 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, and 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 Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 25b 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 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L. Part III 27 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28b Х 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 Х X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I X 31 31 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 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, Х 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R. Part V, line 2 35 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 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

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Form 990 (2009)

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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

Take Transfer of the Composition			
		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			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b. 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	. X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 14	_		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	-	X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3 b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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.	- 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
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
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		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).	7.7	,, '	`
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?	7a	<u></u>	<u>:</u>
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? d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	7c	2 ,	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	المحدد الم	
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?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
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	1 1		
holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.	£ 2	دلس.	
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9Ь		
10 Section 501(c)(7) organizations. Enter		l	
a Initiation fees and capital contributions included on Part VIII, line 12 Cosse Receipts, included on Form 900, Part VIII, line 12 for subtractions of all the facilities 10 for subtractions included in Form 900, Part VIII, line 12 for subtractions of all the facilities 10 for subtractions in the			-
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	١,٠		
11 Section 501(c)(12) organizations. Enter. a Gross income from other members or shareholders		İ	
		٠, ،	
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 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

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Form **990** (2009)

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.

<u> </u>	ction A.	Governing B	ody and Iviana	gement								
											Yes	No
1	a Enter the	number of voting	g members of the	governing boo	dy		1a		15			- 1
	b Enter the	number of voting	g members that a	re independen	t		1b		13			,
2	Did any officer, d	officer, director, tr irector, trustee or	ustee, or key em key employee?	oloyee have a	family relationship	or a business r	elation	ship with an	y other	2		- X
3	Did the o	organization deleg s, directors or tru	ate control over r	nanagement de blovees to a ma	uties customarily p anagement compa	erformed by or	under	the direct su	pervision	3		х
4				-	rganizational docu	-				4		Х
		prior Form 990 v		J								
5		-		he year of a m	naterial diversion o	f the organization	on's as	sets?		5		Х
6	Does the	organization hav	e members or sto	ckholders?						6		X
7	a Does the	organization hav	e members, stock SEE SCHEDUL	tholders, or oth E O	ner persons who m	nay elect one or	more i	members of	the	7a	Х	
		-			al by members, st					7 b		Х
8	•	rganization conte			eetings held or writ	•	•		year by	:	1 /	~,
		erning body?								8a	X	
	ū	nmittee with auth	arity to act on bal	alf of the gove	arnina hadu?	•	•			8b	X	
			•	~	- •					80	Λ	
	organiza	tion's mailing add	ress? <u>If 'Yes,' pro</u>	vide the name	sted in Part VII, Ses and addresses i	n Schedule O				9		X
		•	his Section B	requests int	ormation about	policies not	requi	red by the	Internal			
Kev	renue Code)						<u> </u>		_		
	5										Yes	No
		organization hav		· ·						10 a		X
					rocedures governir th those of the org					10 Ь		
		-			all members of its			_		11	X	L
11	A Describe	ın Schedule O th	e process, if any,	used by the o	rganization to revi	ew this Form 99	0. S	EE SCHED	ULE O	."		<u> </u>
					olicy? <i>If 'No,' go to</i>					12 a	X	
	b Are office to conflic	ers, directors or tr ts?	ustees, and key e	employees requ	uired to disclose a	nnually interests	s that c	ould give ris	e	12 b	Х	
	c Does the Schedule	organization regi O how this is do	ularly and consistence SEE SC	ently monitor a CHEDULE O	and enforce compli	ance with the po	olicy?	If 'Yes,' desc	cribe in	12 c	х	
13	Does the	organization have	e a written whistle	blower policy?	>					13	X	
14	Does the	organization have	e a written docum	ent retention a	and destruction po	licy?				14	Х	
15	Did the p persons,	rocess for determ comparability dat	iining compensati a, and contempoi	on of the follow aneous substa	wing persons inclu antiation of the del	de a review and iberation and de	l appro	val by indep	endent	v. 4		
					ement official SE					15 a	_X	
i	b Other off	cers of key emplo	yees of the organ	nization						15 b		Х
	If 'Yes' to	line 15a or 15b,	describe the proc	ess in Schedu	le O (See instruct	ions)				, -		6
16		rganization invest	in, contribute as	sets to, or part	ticipate in a joint v	enture or simila	r arran	gement with	a taxable	16a		X
ا	in joint ve	nas the organization enture arrangement th respect to such	nts under applica	ten policy or p ble federal tax	rocedure requiring law, and taken st	the organization eps to safeguard	n to ev d the o	raluate its pa organization's	rticipation s exempt	16 ь	,	,
Sec	ction C.	Disclosures										
17	List the s	tates with which a	copy of this Fori	m 990 is requi	red to be filed > 1	NONE						
18	Section 6 inspectio	5104 requires an o	organization to ma ou make these av	ake its Forms 1 ailable. Check	1023 (or 1024 if ap all that apply	pplicable), 990, a	and 99	D-T (501(c)(3	B)s only) av	 aılabl	e for p	public
	Own	website	X Another's we	bsite	X Upon reques	t						
19	Describe statemen	in Schedule O whats available to the	nether (and if so, public SEE	how) the organ SCHEDULE	nization makes its O	governing docui	ments,	conflict of ii	nterest pol	ıcy, ar	nd fina	incial
20					of the person who	•			-			
	► MARTH	A MOORE 110	00 SW STRAT	US_STREET	, SUITE 170	BEAVERTO	N_OR	<u>97008-7</u>	106 50	<u>3-64</u>	4-55	<u>555</u> _

