

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



Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending D Employer identification number Check if applicable C Name of organization Address change Visit Topeka, Inc. Name change 32-0176144 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 1275 SW Topeka Blvd 785-234-1030 Amende 1,084,984. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-Topeka, KS 66612-1852 H(a) Is this a group return pending F Name and address of principal officer. Olivia Simmons Yes X No for affiliates? same as C above H(b) Are all affiliates included? Yes No 4947(a)(1) or If "No." attach a list. (see instructions) J Website: ▶ www.visittopeka.com H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 2007 M State of legal domicile: KS Part I | Summary 1 Bnefly describe the organization's mission or most significant activities: To promote the City of Topeka and attract visitors and conventions. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 0. 0. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 1,023,652 1,064,650. 766 368. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A) lines 5, 6d, 8c, 9c, 10c, and 11e) 11.148. 19,966. Total revenue - add lines 8 through 41 (must equal Part VIII, column (A), line 12) 035,566 084,984. Grants and similar amounts paid (Part IX, column) (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX) column (A) line 4)
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0. 457,595. ,637. 16a Professional fundraising fees (Part IX, column (A), Ine 11e) 0. 0 b Total fundraising expenses (Ran-X-column (D), line 25) 534,074. 610,348. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 991,669. 1,087,985. Revenue less expenses Subtract line 18 from line 12 43,897 -3,001. **Beginning of Current Year** End of Year 582,120 567,226. 20 Total assets (Part X, line 16) 45,295 33,402. 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 536,825. 533,824. 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 fother than officer) is based on all information of which preparer has any knowledge ature of officer Date Sign Olivia Simmons, President/CEO Here Type or print name and title Check Date PTIN Print/Type preparer's name Paid Byron Porter self-employed Preparer Firm's name Lavanaugh & Porter Firm's EIN Firm's address > 2915 SW Wanamaker Rd., **Use Only** Phone no. 785-228-2200Topeka, KS 66614 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2010) Visi	it Topeka, Ind	C			32-01761	44 Page 2
Par	t III Statement of Progra	m Service Accompl	ishments		-		_
	Check if Schedule O contai	ins a response to any que	stion in this Part III				
1	Briefly describe the organization's		_		_		
	To promote the Ci	ity of Topeka	and attrac	<u>t visit</u>	ors and	convention	ons.
				 -			
	Did the organization undertake ar	ny nandinant program con	was duras the was		t listed on		
2	the prior Form 990 or 990-EZ?	ny significant program sen	vices during the year	writeri were ne	it listed on	Г	∐Yes X No
	If "Yes," describe these new serv	uces on Schedule O.		•		<u> </u>	
3	Did the organization cease condu		changes in how it co	nducts, any pr	ogram services	? [Yes X No
•	If "Yes," describe these changes	-	3	,,			
4	Describe the exempt purpose ach		organization's three	largest progra	m services by e	expenses.	
	Section 501(c)(3) and 501(c)(4) or	rganizations and section 4	947(a)(1) trusts are re	equired to repo	ort the amount o	of grants and	
	allocations to others, the total exp						
4a		enses \$448,95					
	Develop, market a	and promote t	<u>he City of</u>	Topeka	and its	businesse	es.
				_			
			_ 				
							
							
							
			<u> </u>				
							
4b	(Code) (Expe	enses \$	including grants	of \$) ((Revenue \$	
			9 9			(**************************************	
							
							
							
							
							
40	(Code:) (Expe		unaliudina aranta			(Payanua \$	
4c	(Code) (Expe	ліses Ф	including grants	. () 4		(Heverlue \$,
						 -	
							
							
4d	, •) (D =			
	(Expenses \$	including grants of \$,958.) (Revenue \$	<u> </u>		
<u>4e</u>	Total program service expense	es ► 448	,,,,,,,,,				Form 990 (2010)
03200 12-21							FORM 330 (2010)

Form	990 (2010) Visit Topeka, Inc. 32-0176	<u> 144</u>	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? 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,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			,,
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		_~	
	Part VI	11a	Х	 -
b		146		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		 ^ -
С	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	11c		x
A	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	110		<u>^</u> -
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		1
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<u> </u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			_
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	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			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			

18 19 X 20a

16

17

X

X

X

X

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

located outside the United States? If "Yes," complete Schedule F, Parts III and IV

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form **990** (2010)

complete Schedule G, Part III

$\overline{}$	VISIC TOPERA, INC. 52 0170	, <u> </u>		<u>. 190</u>
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		i	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		1	
	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		
С	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		
	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				
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
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	ļ		
	Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a	1	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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		Х
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

Did the organization liquidate, terminate, or dissolve and cease operations?

