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EXTENDED TO FEBRUARY 15, 2012

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)

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

OMB No 1545-0047 Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning JUL 1, 2010 and	ending	JUN 30, 2011	
B c	heck if pplicable	C Name of organization	-	D Employer identifi	cation number
	Addres change Name	LAKE TAHOE VISITORS AUTHORITY, INC.		60.0	102020
<u></u>	_ichange ∏initial		Room/suit		102829
	Termin- ated	PO BOX 5878	NUUIII/SUII		588-5900
L	Amend return Applica	City or town, state or country, and ZIP + 4		G Gross receipts \$	4,468,509.
	_tion pendin	SIRIEDINE, NV 09449		H(a) Is this a group refor affiliates?	eturn Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates in	
ΙT	ax-exe	mpt status:	or 52		list. (see instructions)
		e: ▶ WWW.LTVA.ORG WWW.TAHOESOUTH.COM		H(c) Group exemption	
		organization X Corporation	L Yea	ar of formation 1986	M State of legal domicile: NV
PE		Summary	OT TON	OF TOATET A	ND TOURISM
Activities & Governance		Briefly describe the organization's mission or most significant activities: ${\color{blue} { m PROMO}}$ IN THE SOUTH LAKE TAHOE AREA.	JIION	OF TRAVEL A	ND TOOKISM
Ē		Check this box $lacktriangle$ if the organization discontinued its operations or dispos	sed of mo	ore than 25% of its net as	ssets.
Š		Number of voting members of the governing body (Part VI, line 1a)		3	7
80		Number of independent voting members of the governing body (Part VI, line 1b)		4	17
ities	1	Fotal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	650
Ş		Fotal number of volunteers (estimate if necessary) Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	395.
Ă		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
	_			Prior Year	Current Year
ē	8 (Contributions and grants (Part VIII, line 1h)		2,084,621.	4,058,549.
eun	9	Program service revenue (Part VIII, line 2g)	L	14,505.	387,904.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	_	2,432.	2,547.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		49,081.	17,336.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,150,639. 70,000.	4,466,336.
	ì	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		70,000.	2,3//.
s	ł	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	F	440,998.	602,824.
nse	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	l	Total fundraising expenses (Part IX, column (D), line 25)	<u>o.</u> [
Ω	1/7	Other expenses (Part X, column (A), lines 11a-11d, 11f-24f)		1,579,327.	3,557,374.
	18	Other expenses (Part IX: column (A), lines 11a-11d, 11f-24f) Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	2,090,325.	4,162,575.
<u>s</u>	<u> </u>	nevenue less expenses. Submact line 10 from line 12		60,314.	
ance of	8	FEB 2 7 2012 O	H	Beginning of Current Year 2,751,723.	End of Year 3,395,882.
Asse	20	Total assets (Part X, line 16)2 Fotal liabilities (Part X, line 2 6)	F	988,147.	
Net Assets or Fund Balances	22	Net assets of fund balances. Subtract line 21 from line 20	F	1,763,576.	
	rt II				
		ties of perjury, I declare that I have examined this return, including accompanying schedule:	s and state	ements, and to the best of m	y knowledge and belief, it is
true,	correct	t, and complete Declaration of preparer (other than officer) is based on all information of wh	nich prepai	rer has any knowledge	
EN SEPTEMBER			_		15/17
Şiğı	י ו	Signature of officer		Date /	,
Her	e	CAROL CHAPLIN, EXECUTIVE DIRECTOR Type or print name and title			
(II)		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		BETH KOHN-COLE		12/22/11 self-employ	ed
	arer	Firm's name KOHN COLODNY LLP		Firm's EIN	
Use	Only	Firm's address 5310 KIETZKE LANE, SUITE 101 RENO, NV 89511			75-828-7300
		RENO, NV 69311 S discuss this return with the preparer shown above? (see instructions)		Phone no /	X Yes No
	01 02-2		ons.	 	Form 990 (2010)

