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Department of the Treasury Internal Resenue 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)

Open to Public Inspection

OMB No 1545-0047

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

	A F	or the	2011 calendar year, or tax year beginning and ending	g			
	B c	heck if	C Name of organization		D Employer iden	tification numbe	er
	ap	plicable	GREATER MORGANTOWN CONVENTION &				
		Addres	s la.a.a.a.a.a.a.a.	1			
	-	Name		-	55-	-0658922	
	H	_change _lnitial		/24			
	<u> </u>	_lreturn ∏Termin	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite	E Telephone num		. 1
	\vdash	_ated	00 DONDET STREET		304	<u>4-292-508</u>	
	<u></u>	Ameno	City or town, state or country, and ZIP + 4		G Gross receipts \$	1,53	<u>38,566.</u>
	L	Application	I MORGANIOWN, WV 20301		H(a) Is this a grou		
		pendin	F Name and address of principal officer:		for affiliates?	Y,	es 🗶 No
					H(b) Are all affiliates	s included? W	es 🔲 No
3	1 T	ax-exe	empt status: 501(c)(3) X 501(c) (6) ◀ (insert no.) 4947(a)(1) or	527	• •	h a list. (see ınstr	ructions)
			e: ► N/A		H(c) Group exemp	-	
ن					f formation: 198		
•		rt I	Summary	100.0	TOTAL ASSOCIATION ASSOCIATIONI	st in ciaco di logar	000
			Briefly describe the organization's mission or most significant activities: HELP PRO	OMO	PE TOURTS	M IN THE	
	Governance		LOCAL AREA	<u>OLIO :</u>	II IOOKIDI	1 111 1111	
	ğ				than OFOV of the ne		
	ē			more	man 25% onts ne 	_ 1	26
	é		Number of voting members of the governing body (Part VI, line 1a)		,	3	26
e l			Number of independent voting members of the governing body (Part VI, line 1b) \dots			4	26
2012	Activities &	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		.].	5	10
€1	ž	6	Total number of volunteers (estimate if necessary)			6	30
===	ᅙ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
0		ь	Net unrelated business taxable income from Form 990-T, line 34			7b	0.
5					Prior Year	Curren	nt Year
AUG		8	Contributions and grants (Part VIII, line 1h)		1,198,152		14,284.
	Revenue		Program service revenue (Part VIII, line 2g)		92,19		0,027.
<u>ui</u>	Š		Investment income (Part VIII, Colonic (A), lines 3-4, and 1d)		3,48		4,255.
	~~		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9cm (c, and 11e)	1		0.	0.
SCANNED				_	1,293,83		38,566.
Ü	-		Total revenue - add lines 8 through 11 (must equal Palf-V(II, column (A), line 12)	+			
W)		Grants and similar amounts paid (Part IX, Column (A), Ingel 1-3)			0.	0.
			Benefits paid to or for mentoers (Part IX, column (A), line 4	-		0	0.
	ès		Salaries, other compensation, employee to energy (Part X column (A), lines 5-10)		320,71		51,502.
	Expenses	16a	Professional fundraising fees (Part-IX, column (A), line 11e)			0.	0.
٦,	×	b	Total fundraising expenses (Part IX, column (D), line 25)				
	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>885,529</u>	9. 93	<u>32,223.</u>
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,206,24	8. 1,28	33,725.
_			Revenue less expenses Subtract line 18 from line 12		87,58	6. 25	54,841.
~	Ses			Bea	inning of Current Ye		
	ets	20	Total assets (Part X, line 16)	1	812,06		53,394.
	Ass		Total liabilities (Part X, line 26)		47,65		44,144.
	Net Assets or Fund Balances		Net assets or fund balances Subtract line 21 from line 20		764,40		19,250.
		rt II	Signature Block		704,40.	<u>/ • </u>	17,250.
			lities of perjury, Adeclare that I have examined this return, including accompanying schedules and s	tatama	nte and to the heet	of my knowledge at	nd helief it is
			it, and complete Declaration of prepare Jother than officer) is <u>based on all</u> information of which pre			/ my knowledge at	na bener, it is
	1106,	COLLEC	is, and complete decidation of prepare content that onloop is based on an information of which pre	chaici i	las any knowledge	8/12	
	O:	_	Signature/of/officer		Dafe	910	
	Sigr		PEGGY J. Myers-Smith PRESIDENT,	/CE	- 70	/	
	Her	е	Type or print name and title	<u> </u>	<i>D</i>		
				I n	ate Check	PTIN	
			Print/Type preparer's name Preparer's signature		l .,	<u> </u>	
	Paid		DONNA J. LATUSEK Nonna J. Kalusuk	217		mployed P0023	
	Prep		Firm's name CONLEY CPA GROUP, PLLC		Firm's EIN	<u>35-219</u>	91230
	Use	Only	Firm's address P.O. BOX 1150				
			FAIRMONT, WV 26555-1150		Phone no.	(304) 36	
	May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Ye	
	13200	01 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form	n 990 (2011)

