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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

benefit trust or private foundation) Open to Public Department of the Treasury Internal Revenue Service Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2011 calendar year, or tax year beginning January 1 2011, and ending December 31 20 11 D Employer identification number C Name of organization Southwest Idaho Travel Association Check of applicable: Doing Business As 82-0440928 Address change Number and street (or P O box if mail is not delivered to street address) Name change Room/suite E Telephone number Initial return O Box 2106 Attn: John Beacham 208-344-7777 City or town, state or country, and ZIP + 4 П Terminated Boise, ID 83701-2106 Amended return G Gross receipts \$ Application pending F Name and address of principal officer Hilat is this a group return for affiliates? Thes I No Same as C above H(b) Are all affiliates included? Yes No 501(c) (If "No," attach a list. (see instructions) ☐ 501(c)(3) Tax-exempt status: www.swita.org Website: ▶ H(c) Group exemption number > L Year of formation: 1968 M State of legal domicile: Briefly describe the organization's mission or most significant activities: Promote travel and tourism in Southwest Idaho working in conjunction with the Idaho Department of Commerce and the Idaho Travel Council Activities & Governance Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Current Year Contributions and grants (Part VIII, line 1h) . 246,185 281,019 9 Program service revenue (Part VIII, line 2g) 570 2.578 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 0 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 11 Ø 0 12 Total revenue—add lines 8 through 11 (must_equal Part VIII, column (A), line 12) 246,755 283,597 Grants and similar amounts paid (Part IX, column (A) Fines (1-3)/ E Benefits paid to or for members (Part IX, column (A), line 4) 13 0 0 14 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 500 15 O 0 Professional fundraising fees (Part IX, column (A), IAP (16) 2 2012 16a 0 0 Total fundraising expenses (Part IX, column (O), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-17d, 11-24e 17 ø 277,656 Total expenses. Add lines 13-17 (must equal Patt X, column 18 257,051 277,656 19 Revenue less expenses. Subtract line 18 from line 12 -10,296 5,941 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 7,704 13,645 21 Total liabilities (Part X, line 26) . 0 22 Net assets or fund balances. Subtract line 21 from line 20 7,704 13.645 Signature Block ancluding aecompanying schedules and statements, and to the best of my knowledge and belief, it is Under penalties of penjury, I declare that I have examined this return icer) is based on all information of which preparer has any knowledge true, correct, and complete. Declaration of preparer (of Sian Here Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** Check 🔲 of

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 11282Y

Yes No
Form 990 (2011)

setf-employed

Firm's FIN ▶

Phone no.

Pari		ment of Program Service			Page 2					
			esponse to any question in this Part	<u>III</u>	<u>.</u>					
1	-	ribe the organization's missi	on: Idaho working in conjunction with the Ida	he Department of Commerce and the	Idaha					
	Travel Coun		Mail o working in conjunction with the tha	no beparine a or connecte and the	· Add N					
2			ificant program services during the yea							
2	If "Yes," des	scribe these new services or	Schedule O.		Yes 🛮 No					
3	services? .	Did the organization cease conducting, or make significant changes in how it conducts, any program services?								
4	Describe the	scribe these changes on Sch e organization's program se	rvice accomplishments for each of its	three largest program services, as	measured by					
	expenses. S grants and a	Section 501(c)(3) and 501(c) allocations to others, the tota	(4) organizations and section 4947(a)(all expenses, and revenue, if any, for each	(1) trusts are required to report to ch program service reported.	ne amount o					
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)					
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
			****							
		***************************************		~~~~~	~~~~~~~~~~~					
			**************************************							
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)					
			**************************************							
		*************************								
		# ####################################								
	***********									
	****									
	************									
			************************							
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)					
	*	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			*******					

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$
 4e Total program service expenses ▶