	m 990 (2010) LAKE, TAHOE VISITORS AUTHORITY, INC. 68-0102	829	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		-
	TO MARKET THE SOUTH SHORE OF LAKE TAHOE AS A UNIQUE WORLD-CLASS	j	
	YEAR-ROUND DESTINATION RESORT FOR THE ECONOMIC BENEFIT AND QUAL		OF .
	LIFE FOR THE AREA, WHILE RESPECTING ITS TRADITIONS AND ENVIRONM		
	The second secon		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	The state of the s	¬v	X No
	the prior Form 990 or 990-EZ?	res	IV)
_	If "Yes," describe these new services on Schedule O	—	.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	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 expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 3,736,334 • including grants of \$) (Revenue \$)	404,8	845.)
	PROMOTION OF TRAVEL AND TOURISM IN THE LAKE TAHOE AREA.		
			
			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Name of the second seco		
	<u> </u>		
4c	Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Notes The Person of The Person		
	<u> </u>		
4d	1. Other program services (Describe in Schedule O.)		
→ U			
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 3,736,334.		-
<u>4e</u>	Total program service expenses ► 3,736,334.	Eart 01	0 (2010)
		COURT SIZE	ひいしいい

	990 (2010) LAKE, TAHOE VISITORS AUTHORITY, INC. 68-0102	829	P	age 3
Pa	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			٠
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			.,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
	Schedule D, Part III	8		Х
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		;	v
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			v
	If "Yes," complete Schedule D, Part V	10		Х
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,	l	v	
	Part VI	11a	_ X_	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	l		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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	l	1	v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е		11e		Α.
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l .
	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		X	•
	Schedule D, Parts XI, XII, and XIII	12a		
р	Was the organization included in consolidated, independent audited financial statements for the tax year?	105		x
4.0	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	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140	-	
b	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
4 5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	170		
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	"	 	
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		 	
17		17		Х
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		 	
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			-
1.5	complete Schedule G, Part III	19		Х
20-	Did the organization operate one or more hospitals? If "Ves " complete Schedule H	20a		X

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20b

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)

Form 990 (2010) 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 Х United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 Х Schedule J 23 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 X Schedule K. If "No", go to line 25 24a 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 25a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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 Х 27 Schedule L. Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a 28b b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? Х 31 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 X 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 33 sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? Х If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37

> X Form 990 (2010)

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

+ 421	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	1a	32			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble gaming			
•	(gambling) winnings to prize winners?	•		1c		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	17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	_X]	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		:	3ь	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	nty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action	,	5b		<u>X</u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anization solicit			v
	any contributions that were not tax deductible?	•		_6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions c	or gints	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			-00		******
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices i	provided to the payor?	7a		
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	,,,,,,,,,,,	order to the payor	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas rec	uired			
Ĭ	to file Form 8282?		,	7c		
d	If "Yes," Indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conf	tract?		7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	399 as required?	7g_		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	·····	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. (
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	t any tir	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			•		
a	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12	10a				
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	ļ	ļ
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	<u> </u>	14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule.	ile O		14b		
	in 165, has it lied a Form 125 to report these payments in 140, provide all explanation in ochecit	<u> </u>	-		990	(2010)

68-0102829 LAKE TAHOE VISITORS AUTHORITY, INC. Form 990 (2010) 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. Check if Schedule O contains a response to any question in this Part VI

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	7]		
b	Enter the number of voting members included in line 1a, above, who are independent	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	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	v	ļ <u>.</u>
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1	v	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	1.0	Х	
	to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40.	Х	
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13_	X	
14	Does the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	Х	1
a	The organization's CEO, Executive Director, or top management official	15a 15b	X	
Ь	Other officers or key employees of the organization	130		
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		Х
	taxable entity during the year?	16a		
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	16b	[1
<u> </u>	exempt status with respect to such arrangements?	1100	·	ь
	List the states with which a copy of this Form 990 is required to be filed CA			
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
18	public inspection. Indicate how you make these available. Check all that apply.	- 101		
	Own website Another's website Upon request			

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization. LIBBY BARKLEY - 775-588-5900

89449 169 HIGHWAY 50, STATELINE, NV

LAKE TAHOE VISITORS AUTHORITY, INC. Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

Check it 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.