Form 990 (2011)

GREATER MORGANTOWN CONVENTION &

4e Total program service expenses ▶

Form 990 (2011) VISITORS BUREAU
Part 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_		<u> </u>
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		х
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		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, 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	X	ļ
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			1
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ļ	X
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			
	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	,,	v	
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	13	 	X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	The state of the s			
S	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	_	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	-	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ــــــــــــــــــــــــــــــــــــــ

Form 990 (2011) VISITORS BUREAU
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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,			
	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			
	Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c	ļ	
А	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			
204	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
oe.	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	1	x
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		 	
28			1	
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I. Part IV.	28a	1	x
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	·	200		<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c	ļ	X
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29		29		<u>^</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
	contributions? If "Yes," complete Schedule M	30		A
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x
00	If "Yes," complete Schedule N, Part I	31		A
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
00	Schedule N, Part II	32	\vdash	A
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	200	1	x
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity?	24		х
05-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		A.
O	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	256		х
00	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200	1	
0-	If "Yes," complete Schedule R, Part V, line 2	36	 	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		х
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Α_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	x	
	Note. All Form 990 filers are required to complete Schedule O			(2011)

Form 990 (2011) VISITORS BUREAU

Part 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			
	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 reportable 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 10			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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
ь	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 Accounts.			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a				
	any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		↓
9	Sponsoring organizations maintaining donor advised funds.		}	
а	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	ļ	ļ
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12]
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:		i	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			ŀ
	amounts due or received from them.)			
12a	1	12a		├
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
L	Note. See the instructions for additional information the organization must report on Schedule O.			1
b	1]	
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13c			
C 14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
14a h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		
	11 103, TIES IL HIBU ET OTTI 1 20 TO TEPOTE TIESE PAYITIETIES ET IL 190, Provide all explanation in Schedule O		000	(0044)

Form 990 (2011)

VISITORS BUREAU

55-0658922

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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					<u>LX</u>
Sec	tion A. Governing Body and Management					
			1		Yes	No_
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	20	5		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2(5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	up with	any other			
	officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under t	he dıre	ct 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 w	as filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X
6	Did the organization have members or stockholders?		•	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoin	t one or			:
	more members of the governing body?			7a_		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or	-		
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by t	he following:			
а	The governing body?		• •	8a_	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenu	ie Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such	chapte	rs, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy bef	ore filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give re	se to co	nflicts?	12b	Х	<u></u>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," o	describe			
	ın Schedule O how this was done			12c		X
13	Did the organization have a written whistleblower policy?		•	13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and appro	val by	independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
а	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)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement	with a			
	taxable entity during the year?			16a	<u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anızatı	on'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 ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Sed	ction 501(c)(3)s only) availat	ole	
	for public inspection. Indicate how you made 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 made its governing documents,	conflict	of interest policy, a	ınd fina	ncial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books	and re	cords of the organiz	ation:	_	
	EXECUTIVE DIRECTOR - 304-292-5081					_
	68 DONLEY STREET, MORGANTOWN, WV 26501					

Form 990 (2011)	VISITORS	BUREAU				<u> 55-0658922</u>	Page 7
Part VII Comper	nsation of Officers, D	Directors, Tr	rustees, l	Key Employees,	Highest	Compensated	
Employe	ees, and Independer	nt Contracto	ors				

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.

(A)		(C)					(D)	(E)	(F)	
Name and Title	Average hours per week	box	Position (do not check more box, unless person officer and a direct				h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PEGGY MYERS SMITH	1				ĺ			T4 660		•
EXECUTIVE DIRECTOR	45.00	X	<u> </u>		<u> </u>			74,663.	0.	0
(2) TRICIA PETTY					ł	Ì				•
PRESIDENT		 	<u> </u>	X	<u> </u>			0.	0.	0
(3) PETE HORNSBY			ł		1					_
VICE PRESIDENT				X		├	ļ	0.	0.	0
(4) MARK JENKINS				,,				0.	0.	^
SECRETARY		_	├	X		-		0.	0.	0
(5) HARRY GRANDON				x				0.	0.	۱ ،
TREASURER		-	┼─	<u> </u>	\vdash	\vdash		0.	0.	0
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	990 (2011) VISITOR	MORGANTO	I WC	7 (CON	IV!	ΞNΊ	ric	ON &	55-065	8922	<u>}</u> P	age 8
ar	t VII Section A. Officers, Directors,	Trustees, Key En	nplo	oyee	s, a	nd F	ligh	est (Compensated Employ	ees (continued)			
	(A) Name and title	(B) Average hours per week	(do box		(C Posi heck i ss per	tion	than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	I		
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org ar	mpensa from th ganizat nd relat ganizati	ation e uon ted
				_							+		
											-		
С	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)	t VII, Section A	Α .				* * *		74,663. 0. 74,663.	0 0			0. 0.
2	Total number of individuals (including but compensation from the organization	ut not limited to th	ose	liste	ed al	bove	e) wh	no re		0,000 of reportable			0
3	Did the organization list any former office	er director or to	ieto	o ka	w er	mnlc	WAA	or h	highest compensated e	molovee on		Yes	No
•	line 1a? If "Yes," complete Schedule J for				,y 01			, 0, 1	·	pioyed on	3		X
4	For any individual listed on line 1a, is the									the organization	4		x
5	and related organizations greater than \$ Did any person listed on line 1a receive									 idual for services	-4	+	A_
·	rendered to the organization? If "Yes," c	omplete Schedul	e J 1	for s	uch	pers	son				5	<u> </u>	X
<u>sec</u> 1	ction B. Independent Contractors Complete this table for your five highest	compensated inc	dene	ende	ent c	onti	racto	ors ti	hat received more than	\$100,000 of compe	nsation	from	
	the organization. Report compensation is	•											
	(A) Name and business address NONE								(B) Description of s	services	Comp	(C) ensatio	on
							<u> </u>	_					
								1					
				 -		<u>-</u>		1					