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees'
- 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)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours	Pos	ition (k all 1	hat app		Reportable compensation from	Reportable	Estimated
	per week	Individual trustee or director	İnst	Officer	Key	Highest compensated employee	Former	the organization (W 2/1099-MISC)	compensation from related organizations (W 2/1099-MISC)	amount of other compensation from the
	ļ	rect	tutio	ĕ	Key employee	lest i	ը	(W 2/1099-MISC)	(W 2/1099-MIGC)	organization and related
		1 2 2	nali		o Ve	E 03				organizations
		stee	Institutional trustee		ř	bens				
			98			ated				
TERRY GOLDMAN										
PRESIDENT/CEO	2	Х		Х	ŀ			0.	0.	0.
TRACY REYNOLDS										
TREASURER	1	Х		Х				0.	0.	0.
KIM ORTIZ										
DIRECTOR	1	X						0.	0.	0.
LISA DUPRE'										
CHAIR ELECT	5	X		_X				0.	0.	0.
BOB VAN DYK		1								
DIRECTOR	11	Х						0.	0.	0.
TERI KOERNER										
CHAMBER EXEC	4	X		Х				0.	0.	0.
JONAE ARMSTRONG		}			l		l			
DIRECTOR	1	X						0.	0.	0.
DYLAN_CAMPY	_	l							_	_
DIRECTOR	1	Х						0.	0.	0.
DENNY DOYLE	_	,,								_
DIRECTOR TOM BRIAN	1	Х			_			0.	0.	0.
DIRECTOR		.,							_	^
JOSH SANDERS	0	Х	H				_	0.	0.	0.
DIRECTOR	1	х						0.	0.	0
BARBARA GROSS		_^_						0.	0.	0.
DIRECTOR	1	Х						0.	0.	0.
JIM MCELHINNY		Λ						0.	0.	<u> </u>
SECRETARY	3	х		Х				0.	0.	0.
NORMAN PENNER		- 11		21		_		, , , , , , , , , , , , , , , , , , ,	· ·	
DIRECTOR	2	х						0.	0.	0.
RUTHIE REINERT									<u></u>	
PRESIDENT & CEO	40	X		Х				94,200.	0.	6,802.
	·									-, -, -, -, -, -, -, -, -, -, -, -, -, -
					i					
	L									