Name and Title Average hours per week (describe hours for related organizations) in Schedule O) PATRICK RONAN 1.00 X X X PATRICK RONAN 1.00 X X X 0. 0. 0. PARTICK RONAN 1.00 X X X 0. 0. 0. PRATECT RONAN 1.00 X X X 0. 0. 0. PRATECT RONAN 1.00 X X X 0. 0. 0. PRATECT RONAN 1.00 X X X 0. 0. 0. PRATECT RONAN 1.00 X X X 0. 0. 0. PRATECT RONAN 1.00 X X X 0. 0. 0. PRATECT RONAN 1.00 X X X 0. 0. 0. PRATECT RONAN 1.00 X X X 0. 0. 0. PRATECT RONAN 1.00 X X X 0. 0. 0. PRATECT RONAN 1.00 X X X 0. 0. 0. PRATECT RONAN 1.00 X X X 0. 0. 0. PRATECT RONAN 1.00 X X X 0. 0. 0. PRATECT RONAN 1.00 X X X 0. 0. 0. PRATECT RONAN 1.00 X X X 0. 0. 0. PRATECT RONAN 1.00 X X X 0. 0. 0. PRATECT RONAN 1.00 X X X 0. 0. 0. PRATECT RONAN 1.00 X X X X 0. 0. 0. PRATECT RONAN 1.00 X X X X 0. 0. 0. PRATECT RONAN 1.00 X X X X 0. 0. 0. PRATECT RONAN 1.00 X X X X 0. 0. 0. PRATECT RONAN 1.00 X X X X X 0. 0. 0. PRATECT RONAN 1.00 X X X X X X X X X X X X X X X X X X	Check this box if neither the organiz (A)	(B)				C)			(D)	(E)	(F)		
hours for related organizations in Schedule of O) PATRICK RONAN CHAIRMAN 1.00 X X X D. 0. 0. TERRY SINDEL 1.00 X X X D. 0. 0. TERRY SINDEL 1.00 X X X D. 0. 0. TERRY SINDEL 1.00 X X X D. 0. 0. TERRY SINDEL 1.00 X X X D. 0. 0. TERRY SINDEL 1.00 X X X D. 0. 0. TERRY SINDEL 1.00 X X X D. 0. 0. TERRY SINDEL 1.00 X X X D. 0. 0. TERRY SINDEL 1.00 X X X D. 0. 0. TERRY SINDEL 1.00 X X X D. 0. 0. TERRY SINDEL 1.00 X X X D. 0. 0. TERRY SINDEL 1.00 X X X D. 0. 0. TERRY SINDEL 1.00 X X X D. 0. 0. TERRY SINDEL 1.00 X X X D. 0. 0. TERRY SINDEL 1.00 X X X X D. 0. 0. TERRY SINDEL 1.00 X X X X D. 0. 0. TERRY SINDEL 1.00 X X X X X D. 0. 0. TERRY SINDEL 1.00 X X X X X X X X X X X X X X X X X X			I .						1		Estimated		
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1.00 X X X 0. 0.		(describe hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	. Former	the	organizations	other compensation from the organization and related organizations		
TERRY BINDEL	PATRICK RONAN										_		
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CAROL CHAPLIN EXECUTIVE DIRETOR 40.00 X 111,612. 0.		1.00	X						0.	0.	0		
EXECUTIVE DIRETOR 40.00 X 111,612. 0.			<u> </u>	 	T								
		40.00	\vdash	-	X			-	111,612.	0.	0		
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Par	T VIL Section A. Officers, Directors, Tr	ustees, Key Er	mple	yee			ligh	<u>est</u>						
	(A)	(B)		(C)					(D)	_ (F)				
	Name and title	Average	Position (check all that apply)					l. A	Reportable	Reportable			nated	
		hours per week	(C	(Check all that			арр	<u>'y)</u>	compensation	compensation	. 1		unt of	
		(describe	횮						from the	from related organizations	1		her Insatio	n
		hours for	trustae or director				pg gg		organization	(W-2/1099-MIS		•	n the	,,
		related	88	Target 1		_	pensa		(W-2/1099-MISC)	•••			ization	
		organizations		onal		e e	E COM					and r	elated	
		in Schedule	Individual	Institutional frustee	Officer	Key employee	Highest compensated employee	Former				organi	zations	3
		0)	=	드	-	3	ΞÞ	Œ			\rightarrow			
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		<u> </u>				l .	<u> </u>		111,612.		0.			<u>.</u>
_	Sub-total								0.		0.			<u>) .</u>
	Total from continuation sheets to Part V	II, Section A							111,612.		0.			5 :
	Total (add lines 1b and 1c)			1 A .		<u> </u>	-1			000 in remember			<u>`</u>	<u>,</u>
2	Total number of individuals (including but	not limited to th	nose	IISTE	ed a	DOV	e) wr	10 r	received more than \$100	,000 in reportabl	В			1
	compensation from the organization												es N	io
_								1			Γ	-	03 1	
3	Did the organization list any former officer			e, ke	y en	npio	yee,	or i	nignest compensated er	npioyee on	İ	3	1,	K
	line 1a? If "Yes," complete Schedule J for					- 4				the everenmetics	ŀ		····	<u> </u>
4	For any individual listed on line 1a, is the s									the organization		4	1,	K
_	and related organizations greater than \$15									idual for consisce	ŀ			•
5	Did any person listed on line 1a receive or							elai	ted organization or indivi	dual for services		5	1,	K
Sac	rendered to the organization? If "Yes," contion B. Independent Contractors	прівів Зспедиі	e J	OF S	ucn	pers	SOII							<u>-</u>
	Complete this table for your five highest or		don	on de			roote	-	that recoved more than	\$100,000 of com		tion fro		
1		ompensated in	uep	enue	3111 C	Ont	acii	115	mat received more man	\$100,000 OI COII	ipense		111	
	the organization.						•	-	(B)	1		(C)		
							ompens	ation						
NR	SPORTS VENTURES, INC		CE:	म् स	Γ,Τ.1	ER								_
	AZA, ROOM 1531E-2, NEW								TELECAST			415	,000) _
777	NCAN/CHANNON INC, 114	SANSOME	יא	T -	1	<u></u>	H						, '	<u> </u>
	OOR, SAN FRANCISCO, CA		-	- /	-		••		ADVERTISING	SERVICES		412	, 42	l.
1 11	JOIL DER LIVERCIDEOL CU	7 3 1 0 3							12112101110				,	<u> </u>