If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

is any related organization a controlled entity within the meaning of section 512(b)(13)?

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of Yes X No section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

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

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

Form 990 (2010)

X

X

X

32

33

34

35

36

37

10320803 132124 V5600

	990 (2010) Visit Topeka, Inc. 32-0176	<u>144</u>	P	age 🤄
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1 1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c		1
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 15	1		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		x
h	If "Yes," enter the name of the foreign country:	74		
-	See instructions for 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	1	x
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u> </u>		
-	any contributions that were not tax deductible?	6a	1	х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
· 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	į	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	''		
·	to file Form 8282?	7c	i	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h		7h	 	-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
Ū	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		 	1
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		İ
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O			T
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a		14a		X
	= · · · ·			_

Form **990** (2010)

10320803 132124 V5600

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

e			

Form 990 (2010) Visit Topeka, Inc. 32-0176144 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below response to lines 2 throug 32-0176144 Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	to the ed, et, or red below, describe the discurrence, proceeded, or ordinates in contession.						
	Check if Schedule O contains a response to any question in this Part VI			X			
Sec	tion A. Governing Body and Management						
		_	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9					
b	Enter the number of voting members included in line 1a, above, who are independent	9					
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		<u>X</u>			
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision						
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Does the organization have members or stockholders?	6		X			
7a	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_		<u>X</u>			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
	by the following:						
a	The governing body?	8a	<u>X</u>				
	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						
<u> 2</u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </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		X			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with those of the organization?	10b		37			
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	X			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1.0					
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X			
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	405	,				
_		12b					
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	40-					
13	Does the organization have a written whistleblower policy?	12c		Х			
14	Does the organization have a written document retention and destruction policy?	13		X			
15	Did the process for determining compensation of the following persons include a review and approval by independent	14					
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
2	The organization's CEO, Executive Director, or top management official	15a		x			
	Other officers or key employees of the organization	15b		-X			
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	100					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
_	taxable entity during the year?	16a		x			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶KS						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availab	le for					
	public inspection. Indicate how you make these available. Check all that apply.						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ancial				
	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ation:	-				
	The Organization - 785-234-1030						
	1275 SW Topeka Blvd, Topeka, KS 66612-1852						
		Form	990	(2010)			

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

Check if Schedule O contains a response to any question in this Part VII

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.
- 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, if any. 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.