**Checklist of Required Schedules** 

Part IV

			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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			<b></b>
	candidates for public office? If "Yes," complete Schedule C, Part I	_3		✓
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		1
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		<b>√</b>
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			
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	8		<b>√</b>
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		<b>√</b>
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	44-		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11a		<b>√</b>
C	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	11b		<b>√</b>
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		<b>√</b>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<del>-</del>
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		<u>▼</u>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del>-  </del>	<b>√</b>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	- 1	⇁
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			_
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  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	14b		<u>√</u>
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	15		<u>√</u>
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 (see instructions)	16		<u>√</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<u> </u>
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
	If "Yes," complete Schedule G, Part III	19		✓_
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part	Checklist of Required Schedules (continued)		1	
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	Yes	No
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		1
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		✓
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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
đ 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 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
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 b	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	28a 28b		<b>√</b>
С	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		<u>,</u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	1	1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<b>√</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		<b>✓</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>√</b>
36	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<b>-</b>
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		-
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI	37		
38 	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	<b>√</b>	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			<u>. [</u>
			Yes	No
1a				1
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	]		
_	reportable gaming (gambling) winnings to prize winners?	1c	✓	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 .		ŀ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a		1
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 Accounts.		,	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>/</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		1	,
	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-7	gifts were not tax deductible?	6b	!	
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	[
	and services provided to the payor?		1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70	1	
•	required to file Form 8282?	70		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7с		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ì	Ì
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		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			-
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		i	
	organization, have excess business holdings at any time during the year?	8	į	
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the organization make any taxable distributions under section 4966?	9a	į	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<del>- i</del>	
10	Section 501(c)(7) organizations. Enter:		-	
а	Initiation fees and capital contributions included on Part VIII, line 12			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		ì	
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders		Ì	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Ì	
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		
	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		1	

the organization is licensed to issue qualified health plans  $\ \ \ldots \ \ \ldots \ \ \ldots \ \ \ldots \ \ \ldots$ 

Did the organization receive any payments for indoor tanning services during the tax year? . . . . . .

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

14a

14b

13b

13c

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in:	struci	tions.
	Check if Schedule O contains a response to any question in this Part VI			<u> X</u>
Sect	ion 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			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 0		1	
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		
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		1
4	Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed?	4		<b>7</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6 7-	Did the organization have members or stockholders?	6		<b>✓</b>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<b>√</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
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		/
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	<del> </del>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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 body before filing the form?	11a	1	
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		<b>√</b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		<b>✓</b>
14	Did the organization have a written document retention and destruction policy?	14		1
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?			!
а	The organization's CEO, Executive Director, or top management official	15a		1
ь	Other officers or key employees of the organization	15b	✓	
16a	and a general way to the angent and a general and a general and			į.
	with a taxable entity during the year?	16a	[	✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Carif	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	finter	est p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: SWITA PO BOX 2106 BOISE ID 83701-2106 208-383-4920 JOHN BEACHAM	of the		

Form	990	(2011)	

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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.

Check this box if neither the organization no	r any <u>rel</u> ate	d org	aniz	zatic	on c	ompe	ะกรล	ated any currer	nt offi <u>cer,</u> directo	r, or trustee.	
	(C)								1		_
(A)	(B)				ution			(D)	(E)	(F)	
Name and Title	Average					e than e		Reportable	Reportable	Estimated	
	hours per					or/trus		compensation	compensation from	amount of	
	week (describe	95	₹	Q	<u>چ</u>	8 I	77	from the	related organizations	other compensation	
	hours for	景景	7	Officer	ž	智	Former	organization	(W-2/1099-MISC)	from the	
	related	35	ĝ	_	夏	8 0	=	(W-2/1099-MISC)		organization	
	organizations in Schedule	``₹	20.		Key employee	ğ	1	İ		and related organizations	
	0)	Individual truatee or director	institutional trustee		•	\$				5.g	
			8			Highest compensated employee					
(1) Moya Shatz	ļ							(			
President	3.0		_				<u> </u>	0	0		<u>o</u>
(2) Kay Dillon							Ĭ				_
Secretary	3.0			$\vdash$				0	0		0
(3) John Beacham Treasurer	3.0							_	0		
(4) Amy Parrish-White	3.0	-						0			0
Marketing Chairman	3.0							o	o		0
(5) Renee White			H				-	<del> </del>			<u>-</u>
Vice President	3.0							o	σ		0
(6) Linzie Long	1		Н								Ť
Membership Chair	3.0							o	o		0
(7) Stew Johnson											_
Vice-President	3.0							0			0
(8)											_
(9)					-						
21											
(10)										=	_
		<u> </u>	<u> </u>		L-						_
(11)											
(12)								ļ			_
	<u> </u>										_
(13)											
(14)											_
	1	1 1			1	1		1			