PYRO SPECTACULARS PO BOX 1030, CLAREMONT, CA 91711 FIREWORKS SHOW 201,000. WEIDINGER PUBLIC RELATIONS PO BOX 5097, STATELINE, NV 89449-5097 ADVERTISING SERVICES 149,919. SMITH & JONES, INC., 795 MAYS BLVD, STE 1, INCLINE VILLAGE, NV 89451 ADVERTISING SERVICES 120,875. Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Pa	rt VIII	Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1 a	Federated campaigns	1a					
ĒŽ	b	Membership dues	1b					
s, g	C	Fundraising events	1c					
a a	d	Related organizations	1d					
ξË	е	Government grants (contribut	ions) 1e	3922567.				
F	f	All other contributions, gifts, gran	ts, and					
혈취		similar amounts not included abor	ve 1f	135,982.				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines	1a-1f \$					
<u>ٽ ة</u>	h	Total. Add lines 1a-1f		>	4058549.			
				Business Code	000 006	000 006		
9	2 a	CELEBRITY GOLF		541800	288,806.	288,806.		
<u>Z</u> 2	b	AMGEN SHARED RE		541800	84,335.	84,335.		
en S	С	SHARED OFFICE E		532000	13,558.	13,558.		
e S	d	FEATURED PROPER	TY SALE	541800	800.		800.	
Program Service Revenue	е	LEAD SALES		541800	405.		405.	
а.	f	All other program service reve	enue		207 004			
\dashv	9	Total. Add lines 2a-2f			387,904.			
	3	Investment income (including	dividends, intere	est, and	2,547.			2,547.
į		other similar amounts)			2/34/1	-		2/31/1
	4	Income from investment of ta	x-exempt bond p	broceeus				
	5	Royalties	(i) Real	(ii) Personal				
	6 a	Gross Rents	Witeal	(ii) i eisonai				
		Less: rental expenses						
	b	Rental income or (loss)						
	d		L	•			•	
		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	W	1				
	ь	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						***************************************
Other Revenue	8 a	Gross income from fundraisin including \$						
ě	:	contributions reported on line	1c). See					
er		Part IV, line 18	а					
	b	Less: direct expenses	b					
	C	Net income or (loss) from fund	draising events	<u> </u>			·····	
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					
		Less: direct expenses	b					
		Net income or (loss) from gan		<u> </u>				
	10 a	Gross sales of inventory, less		1,363.				
		and allowances	a b	0 1 7 0				
		Less: cost of goods sold Net income or (loss) from sale	_	2/1/5	<810.	\	<810.	>
	C	Miscellaneous Revenu		Business Code	·			_
	11 a	MEGGET E BRIEGHG	16	541800	18,146.	18,146.	:	
	ii a					, , , , , ,	 	
	c							
	d	All other revenue	 -					
	е	Total. Add lines 11a-11d		>	18,146.			
	12	Total revenue. See instructions		>	4466336.	404,845.	39 <u>5</u> .	2,547.
0320	09 -10							Form 990 (2010)