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2011) VISITORS BUREAU
Part VIII | Statement of Revenue

rai	, <u>, , , , , , , , , , , , , , , , , , </u>	, Statement of Neverlue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d 1e 165,801 All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f				
Program Service Revenue	b c d e f	OTHER INCOME CO-OP MARKETING ADVERTISING All other program service revenue	74,414. 12,450. 3,163.	12,450.		
	3 4	Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds	90,027.			4,255.
	С	Royalties (i) Real (ii) Persona Gross rents Less. rental expenses Rental income or (loss)				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses				
Other Revenue	d	Gain or (loss) Net gain or (loss) Gross income from fundraising events (not including \$	-			
Other	с 9 а	Part IV, line 18 Less: direct expenses Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 a	<u> </u>	}		
	c 10 a b	Less: direct expenses Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less. cost of goods sold Net income or (loss) from sales of inventory	<u> </u>			
-	11 a b c		de			
13200 01-23	d e 12 9	All other revenue Total. Add lines 11a-11d Total revenue See instructions.	1,538,566.	90,027.	0.	4,255. Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

De -	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		-		
5	Compensation of current officers, directors,				
	trustees, and key employees .	74,663.	14,933.	59,730.	
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	225,257.	198,218.	27,039.	
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	25,390.	21,074.	4,316.	
10	Payroll taxes	26,192.	18,525.	7,667.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	1,329.	1,329.		
¢	Accounting	32,184.	32,184.		
d	Lobbying		•		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	26,770.	26,770.		
14	Information technology				
15	Royalties	-			
16	Occupancy	63,480.	63,480.		
17	Travel	5,524.	5,524.		
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	18,395.	18,395.		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MARKETING AND PROMOTION	743,627.	743,627.		
b	POSTAGE AND SHIPPING	16,665.	16,665.		
c	SUPPLIES	5,260.	5,260.		
d	EQUIPMENT RENTAL AND MA	5,007.	5,007.		
е	All other expenses	13,982.	13,982.		
25	Total functional expenses. Add lines 1 through 24e	1,283,725.	1,184,973.	98,752.	0
26	Joint costs. Complete this line only if the organization			T	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2011)

Part X Balance Sheet (B) (A) Beginning of year End of year 623,109. 473,617. 1 Cash - non-interest-bearing 1 205,486. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 103,317. 24,594. 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II 5 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 209,016. 3,600. Prepaid expenses and deferred charges ... 9 10a Land, buildings, and equipment: cost or other <u>263,513.</u> basis. Complete Part VI of Schedule D . 10a 104,840. 127,882. 135,631 10b 10c b Less: accumulated depreciation 11 11 Investments · publicly traded securities 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 1,063,394. 812,067. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 44,144. 47,658. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 47,658. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here

X and complete lines 30 through 34. 180,224. 180,224. 30 Capital stock or trust principal, or current funds 30 0. 31 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 839,026. 584,185. Retained earnings, endowment, accumulated income, or other funds 32 1,019,250. 764,409 33 Total net assets or fund balances 33 1,063,394. 812,067. Total liabilities and net assets/fund balances

Form 990 (2011)

<u> Form</u>	1990 (2011) VISITORS BUREAU	<u> </u>	0944	Pag	<u> 12 2 2 2 2 2 2 2 2 2 </u>
Pa	rt 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	1,538	3,5	<u>66.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,283	3 <u>,7</u> :	<u>25.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	254	<u>1,8</u>	<u>41.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	764	1,4	<u>09.</u>
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	1,019	2,2	<u>50.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u> </u>		X
	·			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			İ	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
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	Х	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a			
	separate basis, consolidated basis, or both:		1		l
	X Separate basis Consolidated basis Both consolidated and separate basis		1 1	1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		. 3a		_X_
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or guidte, explain why in Schedule O and describe any steps taken to undergo such audits		36	ĺ	