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Par	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yee			lighe	st C	compensated E	mployees	(contin	ued)	
•	(A) Name and title	(B) Average hours per week	box,	unle	Pos heck ss pe	erson	e than is both or/trus	an	(D) Reportable compensation	(E) Reporta compensatio	n trom	(F) Estima amour	ated nt of
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	relatex organizat (W-2/1099-	ons	othe compen- from torganize and rel organize	sation the ation ated
(15)				,									
(16)											Ì		
(17)													
(18)													
(19)			į									·	-
(20)													
(21)										-		• • • • • • • • • • • • • • • • • • • •	
(22)												, <del>, , , , , , , , , , , , , , , , , , </del>	
(23)													
(24)													
(25)													
1b c d	Sub-total	VII, Sectio		•	· .		•	<b>&gt;</b>	0 0 0		0 0		0
2	Total number of individuals (including but reportable compensation from the organi	not limited				ed a	above	e) w	<u> </u>	ore than \$1		) of	
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete 5	ficer, direct						emp	loyee, or high	est compe	ensated		es No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	oortab	ole d	com	per	satio					7	
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc	 dividua	5	- 1
Section	on B. Independent Contractors	· · · · · · · · · · · · · · · · · · ·										1 3 1	
1	Complete this table for your five highest of compensation from the organization. Rep year.												s tax
	(A) Name and business addi	ress							(B) Description of se	ervices		(C) Compensation	n
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶							-						
									·				

Part VIII		Statement of Revenue					raye
•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
<u> </u>	Ь	Membership dues 1b	2,700	ĺ			1
g Z	C	Fundraising events 1c	1				
ੁ ਵੇ	d	Related organizations 1d					
ê E	е	Government grants (contributions) 1e	278,319	į			
불호	ľ	All other contributions, gifts, grants, and similar amounts not included above 1f					
書き	_	Noncash contributions included in lines 1a-1f \$	<u> </u>				]
Se	9 h	Total. Add lines 1a-1f		281,019			1
	<del>                                     </del>	Total / Gd In Co Ta Ti	Business Code	201,019			<del> </del>
Program Service Revenue	2a	Co-op Advertising	569	2578			1
æ	ь						
8	С						
Š	d						
Ę	е	*******************************					
2	f	All other program service revenue .		ì			
<u>a</u>	3	Total. Add lines 2a-2f		2578		4	1
		` •					
	4	Income from investment of tax-exempt be	1		·····	<del></del>	<del> </del>
	5	Royalties					<del> </del>
		(i) Real	(ii) Personal				
	6a	Gross rents		j		ĺ	
	Ь	Less: rental expenses		ţ			
	C	Rental income or (loss)		ļ		į	_
	d 7a	Net rental income or (loss)  Gross amount from sales of (i) Securities					<u> </u>
j	/ 4	assets other than inventory	(ii) Calei	]			1
	ь	Less: cost or other basis	-	į			
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	▶	1	·		
Revenue	8a	Gross income from fundraising					
ě		events (not including \$		İ			
		of contributions reported on line 1c). See Part IV, line 18	1	-			1
Other	h	Less: direct expenses b	-	1			
0	4	Net income or (loss) from fundraising		1			
į		Gross income from gaming activities.					
		See Part IV, line 19 a		1			]
ļ	Ь	Less: direct expenses b		1			
	C	Net income or (loss) from gaming acti	vities ▶				<u> </u>
ĺ	10a	Gross sales of inventory, less					
	_	returns and allowances a					
1	b	Less: cost of goods sold <b>b</b> [Net income or (loss) from sales of inventors.			1		1
	_ <u> </u>	Miscellaneous Revenue	Business Code				
İ	11a			1	1		į į
	b						
	С						
į	d	All other revenue		0			
Ì	1	Total. Add lines 11a-11d		0	·		
	12	Total revenue. See instructions	<u> </u>	283,597			