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,	(A) Total expenses	(B) Program service	columns (B), (C), and (D). (C) Management and	(D) Fundraising
7b, 8	3b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and	0 277	0 077		
	organizations in the U.S. See Part IV, line 21	2,377.	2,377.		
2	Grants and other assistance to individuals in			į	
	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,	139,902.	34,975.	104,927.	
_	trustees, and key employees	139,902.	34,313.	104,327.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	363,055.	213,643.	149,412.	
7	Other salaries and wages	303,033.	213,043.	143,414.	
8	Pension plan contributions (include section 401(k)	5,952.		5,952.	
_	and section 403(b) employer contributions)	50,511.	30,710.	19,801.	-
9	Other employee benefits	43,404.	23,648.	19,756.	
10	Payroll taxes	43,404.	23,040.	15,7750.	
11	Fees for services (non-employees):				
a	Management	43.		43.	
Ь	Legal	11,045.		11,045.	
	Accounting	11,045.		11/013.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	182,022.	182,022.		
. g	Other	1,568,289.	1,568,289.	-	
12	Advertising and promotion	140,580.	94,810.	45,770.	
13	Office expenses	127,949.	122,177.	5,772.	
14	Information technology	12775150	122/1//	377.20	
15	Royalties	56,931.	38,576.	18,355.	
16	Occupancy	30,731.	3073701	20,000	
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	43,331.	42,012.	1,319.	
19	1	924.		924.	
20 21	Interest Payments to affiliates	75.1			
21 22	Depreciation, depletion, and amortization	13,814.		13,814.	
22 23	Insurance	16,530.		16,530.	
23 24	Other expenses Itemize expenses not covered				man-mann n nin 1 - / m
∠ →	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)		Adama		
	CELEBRITY GOLF	699,196.	699,196.		
a b	SPECIAL EVENTS	654,515.	654,515.		-
	BUSINESS DEVELOPMENT	21,011.	21,011.		· · · · · ·
d	MILEAGE	3,431.		3,431.	
e					
f	All other expenses	17,763.	8,373.	9,390.	
25	Total functional expenses Add lines 1 through 24f	4,162,575.	3,736,334.	426,241.	0
26	Joint costs Check here Infollowing SOP				
ZU	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				