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

Employer identification number

Name of t	the organizati	on GREATER	MORGANTOWN	CONVE	NTION	&		E	mployer id	lentificati	on nu	mber
		VISITOR	S BUREAU	_					55	<u>-0658</u>	922	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this part	t.) See inst	tructions.				
The organ	ization is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)		_			
1 🗀	A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	! -				
2 🗀	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗀	A hospital or	a cooperative hospit	tal service organization	described	n section	170(b)(1)	(A)(iii).					
4 🗀	A medical res	search organization of	operated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(i	iii). Enter th	e hospital	's nam	e,
	city, and stat	ө										
5 🗀	An organizati	on operated for the	benefit of a college or ui	niversity ov	wned or op	erated by	a governr	mental un	it described	ni b		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🗀	A federal, sta	ite, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1)(A)(v).					
7 X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
_	section 170(b)(1)(A)(vi). (Comple	te Part II)									
8 🗔	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗀	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support fi	om contri	butions, m	nembersh	up fees, and	d gross red	ceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	/3% of it	s support fr	om gross	ınvest	ment
	income and i	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the org	anization af	ter June 3	0, 197	5.
	See section	509(a)(2). (Complete	Part III.)									
10 🛄	An organizati	on organized and or	perated exclusively to te	st for publ	ıc safety. S	ee sectio	n 509(a)(4	1).				
11 🗔	An organizati	on organized and or	perated exclusively for th	ne benefit (of, to perfo	rm the fu	nctions of,	or to car	ry out the p	urposes o	f one	or
	more publicly	supported organiza	itions described in secti	on 509(a)(⁻	1) or section	n 509(a)(2	2). See se c	ction 509	(a)(3). Chec	k the box	that	
	describes the	type of supporting	organization and compl	et <u>e lin</u> es 1	1e through	11h.						
	a L Type I	b	J Type II d	с 🔲 Тур	e III - Func	tionally inf	tegrated		d 📖	Type III - C	Other	
e []		-	t the organization is not									n
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	tions des	cribed in s	ection 50	9(a)(1) or se	etion 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check th	nis box							•	•	
9	_		rganization accepted ar									
		=	rectly controls, either a	lone or tog	ether with	persons o	described	ın (ii) and	(III) below,		Yes	No
			upported organization?							11g(i)		<u> </u>
		•	n described in (i) above?		_					11g(ii)		
_			person described in (i)				•			11g(iii)	L	<u> </u>
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
		· · · · · · · · · · · · · · · · · · ·	(iii) Type of	l				6.31	la tha			
	of supported	(ii) EIN	organization	in col (i) le	organization sted in your	(v) UIO yo	u notity the	lorganizat	s the ion in col.	(vii) An		f
org	anızation		(described on lines 1-9	governing	document?	(i) of you		(i) organi	zed in the S.?	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(See mandenons)	162		163	140	163	140			
				1)							
				 								
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Schedule A (Form 990 or 990-EZ) 2011 VISITORS BUREAU Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

55-0658922 Page 2

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (e) 2011 (f) Total (a) 2007 (c) 2009 (d) 2010 Calendar year (or fiscal year beginning in) (b) 2008 1 Gifts, grants, contributions, and membership fees received. (Do not 12,865. 168,837. 149,104. 165,801. 621,254. 124,647. include any "unusual grants.") 2 Tax revenues levied for the organızation's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 12,865. 168,837. 149,104. 124,647. 165,801. 4 Total, Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 621,254. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2007 (d) 2010 (e) 2011 (f) Total Calendar year (or fiscal year beginning in) (b) 2008(c) 2009 168,837. 149,104. 165,801. 621,254. 124,647 12,865. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 3,642 10,593 3,483. 3,485. 4,255. 25,458. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 646,712. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 96.06 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 95.19 15 15 Public support percentage from 2010 Schedule A, Part II, line 14 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **▶**[X] stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2011 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	include any "unusual grants ")								
2	Gross receipts from admissions,		;						
	merchandise sold or services per-								
	formed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose				<u> </u>				
3	Gross receipts from activities that								
	are not an unrelated trade or bus-				1				
	iness under section 513								
4	Tax revenues levied for the organ-								
	zation's benefit and either paid to					1			
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to		}				ŀ		
	the organization without charge		ł						
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
•	3 received from disqualified persons					<u> </u>			
k	Amounts included on lines 2 and 3 received								
	from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
	Add lines 7a and 7b								
	Public support (Subtract line 7c from line 6)								
	ction B. Total Support		•						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
	Amounts from line 6	\			1				
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources								
Ł	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b								
	Net income from unrelated business			-					
	activities not included in line 10b,								
	whether or not the business is regularly carried on				İ				
12	Other income Do not include gain		<u> </u>	1					
	or loss from the sale of capital								
13	assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)		 		<u> </u>	<u>†</u>			
	First five years. If the Form 990 is fo	r the organization'	's first second the	rd fourth or fifth t	ax vear as a section	on 501(c)(3) orga	nization.		
17	check this box and stop here	o organization	o mor, godona, am	e, routin, or mare	your do a sooti	z., zz. (c)(c) organ	▶		
Se	ction C. Computation of Publ	ic Support Pe	ercentage						
				column (f))		15	%		
	Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2010 Schedule A, Part III, line 15 16								
	ction D. Computation of Inve	_					<u>%</u>		
$\overline{}$	7 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))								
	Investment income percentage from			("	•	18	%		
	a 33 1/3% support tests - 2011. If the			on line 14, and lin	e 15 is more than				
.50	more than 33 1/3%, check this box a						▶□		
	o 33 1/3% support tests - 2010. If the						, and		
	line 18 is not more than 33 1/3%, che								
20	Private foundation. If the organization		•				. ▶□		