hours per week (describe hours for related organizations organizations) The compensation organization organ	stimated mount of other npensation from the ganization id related anization	compensation from related organizations (W-2/1099-MISC)	compensation from the organization (W-2/1099-MISC)	(1)		app!	hat a	all t	neck	aal trustee or director	hours per week (describe hours for related organizations in Schedule	Name and Title
week	other npensatio rom the ganization id related anization	from related organizations (W-2/1099-MISC)	from the organization (W-2/1099-MISC)	(1)						aal trustee or director	week (describe hours for related organizations in Schedule	
Olivia Simmons	anızatıon	0.			. Former	Highest co employee	Key emplo	Officer	Institution	Individual	ın Schedule	
President/CEO		0.					Į	. 1				
Vicki Whitaker		0.				i 1	- t					Olivia Simmons
Chairman			0.					X		X	40.00	President/CEO
### Bill Michaud Vice Chairman			0.									Vicki Whitaker
Note Chairman 1.00 X X X X X X X X X		0.	1	_				X	_	X	1.00	Chairman
Dean Patel Secretary/Treasurer 1.00 X X X 0.		0.	_									Bill Michaud
Secretary/Treasurer		Ĭ	0.				_	X		X	1.00	Vice Chairman
Bob Carmichael Immediate Past Chairman 1.00 X		_ 1										Dean Patel
Immediate Past Chairman		0.	0.	_				X		X	1.00	Secretary/Treasurer
Mike Bell Board Member 1.00 X 0. Reck Benke Board Member 1.00 X 0. H.R. Cook Board Member 1.00 X 0. Susan Hoffmann Board Member 1.00 X 0. Susan Hoffmann Board Member 1.00 X 0. O. O. O. O. O. O. O. O. O.												
Board Member 1.00 X 0.0 0.0		0.	0.							X	1.00	Immediate Past Chairman
Reck Benke 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.												Mike Bell
Board Member 1.00 X 0.		0.	0.	-	_				-	X	1.00	Board Member
### H.R. Cook Board Member									ŀ	l	1	Reck Benke
Board Member 1.00 X 0.		0.	0.	-					_	X	1.00	
Susan Hoffmann 1.00 X 0. 0. Jim Ingwerson 0. 0. 0. Board Member 1.00 X 0. 0. Board Member 1.00 X 0. 0. Claudia Larkin 0. 0. 0. Board Member 1.00 X 0. 0. Randy Luebbe 0. 0. 0. Board Member 1.00 X 0. 0. Dena Soden 1.00 X 0. 0. Deborah Swank 0. 0. 0.											1 00	
Board Member	_	<u> </u>	U .	┼	_	-			-	X	1.00	
Jim Ingwerson 1.00 X 0. 0. Board Member 1.00 X 0. 0. Board Member 1.00 X 0. 0. Claudia Larkin 0. 0. 0. Board Member 1.00 X 0. 0. Randy Luebbe 0. 0. 0. Dena Soden 0. 0. 0. Board Member 1.00 X 0. 0. Deborah Swank 0. 0. 0.											1 00	
Board Member	·	U.	0.	+	_	┝				X	1.00	
Doug Kinsinger Board Member 1.00 X 0. 0.		0	1								1 00	
Board Member		0.	0.	+	\vdash				-	┢	1.00	
Claudia Larkin Board Member 1.00 X 0. 0.		0	0								1 00	
Board Member			0.1	╁╌	┢	-	_		-	^	1.00	
Randy Luebbe Board Member 1.00 X 0. 0. Dena Soden Board Member 1.00 X 0. 0. Deborah Swank 0. 0. 0.		ا ۱	0							v	1 00	
Board Member		- 0.		+-		╁		\vdash	\vdash	^	1.00	
Dena Soden Board Member 1.00 X 0. Deborah Swank		0.1	0.1		ĺ				1	Y	1 00	
Board Member 1.00 X 0. 0. Deborah Swank		J.	0.	+					 	┢	1.00	
Deborah Swank		0.]	n_							$ \mathbf{x} $	1.00	
				\dagger	T				H	1	2.00	
DOLL MANUEL		0.	0.	-						$ \mathbf{x} $	1.00	
Annie Tietze				\top						† <u></u>		
Board Member 1.00 X 0. 0.		0.1	0.			ŀ			1	x	1.00	

(A) Name and title	(B) Average			(C Pos	ition			(D) Reportable	(E) Reportable			
	hours per week (describe hours for related organizations in Schedule O)	stee or director	leck	all		Highest compensated CO employee	••	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	()	amount other compens from th organiza and rela organizat	ation ne ition ted
												
										-		
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A					> > >		0.		0. 0.		0. 0.
Total number of individuals (including but incompensation from the organization	not limited to th	nose	list	ed a	bov	e) w	no r	<u> </u>				
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			e, ke	y er	nplc	yee,	or I	nighest compensated e	mployee on		Yes	No X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab 50,000? <i>If</i> "Yes	ole c ," cc	ompi	lete	Sch	edul	e J	for such individual .			4	х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor Section B. Independent Contractors							relat	ed organization or indiv	ridual for services		5	x
Complete this table for your five highest of the organization. NONE	ompensated in	dep	end	ent (con	tract	ors	that received more than	\$100,000 of com	oens		
(A) Name and busines	s address	_						(B) Description of	services	С	(C) compensat	ion
	<u> </u>											
			•									
 Total number of independent contractors \$100,000 in compensation from the organ 		not	umrte 	ea to	o th	ose I	ste	above) who received	more than		Form 990	