Part	X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	799,624.	1	1,679,369. 79,175.
	2	Savings and temporary cash investments	79,117.	2	79,175.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	480,863.	4	363,199.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), 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	3,480.	8	2,107. 1,126,737.
1	9	Prepaid expenses and deferred charges	1,330,625.	9	1,126,737.
	10a	Land, buildings, and equipment: cost or other			
1		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 137,530. 10b 92,235.			
	b	Less: accumulated depreciation 92,235.	58,014.	10c	45,295.
	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	0.	15	100,000.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,751,723.	16	3,395,882.
	17	Accounts payable and accrued expenses	93,566.	17	339,434.
	18	Grants payable	006 510	18	006 000
	19	Deferred revenue	886,512.	19	986,932.
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
-		of Schedule L	0.000	22	0 170
	23	Secured mortgages and notes payable to unrelated third parties	8,069.	23	2,179.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	000 147	25	1 220 545
	26	Total liabilities. Add lines 17 through 25	988,147.	26	1,328,545.
1		Organizations that follow SFAS 117, check here		•	
S S		lines 27 through 29, and lines 33 and 34.	1 761 100		2 067 227
e	27	Unrestricted net assets	1,761,199.	27	2,067,337.
Ba	28	Temporarily restricted net assets	2,377.	28	0.
2	29	Permanently restricted net assets		29	
교		Organizations that do not follow SFAS 117, check here			
ğ		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
Asi	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
- 3	32	Retained earnings, endowment, accumulated income, or other funds	1 763 576	32	2 067 227
	33	Total net assets or fund balances	1,763,576.		2,067,337. 3,395,882.
	<u>34</u>	Total liabilities and net assets/fund balances	2,751,723.	34	Form 990 (2010)

Form	990 (2010) LAKE TAHOE VISITORS AUTHORITY, INC.	68-	0102829	Pa	ıge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,46		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,16		
3	Revenue less expenses. Subtract line 2 from line 1	3			61.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,76	3,5	76.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,06	7,3	37.
Pa	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Scheduler	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>X</u> _	ļ
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci	redule O.]
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued.	ed on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Aud	lit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured aud	ıt 📗		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь		<u> </u>

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.

2010 Open to Public Inspection

Name of the organization

LAKE TAHOE VISITORS AUTHORITY, INC.

Employer identification number

.	LAKE TAHOE VISITOR		68-0102829
Pa			is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		0.5
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
	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	
-	Impermissible private benefit?		Yes No
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	· — · · ·	
	Preservation of land for public use (e.g., recreation or e		istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	n 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		26
c	Number of conservation easements on a certified historic sti		2c
d	Number of conservation easements included in (c) acquired	after 8/1 //06, and not on a historic struc	I I
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by tr	ne organization during the tax
4	year ▶Number of states where property subject to conservation ea	esement is located	
5	Does the organization have a written policy regarding the pe		f
3	violations, and enforcement of the conservation easements	- · · · · · · · · · · · · · · · · · · ·	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) abor		
•	and section 170(h)(4)(B)(ii)?	To success the requirement of section 11	Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expens	
•	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or (Other Similar Assets.
·	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in further	rance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financ	
	the following amounts required to be reported under SFAS 1		
	the following amounts required to be reported under SPAS in	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	116 (ASC 958) relating to these items:	► \$ ► \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051

Schedule D (Form 990) 2010

Sched	dule D (Form 990) 2010 LAKE TA	HOE VISITO	RS AUTHO	RITY, IN	c	(68-01	02829	l Pa	age 2
Par	t III Organizations Maintaining C	collections of A	t, Historica	l Treasures, o	or Othe	r Simila	ar Asset	s (contii	nued)	
3										
	(check all that apply):									
а	Public exhibition	d	Loan or	r exchange progra	ams					
ь	Scholarly research	е								
С	Preservation for future generations		_			_				
4	Provide a description of the organization's co	ollections and explain	n how they furtl	her the organizati	on's exem	npt purpo	se in Part	XIV.		
	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma							Yes		No_
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or									
441 	reported an amount on Form 990, Pa									
1a	is the organization an agent, trustee, custod	an or other intermed	lary for contrib	utions or other as	sets not i	ncluded				
	on Form 990, Part X?		·					Yes		No
	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:							
		•	J					Amount		
c	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					11				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes		No
	If "Yes." explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" t	o Form 990, Part	IV, line 10).				
	THE STATE OF THE S	(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back								back
1a	Beginning of year balance									
ь	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships							.,		
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
9	End of year balance									
2	Provide the estimated percentage of the year end balance held as:									
а										
ь	Permanent endowment	%								
C	Term endowment ▶ %									
3a	a Are there endowment funds not in the possession of the organization that are held and administered for the organization									
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
ь	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Schedule R?	•				_3ь		
4	Describe in Part XIV the intended uses of the	e organization's ende	owment funds.							
Par	t VI Land, Buildings, and Equipn	nent. See Form 990), Part X, line 10	o						
	Description of investment	(a) Cost or o		Cost or other		cumulate	I	(d) Book	; valu	e
		basis (investr	ment) b	asis (other)	dep	reciation				
1a	Land									
ь	Buildings									
c	Leasehold improvements			42,300.			13.			<u>87.</u>
d	Equipment			82,220.		67,9		14	<u>, 3</u>	08.
е	Other			13,010.		13,0				0.
Total	l. Add lines 1a through 1e. (Column (d) must e	egual Form 990, Part	X, column (B),	line 10(c).)			•	45	<u>, 2</u>	95.