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

GREATER MORGANTOWN CONVENTION &

Employer identification number 55-0658922

VISITORS BUREAU Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? _ Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 ... b Assets included in Form 990, Part X

	dule D (Form 990) 2011 VISITORS						658922			
Pai	t III Organizations Maintaining Coll									
3	Using the organization's acquisition, accession,	and other records, chec	k any of the folk	owing that	are a sign	ificant use of i	ts collection it	ems		
	(check all that apply):									
а	Public exhibition	d []	Loan or exchan	-						
b	Scholarly research	e [Other	. –						
С	Preservation for future generations									
4	Provide a description of the organization's collection	•	-	-	-		Part XIV.			
5	During the year, did the organization solicit or re				er sımılar as	sets	 _	_		
	to be sold to raise funds rather than to be maint				<u> </u>	<u> </u>	Yes	No_		
Pai	t IV Escrow and Custodial Arrange		e organization a	nswered "	Yes" to Fo	rm 990, Part I	V, line 9, or			
	reported an amount on Form 990, Part X									
1a	Is the organization an agent, trustee, custodian		contributions o	r otner ass	sets not ind	cinaea		<u> </u>		
							Yes	L No		
b	If "Yes," explain the arrangement in Part XIV and	d complete the following	table:							
							Amount			
C	Beginning balance .		,		•	1c	 			
đ	Additions during the year		•			1d				
e	Distributions during the year	•	•		•	1e				
f	Ending balance	000 0 1 1 1 1 010		•		1f				
	Did the organization include an amount on Form	1990, Part X, line 217			••••		Yes	∟∟ No		
	t V Endowment Funds. Complete if the		L 037 - 18 A - 17	000 D. 11	0.7 bar = 40					
T al						Three years he	ale (=) Four ve	ara baak		
4		a) Current year (b)	Prior year (c) Two year	S Dack (a)	Three years ba	ck (e) Four ye	ars Dack		
1a _	Beginning of year balance									
0	Contributions									
<u>ر</u> د	Net investment earnings, gains, and losses									
a	Grants or scholarships		 			<u>-</u>				
е	Other expenditures for facilities									
	and programs									
-	Administrative expenses									
g	End of year balance	t year and balance (line :	1 a ookuma (a)) b	old oo	l					
2 a	Provide the estimated percentage of the current Board designated or quasi-endowment	year end balance (line %	rg, column (a)) n	ieio as.						
b	Permanent endowment									
	Temporarily restricted endowment	_ ″ %								
·										
32	The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization									
Qu.	by:	on or the organization th	at are rield and	aariii iisto	100 101 1110	Organization	T.	es No		
	(i) unrelated organizations						3a(i)	es 140		
	(ii) related organizations	•	•	•	•	••	3a(ii)			
b	If "Yes" to 3a(II), are the related organizations lis	ted as required on Scho	edule R2	•		•	3b	-		
4	Describe in Part XIV the intended uses of the organizations is					•	30			
<u> </u>	t VI Land, Buildings, and Equipmen									
	Description of property	(a) Cost or other	(b) Cost or	other	(c) Acci	umulated	(d) Book v	/alue		
	= ====================================	basis (investment)	basis (oth			ciation	(=, = = = : : :			

117,074. 146,439.

> 127,882. Schedule D (Form 990) 2011

40,400.

95,231.

76,674.

51,208.

1a Land b Buildings

e Other

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

d Equipment ...