Statement of Revenue Part VIII (D) Revenue excluded from (A) (B) (C) Related or Unrelated Total revenue tax under sections 512, 513, or 514 exempt function business revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a 1b **b** Membership dues Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f **Business Code** 900099 1,039,500.1,039,500 2 a Marketing Revenue Program Service Revenue Sports marketing 900099 25,000. 25,000. Sports council 900099 150. 150 All other program service revenue 064,650 Total. Add lines 2a-2f Investment income (including dividends, interest, and 368. 368 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents **b** Less: rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less' direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a 900099 19,966. 19,966 All other revenue 19,966. Total. Add lines 11a-11d 084,984.1,084,984 12 Total revenue. See instructions. 032009 12-21-10 Form 990 (2010)

Form 990 (2010) Visit Topeka, Inc. Part IX Statement of Functional Expenses

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

	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	,			<u> </u>
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in		1		
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				·
7	Other salaries and wages	393,590.	3,143.	390,447.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	16,183.		16,183.	
9	Other employee benefits	36,322.		36,322.	
10	Payroll taxes	31,542.		31,542.	
11	Fees for services (non-employees):	1			
а	Management	8,926.		8,926.	
b	Legal	165.		165.	_
C	Accounting	15,583.	-=	15,583.	
d	Lobbying .				<u>-</u>
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other				
12	Advertising and promotion	227,454.	227,454.		
13	Office expenses .	5,608.		5,608.	
14	Information technology	4,714.		4,714.	
15	Royalties .				
16	Occupancy	33,600.		33,600.	
17	Travel	19,096.	19,096.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,811.			· · · · · · · · · · · · · · · · · · ·
23	Insurance	5,705.		5,705.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	Tourism Development	95,622.	92,398.	3,224.	
b	Conventions/Meetings	42,840.	28,047.	14,793.	
С	Sports Council	40,075.	28,535.	11,540.	
d	Printing	18,712.	18,712.		
е	Postage	18,066.	18,066.		
f	All other expenses	67,371.	13,507.	53,864.	
25	Total functional expenses. Add lines 1 through 24f	1,087,985.	448,958.	632,216.	0
26	Joint costs. Check here if following SOP				-
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Par	tΧ	Balance Sheet			
			(A) Beginning of year		(B) End of year
_	1	Cash - non-interest-bearing	81,618.	1	25,000.
	2	Savings and temporary cash investments	236,653.	2	222,270.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	234,125.	4	294,447.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II	,		
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section		İ	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
"		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8_	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 157,048.			
	b	Less accumulated depreciation 10b 131,539.	29,088.	10c	25,509.
	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	636.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	582,120.	16	567,226.
	17	Accounts payable and accrued expenses	41,474.	17	16,336.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
jab.		highest compensated employees, and disqualified persons Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	2 001	24	17.066
	25	Other liabilities Complete Part X of Schedule D	3,821.	25	17,066.
	26	Total liabilities. Add lines 17 through 25	45,295.	26	33,402.
		Organizations that follow SFAS 117, check here			
Ses		lines 27 through 29, and lines 33 and 34.	536,825.		533,824.
an	27	Unrestricted net assets	330,043.	27	333,024.
Ba	28	Temporarily restricted net assets		28_	
ဋ	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here			
Net Assets or Fund Balances	20	complete lines 30 through 34.		20	
Set	30	Capital stock or trust principal, or current funds		30	
t As	31	Paid-in or capital surplus, or land, building, or equipment fund		31 32	
Š	32	Retained earnings, endowment, accumulated income, or other funds	536,825.	33	533,824.
	33	Total liabilities and net assets fruid balances	582,120.		567,226.
_	34	Total liabilities and net assets/fund balances	J04,14U.	34	<u> </u>