Schedule D (Form 990) 2010

	edule D (Form 990) 2010 LAKE TAHOE VISITORS AUTHOR						0102829	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Finan	cial S	tate	men	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			4,466	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			4,162	,575.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3				,761.
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 an	nd 9		10			303	,761.
Pa	TXII Reconciliation of Revenue per Audited Financial Stateme		th Reve	nue p	er Re	eturn		
1	Total revenue, gains, and other support per audited financial statements			·············		1	4,468	,509.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				ľ			<u> </u>
а	Net unrealized gains on investments	2a						
b	Donated services and use of facilities	2b	 .			1		
c	Recoveries of prior year grants	2c				ł		
ď	Other (Describe in Part XIV.)	2d		2,1	73.			
-	Add lines 2a through 2d	<u></u>				2e	2	.173.
3	Subtract line 2e from line 1				r	3	$\frac{2}{4,466}$,336.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				l			,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV.)	4b			\neg	}		
•	Add lines 4a and 4b	10				4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				ŀ	5	4,466	.336.
	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Exne	nses	perl	_		70001
1	Total expenses and losses per audited financial statements	101110 11			 	1	4,164	.748.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				r	•		,
-	Donated services and use of facilities	2a						
a 5	Prior year adjustments	2b			$\neg \neg$]		
•	Other losses	2c	·					
d	Other (Describe in Part XIV.)	2d		2,1	73.			
_	·	20				2e	2	.173.
е 3	Add lines 2a through 2d Subtract line 2e from line 1				ŀ	3	4,162	.575.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				ŀ		1/102	, 5 , 5 .
•		4a						
a	Investment expenses not included on Form 990, Part VIII, line 7b	4b			\dashv	1		
0	Other (Describe in Part XIV)	40			$\neg \neg$	4.		0.
	Add lines 4a and 4b					4c	4,162	
Da	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIV Supplemental Information					3	4/102	, 3 , 3 .
		11 1		4 13 ()	41		N . D	4. D
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I							4; Part
X, IIN	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	piete this	part to pro	vide ar	iy add	itionai	information.	
ואכו	סיי עדד דאויי אין האיני ארדוומיישראייים.							
PA	RT XII, LINE 2D - OTHER ADJUSTMENTS:							
CO	CM OF COORS SOID						2	172
CO	ST OF GOODS SOLD							<u>,173.</u>
ואכו	סיי אדד איי איי איי איי איי איי איי איי א							
PAI	RT_XIII, LINE 2D - OTHER ADJUSTMENTS:							
COS	ST OF GOODS SOLD						າ	,173.
20.	סד סד פסססט פיטוות					-		1112.
					_			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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 LAKE TAHOE VISITORS AUTHORITY, INC.	Employer identification number 68-0102829
FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT 990 FORM	IS PROVIDED TO
MANAGEMENT FOR REVIEW AND APPROVAL PRIOR TO SUBMITTING TO	THE INTERNAL
REVENUE SERVICE.	
FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS	ARE REQUIRED TO
UPDATE ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMM	ITTEE DISCUSSES
AND APPROVES SALARIES BASED UPON PREVIOUS SALARIES. THE D	ECISION IS
APPROVED AT THE BOARD MEETING AND DOCUMENTED IN THE BOARD	MINUTES.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S	ANNUAL REPORT,
AUDITED FINANCIAL STATEMENTS AND THE GOVERNING DOCUMENTS	ARE AVAILABLE UPON
REQUEST.	
	