GREATER MC Schedule D (Form 990) 2011 VISITORS E	ORGANTOWN CONVI	ENTION &	55-0658922 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line 1	2.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Meth	od of valuation: of-year market value
(1) Financial derivatives		 	
(2) Closely-held equity interests	·	··	
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)		<u> </u>	
Part VIII investments - Program Related.		13	
(a) Description of investment type	(b) Book value	(c) Meth	nod of valuation: of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		 	
(9)		 	· · · · · · · · · · · · · · · · · · ·
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, in	ino 15		
	(a) Description		(b) Book value
	(a) Description		(b) Book Value
(1)			
(2)			
(3)			
(4)		 -	
(5)			
(6)	<u> </u>		
			
(8)			
(9)			
(10)	less 15 \		
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part			
(a) Decomption of lightly	. A, IIII 23.	(b) Book value	
		(b) DOOR FAILE	
(1) Federal income taxes			
(2)		·	

(4) (5) (6) (7) (8) (9) (10) (11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

32053
01-23-12

Schedule D (Form 9

Sche	dule D (Form 990) 2011 VISITORS BUREAU	-)658922 Page 4
Par		Audite	d Finan	cial S	tatement	s
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		1,538,566.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		1,283,725.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3		254,841.
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	••	
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	nd 0	•	10		254,841.
10 Par	t XII Reconciliation of Revenue per Audited Financial Statements	ents Wit	h Reve		er Return	
1	Total revenue, gains, and other support per audited financial statements				1	1,538,566.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
_	Net unrealized gains on investments	2a				
a	Donated services and use of facilities	2b				
b	• • • • • • • • • • • • • • • • • • • •	2c				
C	Recoveries of prior year grants	2d				
d	Other (Describe in Part XIV.)	<u> </u>			2e	n
e	Add lines 2a through 2d		•		3	1,538,566.
3	Subtract line 2e from line 1	•	•		3	1,330,300.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.4-1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-			
b	Other (Describe in Part XIV.)	4b			 	٥
C	Add lines 4a and 4b		•	•	4c	1,538,566.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) † XIII Reconciliation of Expenses per Audited Financial Statem	onte W	ith Evne	neae		1,330,300.
		icits W	itii Exp	511363		1,283,725.
1	Total expenses and losses per audited financial statements				1	1,203,723.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1				
a	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIV.)	2d				0
е	Add lines 2a through 2d	•	••		2e	1,283,725.
3	Subtract line 2e from line 1		•		. 3	1,203,723.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			 	
þ	Other (Describe in Part XIV.)	4b				0
С	Add lines 4a and 4b	•			4c	1,283,725.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	1,203,123.
	rt XIV Supplemental Information					0. 5. 11/1 4.5:4
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part					
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also com	plete this	part to pr	ovide ar	ny additional	information.
		<u>-</u> .				
	······································					
					<u></u>	

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service 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.

2011
Open to Public Inspection

Name of the organization

GREATER MORGANTOWN CONVENTION & VISITORS BUREAU

Employer identification number 55-0658922

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 WAS PROVIDED
TO THE ORGANIZATION'S FINANCE COMMITTEE BEFORE IT WAS FILED. THE FINANCE
COMMITTEE IS RESPONSIBLE FOR REVIEWING THE FORM BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 15A: THE PROCESS FOR DETERMINING
COMPENSATION OF THE ORGANIZATION'S CEO AND EXECUTIVE DIRECTOR REQUIRES
REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE AT GREATER MORGANTOWN CONVENTION & VISITORS BUREAU OFFICE.
FORM 990, PART XI, LINE 2C
THE ORGANIZATIONS'S FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN
INDEPENDENT ACCOUNTANT. THIS PROCESS IS CONSISTENT WITH PRIOR YEARS.