# 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).

	Check if Schedule O contains a response to any question in this Part IX								
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the 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 5	Benefits paid to or for members								
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 8	Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)								
9 10	Other employee benefits								
11	Fees for services (non-employees):		<u> </u>						
a b	Management								
c	Accounting								
d	Lobbying		-						
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other	51,624	1						
12	Advertising and promotion	156,578							
13	Office expenses	826							
14	Information technology								
15	Royalties		<del></del>						
16 17	Occupancy	12,227							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	12,221							
19	Conferences, conventions, and meetings .	17,412							
20	Interest	117112	<del>-</del>						
21	Payments to affiliates	1							
22	Depreciation, depletion, and amortization .								
23	Insurance	950							
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 O.)								
а	FAM & Press trips	24,044							
b	Legal & Professional fees	3,000							
C	Marketing - Int'l & Domestic	10,995			<del></del>				
d	All				<u> </u>				
e	All other expenses								
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	277,656							
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   ☐ if following SOP 98-2 (ASC 958-720)								

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	7,704	1	13,645
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
•	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part 11 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	<del></del>	7	
AB	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	· · · · · · · · · · · · · · · · · · ·	11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,704	16	13,645
	17	Accounts payable and accrued expenses		17	70,010
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	···	20	····
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
ø	22	Payables to current and former officers, directors, trustees, key		-	
Liabilities		employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
4	23	Secured mortgages and notes payable to unrelated third parties		23	
_	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			· · · · · · · · · · · · · · · · · · ·
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
893		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
7	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	_		
ě	30	Capital stock or trust principal, or current funds	~	30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ĕ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
9	33	Total net assets or fund balances		33	
_	34	Total liabilities and net assets/fund balances	7704	34	13,645
					5 000 (2244)

Form 9	90 (2011)			Pa	age <b>12</b>	
Par						
	Check if Schedule O contains a response to any question in this Part XI	· · ·	· · ·		<u>. Ll</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1 1		29	3,597	
2	Total expenses (must equal Part IX, column (A), line 25)	2			7,656	
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			5,941 7.704	
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	3,645	
Part	XII Financial Statements and Reporting				•	
	Check if Schedule O contains a response to any question in this Part XII				. 🗹	
				Yes	No	
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	1 - 1	
b	Were the organization's financial statements audited by an independent accountant?		2b	1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersight/				
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	✓		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye issued on a separate basis, consolidated basis, or both:	ar were				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1			
<b>3</b> a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	3a	1	1	

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2011)

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Employer identification number

82-0440928

OMB No 1545-0047 2011

Department of the Treasury Internal Revenue Service

SOUTHWEST IDAHO TRAVEL ASSOCIATION

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.

Open to Public Inspection

Form 990, Part 111 Line 1 - Organization Mission
SWITA is dedicated to promoting tourism in Southwest Idaho and works in conjunction with the Idaho Department of Commerce and the
Idaho Travel Council.
Form 990, Part VI, Line 11b - Form 990 Review Process
Officers are provided a copy of form 990 for their review prior to filling the form.
Form 990, Part VI, Line 19 - Other Organization Documents publicly available
Governing documents, policies, and financial statements are available upon request.
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