orm	m 990 (2010) Visit Topeka, Inc.		<u> 32-0176</u>	<u> 144</u>	Pag	je 12
Pa	Part XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part X	<u> </u>				
		1	1 -			
1	Total revenue (must equal Part VIII, column (A), line 12)			L,08		
2	Part IX, column (A), line 25)		2]	<u>1,08</u>		
3	Revenue less expenses. Subtract line 2 from line 1		3			<u>01.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33,	column (A))	4	<u>53</u>	<u>6,8</u>	<u> 25.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)		5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must e	equal Part X, line 33, column (B))	6	<u>53</u>	3,8	<u>24.</u>
Pa	Part XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part X	31				\mathbf{x}
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Acci	rual Dther				
	If the organization changed its method of accounting from a pnor year or che	cked "Other," explain in Schedule	Ο.			
2a	2a Were the organization's financial statements compiled or reviewed by an inde	ependent accountant?		2a		X
b	b Were the organization's financial statements audited by an independent acco	ountant?	•	2b	X	
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assume	es responsibility for oversight of th	e audıt,			
	review, or compilation of its financial statements and selection of an indepen-			2c_	X	
	If the organization changed either its oversight process or selection process	during the tax year, explain in Sch	edule O			
d	d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial s					
	separate basis, consolidated basis, or both.	•				
		and separate basis				
За	3a As a result of a federal award, was the organization required to undergo an a	udit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?			3a		X
b	b If "Yes," did the organization undergo the required audit or audits? If the organization	anization did not undergo the requ	red audit			
	or guidits, explain why in Schedule O and describe any stens taken to under			3h	İ	

V5600__1

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Wigit Topeka

Employer identification number 32-0176144

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	Is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		30 of Addocting, Complete in the
	Organization answered Tes to Form 990, Fait TV, inte	(a) Donor advised funds	(b) Funds and other accounts
_	Total number at and of year	(a) Perior davises raines	(b) tando and anti-
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 [used 6 ands
5	Did the organization inform all donors and donor advisors in	-	
_	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	
Par	impermissible private benefit?		Yes No
			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		N
	Preservation of land for public use (e.g., recreation or e		nistorically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the fori	m of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	, ,	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	1 1
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by t	the organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		_
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		· · · · · · · · · · · · · · · · · · ·
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 1.	
_	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9 _	In Part XIV, describe how the organization reports conservat	-	
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describe	es the organization's accounting for
Da	conservation easements. rt III Organizations Maintaining Collections o	of Art Historical Treasures or	Other Similar Assets
Га	Complete if the organization answered "Yes" to Form		Other Offinial Assets.
	If the organization elected, as permitted under SFAS 116 (AS	· · · · · · · · · · · · · · · · · · ·	toment and balance about works of art
ıa	historical treasures, or other similar assets held for public ex		
			erance of public service, provide, in Fart XIV,
	the text of the footnote to its financial statements that describe accompanies closed as permitted under SEAS 116 (A)		ant and halance cheet works of art, historical
D	If the organization elected, as permitted under SFAS 116 (A	*	
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	public service, provide the following amounts
	relating to these items.		▶ ¢
	(i) Revenues included in Form 990, Part VIII, line 1		<u> </u>
_	(ii) Assets included in Form 990, Part X		P P
2	If the organization received or held works of art, historical tre	•	ciai gairi, provid e
	the following amounts required to be reported under SFAS 1	i to (ASC 936) relating to these items:	*
a			. \$
D	Assets included in Form 990, Part X	•	– •

Schec	dule D (Form 990) 2010 Visit To	opeka,	Inc.						32-01	76144	Į Pag	ge 2
Par					orical Tre	easures, o	r Othe	er Simila	ar Asset	S (contil	nued)	
3	Using the organization's acquisition, accession	on, and other	records,	, check	any of the f	following that	are a s	gnificant i	use of its o	collection	items	
	(check all that apply):											
а	Public exhibition		d		oan or exch	nange progra	ms					
b	Scholarly research		е		Other						_	
C	Preservation for future generations											
4	Provide a description of the organization's co	ollections and	l explain	how the	ey further th	ne organizatio	n's exe	mpt purpo	se in Part	XIV.		
	During the year, did the organization solicit or											
	to be sold to raise funds rather than to be ma									Yes		No
Par	t IV Escrow and Custodial Arran	gements.	Complet	e if the	organizatioi	n answered "	Yes" to	Form 990	, Part IV, I	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.										
1a	Is the organization an agent, trustee, custodi	an or other ir	ntermedia	ary for o	contribution	s or other ass	sets not	included		_		
	on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complet	e the folk	owing t	able:							
										Amount		
С	Beginning balance .							1c_				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fe	orm 990, Par	t X, line 2	21?						Yes		No
b	If "Yes," explain the arrangement in Part XIV.	<u> </u>										
Par	t V Endowment Funds. Complete	f the organiz	ation ans	wered	"Yes" to Fo	rm 990, Part	IV, line	10.				
		(a) Current	year	(b) P	nor year	(c) Two year	s back	(d) Three	years back	(e) Four	years	oack_
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the year	ır end balanc	e held as	3 :								
а	Board designated or quasi-endowment			_%								
b	Permanent endowment	<u></u> %										
С	Term endowment >	%										
3a	Are there endowment funds not in the posse	ession of the	organiza	tion tha	nt are held a	nd administe	red for	the organi	zation			
	by:										Yes	No
	(i) unrelated organizations					•				3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	s listed as re	quired or	n Sched	dule R?					3b		
4	Describe in Part XIV the intended uses of the					-						
Pa	rt VI Land, Buildings, and Equipn	nent. See F	orm 990,	, Part X	, line 10.				· · · · · · · · · · · · · · · · · · ·			
Description of investment		\ <i>\</i>	(a) Cost or other basis (investment)		,,) Accumulated depreciation		(d) Book value			
1a	Land											
b	Buildings											
С	Leasehold improvements					3,233.			20.		2,9	<u>13.</u>
d	Equipment				15	3,815.		<u>131,2</u>	19.	2	2,5	<u>96.</u>
е	Other											
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 9	90, Part	X, colur	nn (B), line	10(c))				2	<u>5,5</u>	<u>09.</u>

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

<u> Visit Topeka, Inc.</u>

32-0176144 Page 3

	dule D (Form 990) 2010 Visit Topeka, Inc.				<u> 76144</u>	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited F	inancial State	ements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,084,	984.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,087,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			001.
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 ar	nd Q	10		-3	001.
	t XII Reconciliation of Revenue per Audited Financial Stateme			Return		,001.
		JIIIO WILLII	Tovolido poi i		1 00/	001
1	Total revenue, gains, and other support per audited financial statements			1	1,084	, 304.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.				
а	Net unrealized gains on investments	2a		-		
b	Donated services and use of facilities	2b		-		
C	Recoveries of prior year grants	2c		4		
d	Other (Describe in Part XIV.)	2d		-		_
е	Add lines 2a through 2d			2e		<u> </u>
3	Subtract line 2e from line 1			3	1,084	<u>,984.</u>
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.)	4b		1		
С	Add lines 4a and 4b			7 4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	•••	•	5	1,084	
	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per			75011
1	Total expenses and losses per audited financial statements			1	1,087	985
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				1,007	, , , , , ,
	Donated services and use of facilities	ا مم ا				
a		2a		1 1		
D	Prior year adjustments	2b		-		
С	Other losses	2c		-		
đ	Other (Describe in Part XIV.)	_2d	· · · · · · · · · · · · · · · · · · ·	-		•
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,087	<u>,985.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]		
b	Other (Describe in Part XIV.)	4b]		
C	Add lines 4a and 4b			4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,087	,985.
Pa	rt XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III. lines 1a an	d 4: Part IV. lines	1b and 2h	: Part V. line	4. Part
	e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also com					4,1 4.1
^, III I	e 2, Fait Ai, line 0, Fait Aii, lines 20 and 40, and Fait Aiii, lines 20 and 40 Aiso com	piete triis part	t to provide any ac	iuilionai iii	iiomation.	
			 -			
	· · · · · · · · · · · · · · · · · · ·					
_						

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization Visit Topeka, Inc.	Employer identification number 32-0176144
Form 990, Part VI, Section B, line 11: No review is perfo	rmed.
Form 990, Part VI, Section C, Line 19: Available upon reg	uest at the
office.	
There was no change in oversight or selection process for from prior year	the audit
Trom prior year	
	
	·
	