ID# COMPANY # 12484 PAGE 2 RUN 05/24/12 11:32:20 AM

Year Ended 12/31/2011

PPD BY Conley CPA Group, PLLC

ASSET	PLC DATE	METHOD 4797 PTC	พ/บ	1 2				CURRENT DEP	ENDING A/D SEC 179 EXP	BOOK VALUE SALVAGE
(C) 1: COMPUTER & SOFTWARE 1.00 BUREAU 2000 SOFTWARE	12/22/00		New	1 2	12,000.00	12,000.00	12,000.00	0.00	12,000.00	0.00
2.00 WEB SITE DEVELOPMENT	08/07/00 3	SL-Am 45 0	New	1 2	3,471.50 0.00	3,471.50 0.00	3,471.50 0.00	0.00 0.00	3,471.50 0.00	0.00
4.00 COMPUTERS	11/08/00	SL 45 0	New	1 2	3,214.98 0.00	3,214.98 0 00	3,214.98 0.00	0.00	3,214.98 0.00	0.00
7.00 HP LASERJET 1200 PRINTE	10/11/01	_	New	1 2	799.99	799.99 0.00	799.99 0.00	0.00	799.99	0.00
8.00 DELL COMPUTER	06/05/02 5		New	1 2	1,767.02	1,767.02	1,767.02	0.00	1,767.02	0.00
9 00 DELL LAPTOP	11/16/02		New	1 2	1,538.05	1,538.05			1,538.05	0.00
20.00 COMPUTERS	07/05/05 5	SL	New	1 2	3,540.00	3,540.00	3,540.00	0.00	3,540.00	0.00
21.00 MID RANGE SERVER	07/05/05 5		New	1 2	2,439.00	2,439.00	2,439.00	0.00	2,439.00	0.00
25.00 LAPTOP COMPUTER	08/19/06 5		New	1 2	1,565.81	1,565.81	1,357.03	208.78	1,565.81	0.00
26 00 VISITOR DATA BASE SOFTW	09/30/06	SL 45 0	New	1 2	4,000.00	4,000.00	4,000.00	0.00	4,000.00	0.00
42.00 Five HP dx2300 Computer	04/28/08	SL 45 0	New	1 2	2,250.00 0.00	2,250.00	1,200.00	450.00 0.00	1,650.00 0.00	600.00
46.00 D3000 DATABASE SYSTEM	03/03/11	SL 45 0	New	1 2	17,324.43 0.00	17,324.43 0.00	0.00	2,887.41	2,887.41 0.00	14,437.02
47.00 SERVER AND ROUTER	03/28/11		New	1 2	15,915.50	15,915.50 0.00	0.00	2,387.33	2,387.33	13,528.17 0.00
48.00 4 COMPUTER SYSTEMS	04/22/11		New	1 2	4,192.85 0.00	4,192.85 0.00	0.00 0.00	559.05 0.00	559.05 0.00	3,633.80 0.00
49.00 HARD DRIVES	07/01/11		New	1 2	525.00 0.00	525.00 0.00	0.00	52.50 0.00	52.50 0.00	472.50 0.00
50.00 2 COMPUTER SYSTEMS AND		SL 45 0	New	1 2	2,307.33 0.00	2,307.33 0.00	0.00 0.00	0.00 0.00	0.00 0.00	2,307.33 0.00
51.00 SOFTWARE UPGRADE PACKAG		SL 45 0	New	1 2	1,172.01 0.00	1,172.01 0 00	0.00	0.00 0.00	0.00	1,172.01 0.00
* (C) 1: COMPUTER & SOFTWARE *		17 asse	t(s)	1,	78,023.47	78,023.47	35,327.57	6,545.07	41,872.64	36,150.83
(C) 2: FURNITURE & EQUIPMENT 6.00 BANNERS	06/19/01 7	SL 45 0	New	1 2	1,364.22	1,364.22	1,364 22 0.00	0.00	1,364.22 0.00	0.00
* 11.00 OFFICE FURNITURE	12/29/03 7	SL-Y 45 0	New	1 2	1,458.45 0.00	1,458.45 0.00	1,458.45 0.00	0.00	1,458.45 0.00	0.00 0.00
13.00 PROJECTOR	08/20/04 7	SL 45 0	New	1 2	1,059.99 0.00	1,059.99 0.00	959.06 0.00	100.93	1,059.99 0 00	0.00
14.00 SIGNS - BANNERS	12/01/04 : 5	SL 45 0	New	1 2	1,503.28 0.00	1,503.28 0 00	1,503.28 0 00	0.00 0.00	1,503 28 0 00	0.00 0.00
15.00 SIGN - EXTERIOR LETTERI	05/01/04 : 10	SL 45 0	New	1 2	4,021.95 0.00	4,021.95 0.00	2,681.33 0.00	402.20 0 00	3,083.53 0.00	938.42 0.00
19.00 ROTATING DISPLAY RACK	06/17/05 : 7	SL 45 0	New	1	533.10 0.00	533.10 0.00	418.88 0.00	76.16 0.00	495.04 0.00	38.06 0.00
22.00 HON LEFT WKSTATION-RT R	08/31/05 s 7	SL 45 0	New	1 2	666.74 0 00	666.74 0.00	508.00 0 00	95.25 0.00	603 25 0.00	63.49 0.00
27.00 36' WALL MOUNTED ART TR	05/17/06 S 7	SL 45 0	New	1 2	1,420.20 0 00	1,420.20 0 00	929.91 0.00	202.89 0.00	1,132 80 0.00	287.40 0.00
30.00 Refridgerator	05/26/07 s 7	SL 45 0	New	1 2	522.04 0 00	522.04 0.00	267.24 0 00	74.58 0.00	341.82 0.00	180.22 0.00
32.00 White Slat Wall - Mrgt (05/26/07 S 7		~ New	1 2	575.00 0.00	575.00 0.00	294.34 0.00	82.14 0 00	376.48 0 00	198.52 0.00
33.00 Information Desk - Rewo 0)5/26/07 S 7		New	1 2	685 00 0 00	685.00 0.00	350.66 0.00	97 86 0.00	448.52 0 00	236 48 0 00
34.00 Cherry Cabinet - Mrgt V 0	05/26/07 S 7		New	1 2	800.00 0 00	800.00 0.00	409.54 0 00	114.29 0.00	523.83 0 00	276.17 0.00