Part VII Section A. Officers, Directors, Trus	(B)				c)	,		(D)	(E)	(F)
Name and Title	Average hours		,					Reportable compensation from	Reportable	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		the organization (W 2/1099 MISC)	compensation from related organization (W-2/1099-MISC)	compensation from the organization and related organizations
				ļ						
								<u> </u>		
					_					
				_						
						_				
						_				
1 b Total								94,200.		0. 6,802
2 Total number of individuals (including but not limited from the organization ► 0	d to tho	se li	sted	l abo	ove)) wh				ortable compensation
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii										Yes No
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the individual	portable han \$15	cor 0,00	npe 0?	nsat <i>If 'Y</i>	ion es'	and com	l oth plet	er compensation e Schedule J for :	from such	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens nedule	atioi <i>I for</i>	n fro	om a h pe	any erso	unre n	elate	d organization for	services	5 X
Complete this table for your five highest compensate compensation from the organization	ed inde	pend	dent	cor	itrac	ctors	tha	t received more t	han \$100,000 of	
(A) Name and business addres	s					,		(B Description o	of Services	(C) Compensation
				_						
2. Total number of independent contrasters (including	but set	lımı	tod	to 41-	2000	1104	od -	phoyo) who recome	ad mare than	
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►	_	mall	ıeu	נט נר	iust	ะ แรเ	cu a	above) who receiv	eu more man	· · · · · · · · · · · · · · · · · · ·

Fe	Triving 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	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d				
TIONS, G	e Government grants (contributions) 1 e	_			
ONTRIBU	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f:.				
		▶ 3,520.	<u> </u>		
PROGRAM SERVICE REVENUE	2a COUNTY HOTEL/MOTEL TAX b	1,428,322.	1,428,322.		
SERVICE	c				
ROGRAM	f All other program service revenue				
	g Total. Add lines 2a-2f	► 1,428,322.	- '	-	
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds 	19,592.			19,592.
	5 Royalties	•			
	(i) Real (ii) Personal	_	•		,
	6a Gross Rents				
	b Less rental expenses c Rental income or (loss)	\dashv	, ,		-
	d Net rental income or (loss)	<u> </u>	<u> </u>		
	7a Gross amount from sales of (i) Securities (ii) Other	1 1 1	;		·
	assets other than inventory b Less: cost or other basis		7	3	, N
	and sales expenses c Gain or (loss)		- F	1=	
	d Net gain or (loss)	•		, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NUE	8a Gross income from fundraising events (not including \$	- 1	,	,	
OTHER REVENU	of contributions reported on line 1c). See Part IV, line 18 a				,
E E	b Less direct expenses b	alike aanaa a	ويا، ماما	he but man	
	c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				,
	c Net income or (loss) from gaming activities	F			~ ~
	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	<u> </u>			
ŀ	Miscellaneous Revenue Business Code	-			
	11ab	- 	-	· · ·	
	b				
	d All other revenue			-, -, -	
	e Total. Add lines 11a-11d	>			
	12 Total revenue. See instructions	► 1,451,434.	1,428,322.	0.	19,592.

Part IX Statement of Functional Expenses

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

	All other organizations must con	aplete column (A) but are	•		d (D).
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	234,740.	234,740.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2017 / 101	231/1101		
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	98,900.	79,120.	19,780.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7		372,901.	251,141.	121,760.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer				
_	contributions)	3,955.	2,769.	1,186.	
9	Other employee benefits	64,635.	45,245.	19,390.	
10	. ,	49,080.	34,356.	14,724.	
	Fees for services (non-employees)				
	a Management	ļ- <u> </u>			
	Legal	5,365.		5,365.	
	Accounting	13,913.		13,913.	
	d Lobbying				
	Prof fundraising svcs See Part IV, In 17		ing the same		
	Investment management fees		· · · ·		
	y Other	4,407.		4,407.	
12	Advertising and promotion	162,397.	162,397.		
13	Office expenses	3,726.	2,608.	1,118.	
14	Information technology	21,588.	21,588.		
15	Royalties				·
16	Occupancy	79,241.	55,469.	23,772.	
17	Travel	7,431.	5,202.	2,229.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest	24,677.	24,677.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,209.	10,646.	4,563.	
23	Insurance	3,163.	2,214.	949.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed			343.	1
	5% of total expenses shown on line 25 below)			= 1	5
а	STRATEGIC INVESTMENT FUND	120,959.	120,959.		······································
b	WEBSITE EXPENSE	94,507.	94,507.		
c	MARKETING AND SALES COLLATERAL	77,720.	77,720.		
d	CONTRACTORS-SALES/PR	52,878.	52,878.		
	FULFILLMENT	46,681.	46,681.		······································
f	All other expenses	98,576.	79,562.	19,014.	
25	Total functional expenses. Add lines 1 through 24f	1,656,649.	1,404,479.	252,170.	0.
26	Joint costs. Check here ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational			,	
ВАА	campaign and fundraising solicitation	L			Form 990 (2009)

Part X Balance Sheet

	•				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			201,235.	1	20,690.
	2	Savings and temporary cash investments			1,775,967.	2	1,758,513.
	3	Pledges and grants receivable, net			· · · · · · · · · · · · · · · · · · ·	3	<u> </u>
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	s, trus	stees, key employees, schedule L		5	
	6	Receivables from other disqualified persons (as define	ed und	der section 4958(f)(1))		<u> </u>	,
		and persons described in section 4958(c)(3)(B) Com	Part II of Schedule L		6		
Š	7	Notes and loans receivable, net			7		
A S E T	8	Inventories for sale or use				8	
Ś	9	Prepaid expenses and deferred charges			6,282.	9	6,282.
	10 a	Land, buildings, and equipment, cost or other basis	10a	114,797.			'
		Complete Part VI of Schedule D			,1 ,	L	
	t	Less: accumulated depreciation	10b	80,116.	41,896.	10 c	34,681.
	11	Investments — publicly-traded securities				11	
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments – program-related See Part IV, line 11		···· - · · · · · · · · · · · · · · · ·	13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11				15	
	16	Total assets Add lines 1 through 15 (must equal line	34).		2,025,380.	16	1,820,166.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable	į		18		
	19	Deferred revenue			19		
Ţ	20	Tax-exempt bond liabilities			20		
A B	21	Escrow or custodial account liability. Complete Part I		21			
l L T	22	Payables to current and former officers, directors, trushighest compensated employees, and disqualified per	stees, sons	key employees, Complete Part II	and the second second	- ; , ,	
Ė		of Schedule L				22	
Š	23	Secured mortgages and notes payable to unrelated the				23	
	24	Unsecured notes and loans payable to unrelated third	partie	es		24	
	25	Other liabilities. Complete Part X of Schedule D				25	
\dashv	26	Total liabilities. Add lines 17 through 25	11	 	<u> </u>	26	0.
N E T		Organizations that follow SFAS 117, check here > 27 through 29 and lines 33 and 34.	X ar	nd complete lines		100	
A S E	27	Unrestricted net assets			2,025,380.	27	1,820,166.
	28	Temporarily restricted net assets				28	
Ś	29	Permanently restricted net assets			29		
R		Organizations that do not follow SFAS 117, check he	re 🟲	and complete		١.	* * k 1
FUZD		lines 30 through 34.			المستعد المقداد المتعدد		
Ď	30	Capital stock or trust principal, or current funds				30	
В	31	Paid-in or capital surplus, or land, building, and equip			31		
Ă.	32	Retained earnings, endowment, accumulated income,		32			
BALANCES	33	Total net assets or fund balances			2,025,380.	33	1,820,166.
-	34	Total liabilities and net assets/fund balances.			2,025,380.	34	1,820,166.
BAA	١.						Form 990 (2009)

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Form 990 (2009)	WASHINGTON	COUNTY	VISITORS	ASSOCTATION
1 01 111 330 (2003)	MUDITINGTON	COOMIT	ATOTIONS	VOOCCTUT TON

93-0850926

Page **12**

JS 0030320		1 6	aye iz
Part XI Financial Statements and Reporting			
•		Yes	No
1 Accounting method used to prepare the Form 990 $[\overline{X}]$ 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?	2a	l	1
b Were the organization's financial statements audited by an independent accountant?	2b		X
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?	2c	Х	
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:		٠, ,	
Separate basis Consolidated basis Both consolidated and separate basis	1,5		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		

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Form 990 (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions 2009

Open to Public Inspection
Employer Identification number

WASHINGTON COUNTY VISITORS ASSOCIATION

WA	SHINGTON COUNTY VISITORS ASSOC	.TATTON	93-0850926
Pai	rt Organizations Maintaining Dono	r Advised Funds or Other Similar Funds	
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	, c. , i commo compició m
		(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	<u> </u>	
-	•	<u> </u>	
5	funds are the organization's property, subject		Yes No
6	used only for charitable purposes and not for purpose conferring impermissible private bene		y other Yes No
Par	t II Conservation Easements Comple	ete if the organization answered 'Yes' to	Form 990, Part IV, line 7.
1			
	Preservation of land for public use (e.g., r	ecreation or pleasure) Preservation of a	an historically important land area
	Protection of natural habitat	Preservation of c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organizations day of the tax year.	on held a qualified conservation contribution in the	e form of a conservation easement on the
			Held at the End of the Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easei	ments	2 b
c	: Number of conservation easements on a certi-	fied historic structure included in (a)	2c
C	Number of conservation easements included i	n (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 co	onservation easement is located >	
5	and enforcement of the conservation easemer		Yes No
	during the year ►	ng, inspecting, and enforcing conservation easem	ents
,	Amount of expenses incurred in monitoring, in during the year ►	especting, and enforcing conservation easements	\$
8	Does each conservation easement reported or $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	n line 2(d) above satisfy the requirements of section	On Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements	s conservation easements in its revenue and expense to the organization's financial statements that des	statement, and balance sheet, and cribes the organization's accounting for
Par	t III Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical Treasures, or Owered 'Yes' to Form 990, Part IV, line 8.	ther Similar Assets
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statemen	r SFAS 116, not to report in its revenue statement lic exhibition, education, or research in furtherance ents that describes these items	t and balance sheet works of art, historical e of public service, provide, in Part XIV,
b	treasures, or other similar assets held for publi amounts relating to these items	r SFAS 116, to report in its revenue statement and lic exhibition, education, or research in furtherance	d balance sheet works of art, historical e of public service, provide the following
	(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 a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets for 116 relating to these items.	financial gain, provide the following
а	Revenues included in Form 990, Part VIII, line	1	► \$
b	Assets included in Form 990, Part X		► \$

			VISITORS				93-085			Page 2
Part III Organizations Maintai	ning Col	ections	of Art, Hist	torical	Treasures	s, or C	Other Similar As	sets (c	ontını	ied)
3 'Using the organization's acquisition terms (check all that apply).	on accessio	n and oth	ner records, ch	eck any	of the follow	ving tha	at are a significant u	se of its	collect	ion
a Public exhibition			d Loan	or exc	hange progra	ams				
b Scholarly research			e 🗌 Othe	r						
c Preservation for future generation										
4 Provide a description of the organ Part XIV								se in		
5 During the year, did the organizal assets to be sold to raise funds ra	ion solicit c ather than t	or receive o be maii	donations of a stained as part	art, histo of the	orical treasur organization'	es, or c s collec	other similar	Yes	ſ	No
Part IV Escrow and Custodial 9, or reported an amou	Arrange	ments (Complete if	organ					rt IV,	
1a Is the organization an agent, trus included on Form 990, Part X?				-		r other	assets not	Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV	and com	plete the follow	ving tab	ole.					
- D								Amount	·	
c Beginning balance							1c			
d Additions during the yeare Distributions during the year							1d			
f Ending balance							1e			 -
2a Did the organization include an ar	mount on F	orm 990	Part X June 21	2				Yes	—	No
b If 'Yes,' explain the arrangement		31111 330,	r are x, mic 21	•				☐ 1 es	L	
Part V Endowment Funds Cor		organiza	ation answer	red 'Y	es' to Form	າ 990.	Part IV. line 10.			
	(a) Currer		(b) Prior yea		(c) Two years		(d) Three years back		our years	s back
1 a Beginning of year balance			,			. h. h. w	ry through		1 - 4	
b Contributions					(3) FET , F (2)	ades parts	, 75 TE 10/19-7 (~ 'A',	100	-;
c Net Investment earnings, gains, and losses						water in the	May be some the		Mitigation of the second	"和"
d Grants or scholarships				-	أأرام المتعالم المتعالم	· (4)8 .4	三 · · · · · · · · · · · · · · · · · · ·	- h	J	(kr)
Other expenditures for facilities and programs		Ì			1日の日本日本			海洋	W. C.	, T
f Administrative expenses				,	4. P. S) is \$6	Company the state of		1.4. 1	1
g End of year balance					STAR E	<i>^</i>	And the state of the		,h 5	- 1
2 Provide the estimated percentage		end bala	nce held as:							
a Board designated or quasi-endow		·	⁸							
b Permanent endowment ►		Š								
c Term endowment ▶	%									
3a Are there endowment funds not in organization by	the posses	ssion of th	ne organization	n that a	re held and a	adminis	tered for the		Yes	No
(i) unrelated organizations						•		3a(i)		<u></u>
(ii) related organizations		.		-111	- D2			3a(ii)		
b If 'Yes' to 3a(ii), are the related orDescribe in Part XIV the intended								3b		<u> </u>
Part VI Investments—Land, Bu	ildings a	and Far	inment Se	e Forr	n 990 Par	t X III	ne 10			
Description of investment	manigs, c	(a) Cost	or other basis	(b)	Cost or other asis (other)		(c) Accumulated Depreciation	(d) B	ook Va	alue
1a Land				<u>_</u>						
b Buildings										
c Leasehold improvements					6,70	5.	1,433.		5,	272.
d Equipment					16,92	4.	6,773.			151.
e Other					91,16		71,910.			258.
Total. Add lines 1a through 1e (Column	(d) must e	qual Forn	n 990, Part X, o	column	(B), line 10(c))			34,	681.

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Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 WASHINGTON COUNTY			50926 Page :
Part VII Investments—Other Securities See F	orm 990, Part X, line	12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	ition ket value
Financial derivatives			
Closely-held equity interests			
Other			
	- <u> </u>		
			
			· · · · · · · · · · · · · · · · · · ·
	-		
	- 		
		· · · · · · · · · · · · · · · · · · ·	·
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)	<u> </u>		1
Part VIII Investments-Program Related (See	Form 990, Part X, line	e 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valua	tion
		Cost or end-of-year mar	ket value
<u> </u>			
		····	
······································			
		- 311 y 1 12 x	
Total (Column (b) must equal Form 990, Part X, Col (B) line 13) ► Part IX Other Assets (See Form 990, Part X,	line 15) N/A		· · · · · · · · · · · · · · · · · · ·
	escription		(b) Book value
(4) 30	250 TP RIOTI		(b) Dook value
	· · ·		
		·	
			
	 		
Total. (Column (b) must equal Form 990, Part X, col (B), I	ine 15)	>	
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount		
Federal Income Taxes		,	
		_	1.2
			
		┧,	- ,
		-	, .
		-	
		1	•
		1 , , .	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			· · · · · · · · · · · · · · · · · · ·
2 FIN 48 Footpote In Part XIV provide the text of the foot	note to the organization's t	financial statements that reports the	orgonization!a liabilit.

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

Schedule D (Form 990) 2009 WASHINGTON COUNTY VISITORS AS		-0850926 Page 4
Part XI Reconciliation of Change in Net Assets from Form 9	90 to Financial Statements	N/A
1 · Total revenue (Form 990, Part VIII, column (A), line 12)		
2 Total expenses (Form 990, Part IX, column (A), line 25).		
3 Excess or (deficit) for the year Subtract line 2 from line 1		
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities .		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net). Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial statements. Combine	e lines 3 and 9	
Part XII Reconciliation of Revenue per Audited Financial Sta	tements With Revenue per Ret	turn N/A
 Total revenue, gains, and other support per audited financial statements 		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		•
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c ,	it right
d Other (Describe in Part XIV)		** ,
e Add lines 2a through 2d.		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	[£, ,
a Investments expenses not included on Form 990, Part VIII, line 7b	I I	1013
b Other (Describe in Part XIV)	ا ا ا	- 1-274
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, Iir	ne 12)	5
Part XIII Reconciliation of Expenses per Audited Financial St	atements With Expenses per F	Return N/A
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25"		# 7 ' 2.72
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
c Other losses	2c	
d Other (Describe in Part XIV)		Saile.
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		3
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	्रहेती सर्वेदेख
b Other (Describe in Part XIV)	4b	1 m 31 2 m 2
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, Ii	ne 18)	5
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, ar line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines Information.	nd 9; Part III, lines 1a and 4, Part IV, I nes 2d and 4b. Also complete this part	ines 1b and 2b, Part V, t to provide any additional

Schedule D (Form 990) 2009 WASHINGTON COUNTY VISITORS ASSOCIATION	93-0850926	Page 5
Schedule D (Form 990) 2009 WASHINGTON COUNTY VISITORS ASSOCIATION Part XIV Supplemental Information (continued)		
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	. 	
		

OMB No 1545-0047 2009 93-0850926 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990. Grants and Other Assistance to Organizations, Governments and Individuals in the United States General Information on Grants and Assistance WASHINGTON COUNTY VISITORS ASSOCIATION Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I Partl

ջ □ Open to Public Inspection Employer identification number XX 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

] _
	ss' to Form	0. Use	•	(h) Purpose of grant
	ion answered 'Ye	more than \$5,00	•	(a) Description of
RI IV	te if the organizati	ecipient received	-	(f) Method of valuation
States SEE PART IV	d States. Complet	re box if no one r		(e) Amount of non-cash
ant funds in the United S	zations in the Unite	an \$5,000. Check tl	pepeel	(d) Amount of cash grant (e) Amount of non-cash (f) Method of valuation
itoring the use of gra	ents and Organiz	eceived more tha	itional space is r	(c) IRC section
procedures for mon	nce to Governme	y recipient that r	Form 990) if add	NI 3 (q)
Z. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form	990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	Part IV and Schedule I-1 (Form 990) if additional space is needed	T (a) Name and address of organization
7 7	Part			

Fart IV and Schedule I-1 (Form 990) if additional space is needed	OLLI 990) II add	liorial space is i	Jeeded				A
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATHLETES LOUNGE							
5749 NW CORNELIUS PASS RD.							TOURISM
HILLS BORO, OR 97124	20-2731681		49, 611.	0.			PROMOTION
BANKS COMMUNITY FOUNDATION							
668 SOUTH MAIN							TOURISM
9	71-0956226 501 (C) (3)	501 (C) (3)	12,904.	0.			PROMOTION
BROADWAY ROSE THEATRE COMPANY							
PO BOX 231004							TOURISM
TIGARD, OR 97281	93-1069099 501 (C) (3)	501 (C) (3)	25,125.	0.			PROMOTION
NORTH WILLAMETTE VINTNERS							
29700 SW BURKHALTER RD							TOURISM
HILLSBORO, OR 97123	80-0337974		30,000.	0.			PROMOTION
OREGON PARKS & RECREATION DEPART							
725_SUMMER_ST_NE_SUITE C		GOVERNMENT					TOURISM
SALEM, OR 97301	93-1018525	93-1018525 ORGANIZATION	8,350.	0.			PROMOTION
ROBERT D. HORNING							
ايح							TOURISM
NORTH PLAINS, OR 97133	54-4567059		18,750.	0.			PROMOTION
TUALATIN RIVERKEEPERS							
12360 SW_MAIN_STREET, SUITE 100_		-			-		TOURISM
TIGARD, OR 97223	94-3184499 501 (C) (3)	501 (C) (3)	40,000.	0.			PROMOTION
WASHINGTON COUNTY CHAMBERS OF CO							
12655 SW CENTER ST. #140				_			TOURISM
BEAVERTON, OR 97008	20-1014012		50,000.	0.			PROMOTION

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

4 Schedule I (Form 990) 2009

Page 2 (f) Description of non cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 93-0850926 (e) Method of valuation (book, FMV, appraisal, other) REIMBURSEMENT POLICY. THE AGREEMENT IS FOR ONE YEAR AND OUTLINES THE PROJECT PURPOSE, THE GRANTS ARE BASED UPON EXPENSE REIMBURSEMENT. THE GRANTEE SUBMITS FOR PAYMENT OF GRANT FUNDS A COPY OF THE INVOICE AND A COPY OF THEIR CHECK TO THE VENDOR AS SUPPORT THE AMOUNT OF MONEY AWARDED, THE OBLIGATIONS FOR BOTH PARTIES, AND A PROVISION FOR GRANT APPLICATIONS ARE SUBMITTED TO WCVA; THEN THEY ARE REVIEWED AND RATED BY THE WCVA GRANT COMMITTEE. AFTER THEY HAVE BEEN APPROVED, THE WCVA CEO MEETS WITH THE POSSIBLE TERMINATION IF THE FUNDS ARE NOT USED IN THE MANNER SPECIFIED IN THE RECIPIENTS TO SIGN A TOURISM DEVELOPMENT GRANT AGREEMENT AND EXPLAIN THE (d) Amount of non-cash assistance PART I. LINE 2 - GRANTIMAKER'S DESCRIPTION OF HOW GRANTS ARE USED THE WCVA THEN REIMBURSES THE GRANTEE WASHINGTON COUNTY VISITORS ASSOCIATION (c) Amount of cash grant (b) Number of recipients FOR PROJECT EXPENSES. (a) Type of grant or assistance Schedule I (Form 990) 2009 AGREEMENT. Part III

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

WASHINGTON COUNTY VISITORS ASSOCIATION	93-0850926
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVE	RNING BODY
THE CHAMBER PARTNERSHIP APPOINTS THREE MEMBERS TO THE BOARD OF	DIRECTORS. THEY HAVE
THE SAME CLASS AND SAME VOTING RIGHTS AS ALL OTHER BOARD MEMBER	<u>ks</u>
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
A COPY OF THE FORM 990 WAS E-MAILED TO EACH BOARD MEMBER PRIOR	TO FILING. EACH
BOARD MEMBER WAS GIVEN 10 DAYS TO REVIEW THE RETURN AND PROVIDE	FEEDBACK BEFORE THE
RETURN WAS FILED WITH THE INTERNAL REVENUE SERVICE.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMI	ENT OF CONFLICTS
THE ORGANIZATION HAS A FORMAL CONFLICT OF INTEREST POLICY. COM	IFLICTS ARE MONITORED
AT THE REGULAR MONTHLY BOARD MEETINGS. BOARD MEMBERS HAVE AT V	VARIOUS TIMES ASKED
PERTINENT QUESTIONS ABOUT A MATTER TO MAKE SURE THAT THEY DO NO	T HAVE ANY CONFLICTS.
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS	FOR CEO, EXEC. DIR., OR TOP MGT
THE EXECUTIVE COMMITTEE PREPARES A FORMAL WRITTEN REVIEW AND EV	VALUATION OF THE
PRESIDENT/CEO'S WORK EACH YEAR. A NEW PRESIDENT/CEO WAS HIRED	IN JUNE 2010 WITH A
PERFORMANCE REVIEW SCHEDULED FOR DECEMBER OF THE NEXT FISCAL YE	AR. A PERFORMANCE
AND SALARY REVIEW WILL BE DONE ANNUALLY THEREAFTER. THE CEO'S	COMPENSATION WAS
BASED ON A DESTINATION MARKETING ASSOCIATION INTERNATIONAL STUD	Y FOR COMPENSATION.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	
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Schedule 0 (Form 990) 2009	Page 2
Name of the organization	Employer identification number
WASHINGTON COUNTY VISITORS ASSOCIATION	93-0850926
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Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

2009

achment 67

2009

Department of the Treasury Internal Revenue Service Name(s) shown on return

WASHINGTON COUNTY VISITORS ASSOCIATION

Identifying number 93–0850926

Business or activity to which this form relates FORM 990/990-PF Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I Maximum amount See the instructions for a higher limit for certain businesses. 1 \$250,000 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions) \$800,000 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (C) Elected cost Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Js a Note: Do not use Part II or Part III below for listed property. Instead, use Part V | Part II | | Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2009 17 13,203 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B -Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (C) Basis for depreciation (a) (b) Month and (d) (e) Convention (g) Depreciation Classification of property year placed (business/investment use Recovery period deduction in service only - see instructions) 19a 3-year property ΗY 200DB 3,057 ,019 . **b** 5-year property 4.937 5 HY 200DB 987 c 7-year property d 10-year property ۲ ۶ e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27.5 yrs MM S/L property 27.5 yrs MM S/L i Nonresidential real 39 yrs MM S/L property MM S/L Section C — Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs S/L 40 yrs c 40-year MM S/L Part IV | Summary (See instructions)

the appropriate lines of your return. Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

21 Listed property Enter amount from line 28

15,209

21

22