ID# COMPANY # 12484 PAGE 3 RUN 05/24/12 11:32:20 AM

Year Ended 12/31/2011

PPD BY Conley CPA Group, PLLC

AS	SET	PLC DATE BU% LIFE	METHOD 4797 PTC	N/U	1 2					ENDING A/D SEC 179 EXP	BOOK VALUE SALVAGE
	35.00 projector for Mrgt VC		SL 45 0	New	1 2		2,250.00	1,575.00	450.00 0.00		225.00
	36.00 12 Chairs for Conferenc	07/07/07 7	SL 45 0	New	1 2		2,292.00 0.00	1,146.00 0.00	327.43 0.00	1,473.43 0.00	818.57 0.00
	37 00 Conference Room Credenz	07/07/07 7	SL 45 0	New	1 2		594.50 0.00	297.25 0.00		382.18 0.00	212.32 0.00
	38.00 Sign for Donley St Loca	08/23/07 7	SL 45 0	New	1 2		4,898.00 0.00	2,332 37 0.00	699.71 0.00	3,032.08 0.00	1,865.92 0.00
	39.00 Conference Romm Table	09/08/07 7	SL 45 0	New	1 2	-,	3,300.00 0.00	1,571.43 0.00	471.43 0.00	2,042.86 0 00	1,257.14 0.00
	43.00 PHONE SYSTEM	11/02/10 7	SL-Y 45 0	New	1 2		5,157. 4 8 0.00	368.39 0.00	736.78 0 00	1,105.17 0.00	4,052.31 0.00
•	44.00 DISPLAY CASE	11/17/10		New	1 2		2,002.44 0.00	143.03 0.00	286.06 0.00	429.09 0 00	1,573.35 0.00
•	45.00 CONFERENCE ROOM DESK	12/05/10		New	1 2		865.83 0.00	61.85 0.00	123 69 0.00	185.54 0.00	680.29 0.00
٠.,	(C) 2 · FURNITURE & EQUIPMENT *		20 asse	t(s)	•	35,970.22	35,970.22	18,640.23	4,426.33	23,066 56	12,903.66
(C)	4: LEASEHOLD IMPRVMNT										
	23.00 DISPLAY WALL&INFO BOOTH	04/26/06	SL 45 0	New	1 2	3,592 50 0.00	3,592.50	3,592.50 0.00	0.00	3,592.50 0 00	0.00
	23.50 DISPLAY WALL&INFO BOOTH	04/26/06	SL-Y 45 0	New	1 2	3,592.50 0.00	3,592.50 0.00	3,592.50 0.00	0.00	3,592.50 0.00	0.00
	23 DISPLAY WALL&INFO BOOTH	CABNET	2 subas	set(s)	1	7,185 00	7,185.00	7,185.00	0 00	7,185.00	0.00
	31.00 Awning Front of Visitor	05/26/07 7	SL 45 0	New	1	1,280.00 0 00	1,280.00 0.00	655.25 0 00	182.86 0.00	838.11 0.00	441.89 0 00
	40.00 Parking Lot Improvement	11/05/07 15		New	1	9,250.00 0.00	9,250.00 0.00	1,952.79 0.00	616.67 0.00	2,569.46 0.00	6,680.54 0.00
	41.00 Leasehold Improvements	06/26/07 15	SL 45 0	New	1 2	99,358.84	99,358.84 0.00	23,183.72 0 00	6,623.92 0.00	29,807.64 0.00	69,551.20 0.00
* (C) 4: LEASEHOLD IMPRVMNT *		5 asse	t(s)		117,073.84	117,073.84	32,976.76	7,423.45	40,400.21	76,673.63
	GRAND TOTALS		42 asset	t(s)	1	231,067.53	231,067.53	86,944.56	18,394 85	105,339.41	125,728.12

ASSET	SIMMARY

		000222222222222	
Inding	42	231,067.53	231,067.53
•			
Reduction Recovery			0.00
<pre>{TC Basis Reduction</pre>			0 00
♠fRC 179 Expense			0.00
-			
01spos1tions	0	0.00	0.00
Additions-Full Cost	6	41,437.12	41,437 12
3egınning	36	189,630.41	189,630.41
	Assets	Original Cost	Depreciable Basis

Form **8868** (Rev. January 2012) Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

File a separate application for each return.

Internal Revenue Service $\triangleright \mathbf{x}$ If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Name of exempt organization or other filer, see instructions Employer identification number (EIN) or GREATER MORGANTOWN CONVENTION & print 55-0658922 VISITORS BUREAU File by the Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions due date for filing your 68 DONLEY STREET return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. MORGANTOWN, WV 26501 0 1 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Code Is For Form 990 Form 990-T (corporation) 07 01 Form 990-BL 02 Form 1041-A 08 Form 990-EZ 09 01 Form 4720 Form 990-PF Form 5227 10 Ω4 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 12 EXECUTIVE DIRECTOR The books are in the care of ► 68 DONLEY STREET - MORGANTOWN, WV 26501 Telephone No. ► 304-292-5081 FAX No > If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box | If it is for part of the group, check this box | and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for. ► X calendar year 2011 or ___ tax year beginning . and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return . Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and b estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, 0. by using EFTPS (Electronic Federal Tax Payment System) See instructions Caution, If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions