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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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

(except black lung benefit trust or private foundation)

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 7/01 2011, and ending 2012 D Employer Identification Number Check if applicable HIGHPOINT CONVENTION/VISITORS BUREAU, INC Address change 56-1923880 POST OFFICE BOX 2273 E Telephone number Name change HIGH POINT, NC 27261 Initial return 336.884.5255 Terminated Amended return G Gross receipts \$ 1,321,144. F Name and address of principal officer. TIMOTHY MABE H(a) Is this a group return for affiliates? Application pending Yes H(b) Are all affiliates included? SAME AS C ABOVE If 'No.' attach a list. (see instructions) X 501(c) (6 Tax-exempt status 501(c)(3)) ◄ (insert no.) 4947(a)(1) or Website: ► WWW.HIGHPOINT.ORG H(c) Group exemption number X Corporation Trust Form of organization L Year of Formation 1995 M State of legal domicile: NC Part I Summary Briefly describe the organization's mission or most significant activities: THE HIGH POINT CONVENTION & VISITORS BUREAU PROMOTES AND ENCOURAGES ECONOMIC DEVELOPMENT IN HIGH POINT. NO THROUGH TRAVEL_AND_TOURISM. _ SEE DETAILS AT PART III. LINE 4A. 2 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). 4 10 Total number of individuals employed in calendar year 2011 (Part V, line 2a). 5 13 Total number of volunteers (estimate if necessary)..... 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12................ 7a 0. **b** Net unrelated business taxable income from Form 990-T, line 34..... 7b 0. **Current Year** Contributions and grants (Part VIII, lime 1h): 1,229,043. 1,288,229. Investment income (Part VIII, column (A), line\$ 314, and 7d)..... 10 2.575 2,385. Other revenue (Part VIII) column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 30,330. 11 30,530. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 1,261,948 321,144. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 13 334,359. 343,235. Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 390,828 491,011. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ► 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)...... 390,999 466,568. 1,116,186. 1,300,814. Revenue less expenses. Subtract line 18 from line 12 145.762 20,330. Beginning of Current Year **End of Year** Total assets (Part X, line 16)..... 743,813. 762,615. Total liabilities (Part X, line 26)..... 1,667 139. Net assets or fund balances. Subtract line 21 from line 20. 742,146. 762,476. Signature Block Under penalties of perjury, I declare complete. Declaration of preparer Sign Here Type or print name and title Print/Type preparer's name PTIN X if Check GARY D. WALKER Paid self-employed P01056989 Preparer ► GARY D. WALKEŔ, CPA Firm's name Use Only ► 706 WESTCHESTER DRIVE Firm's address Firm's EIN HIGH POINT, NC 27262 336.887.9371

TEEA0113L 08/18/11

No

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2011) HIGHPOINT CONVENTION/VISITORS BUREAU, INC	56-1923880	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		<u> </u>
1	Briefly describe the organization's mission:		<u>-</u> -
	THE MISSION OF THE HIGH POINT CONVENTION & VISITORS BUREAU IS TO	O PROMOTE AND	
	ENCOURAGE ECONOMIC DEVELOPMENT IN HIGH POINT, NC THROUGH TRAVEL	AND TOURISM.	
2	Did the organization undertake any significant program services during the year which were not listed o	n the prior	
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O.		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices? Yes	X No
	If 'Yes,' describe these changes on-Schedule O.	_	
4	Describe the organization's program service accomplishments for each of its three largest program service	vices, as measured by exp	oenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the ar	mount of grants and alloca	itions to
	others, the total expenses, and revenue, if any, for each program service reported.		
	~~~ <b>6</b> %/ %4		
4a	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	)
	THE HIGH POINT CONVENTION & VISITORS BUREAU (HPCVB) IS A NON-PRO		
	ORGANIZATION THAT PROMOTES AND ENCOURAGES ECONOMIC DEVELOPMENT		
	NC THROUGH TRAVEL AND TOURISM. HPCVB SUPPORTS TOURISM ACTIVITY		
	BUSINESS IN HIGH POINT BY PROVIDING SERVICES TO MEETING PLANNER:		
	GROUP EVENTS THAT UTILIZE AREA MEETING VENUES AND ACCOMMODATION	FACILITIES IN	
	HIGH POINT. HPCVB PROVIDES INFORMATIONAL MATERIAL ABOUT THE HIGH		
	TO OUT OF TOWN GUESTS, ADVERTISES THE CITY TO POTENTIAL CONVENT		
	AND VISITORS, AND PROVIDES GRANT SUPPORT TO LOCAL NON-PROFIT OR		
•	ENCOURAGE AND SUPPLEMENT HPCVB'S MISSION.		
	~ · · · · · · · · · · · · · · · · · · ·		<del></del>
46	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	
•			
•			
•			
•			
4.	(Code: including grants of \$)	(Davasus &	
40	(Code: Expenses \$ including grants of \$)	(Revenue \$	
-			
•			
<u>Δ</u> .d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	<b>;</b>	
	Total program service expenses ►		<del></del>

27	Thinking the second sec		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	x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		X
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8_	Х	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide 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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.		`	
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	<b>b</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? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		X
	c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		<u> </u>
	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.	11 d	Х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f		Х
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	х	
	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		<u>x</u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	į	<u>X</u>
	b 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 foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14ь		Х
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		Х
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 (see instructions)	17_		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		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	]	Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

	- Contract of Troquite Contractor	·		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	⁻ 21	х	<u> </u>
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	00		v
		23		<u> X</u>
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		x
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
ŀ	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		Х
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
k	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	1	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		х
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? If 'Yes,' complete Schedule R, Part I	33		<u>x</u>
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		Х
<b>35</b> a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Old the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	

BAA

## Form 990 (2011) HIGHPOINT CONVENTION/VISITORS BUREAU, INC 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>	<u>.</u> [
			Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		·····I		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	ŧ		
c Did the organization comply with backup withholding rules for reportable payments to v (gambling) winnings to prize winners?	vendors and reportable gaming	1 c	х	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax S ments, filed for the calendar year ending with or within the year covered by this return.	State- 2a 13			
b If at least one is reported on line 2a, did the organization file all required federal emplo		2b	х	ĺ
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	he year?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedu	ule O	3Ь		
4a At any time during the calendar year, did the organization have an interest in, or a sign financial account in a foreign country (such as a bank account, securities account, or o	nature or other authority over, a other financial account)?	4a		Х
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		I	#	Ė
5a Was the organization a party to a prohibited tax shelter transaction at any time during t	the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax	<b>№</b>	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a Does the organization have annual gross receipts that are normally greater than \$100,0 solicit any contributions that were not tax deductible?	000, and did the organization	6a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that sinot tax deductible?	uch contributions or aifts were	6Ь		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution services provided to the payor?	and partly for goods and	7a		•
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provi	-	7b		
c 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	<del></del>	- 1	1	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a pers		7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal		7f		
g If the organization received a contribution of qualified intellectual property, did the orga as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, d Form 1098-C?	lid the organization file a	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supp supporting organization, or a donor advised fund maintained by a sponsoring organization holdings at any time during the year?	oorting organizations. Did the ion, have excess business	8		
9 Sponsoring organizations maintaining donor advised funds.		-	-	
a Did the organization make any taxable distributions under section 4966?		9a	Ī	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		9Ь	$\neg$	
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a	I	1	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b	-	ı	
11 Section 501(c)(12) organizations. Enter:		ŧ	- 1	
a Gross income from members or shareholders	11a	I	I	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).				
I2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in In		12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	ľ	Ī	
3 Section 501(c)(29) qualified nonprofit health insurance issuers.		1	I	
a is the organization licensed to issue qualified health plans in more than one state?	<u> </u>	13a		
Note. See the instructions for additional information the organization must report on Sch	hedule O.	I	1	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			Ī	
c Enter the amount of reserves on hand	<del></del>			
4a Did the organization receive any payments for indoor tanning services during the tax ye		14a	$\bot$	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation	n ın Schedule O	14b		

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. . Section 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... 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. 10 b Enter the number of voting members included in line 1a, above, who are independent..... 10 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?..... X 2 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 X X Did the organization have members or stockholders?..... 6 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? ...... X 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7ь X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8a **b** Each committee with authority to act on behalf of the governing body?..... X 8 b Is there any officer, director or 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 Q...... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. . . . 11 a 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 rise 12_b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. ... SEE SCHEDULE Q. .... 12 c X 13 X Did the organization have a written document retention and destruction policy?..... 14 X 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? a The organization's CEO, Executive Director, or top management official... SEE .SCHEDULE .Q ... 15a Х 15b Х 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 arrangement 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization: TIMOTHY MABE PO BOX 2273, HIGH POINT, NC 27261 336-884-5255

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
					C)						
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from	(E) Reportable compensation from	<b>(F)</b> Estimaled amount of other	
	per week (describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) KEVIN ARCHER	_										
<u>CHAIRMAN</u>	0	X						0.	0.	0.	
(2) KAREN WALL	_]										
VICE CHAIRMAN	0	Х						0.1	0.	0.	
(3) CHRIS GREENE											
TREASURER	7 0	Х						0.	0.	0.	
_(4)_TIM_APPLEGATE											
ASST. TREASURER	<b>7</b> 0	X						0.	0.	0.	
(5) MARY LOU BLAKENEY											
DIRECTOR	0	x						0.	0.	0.	
(6) SUSAN BROWN										<u>-</u>	
DIRECTOR	0	Х						0.	0.	0.	
(7) MENA PARRISH									·		
DIRECTOR	7 o .	Х					ĺ	0.	0.	0.	
(8) DANA KILGOE			$\neg$								
DIRECTOR	] 0	х	J		ı		ł	0.	0.	0.	
(9) BRUCE DAVIS							一				
DIRECTOR	1 0	x			- 1		ļ	0.	0.	0.	
(10) BERNITA SIMMS											
DIRECTOR	1 0 1	х	ĺ	ĺ		Í		0.	0.	0.	
(11) TIMOTHY MABE											
PRESIDENT & CEO	40	ŀ		Х				75,960.	0.	9,100.	
(12) MELODY BURNETT								,	<u></u>	3,200.	
SECRETARY	1 40	ļ		х				48,239.	0.	8,000.	
(13)										0,000.	
(14)							1				
	<u></u>										

(A) Name and title	(B) Average	(do box,	not c	Pos heck ss pe	C) sition more erson	e than	one th an	(D) Reportable compensation from	(E) Reportable compensation from		(F) Estimate	ed
	per week (describ e hours for related organi- zations in Sch O)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	or	mpensa from the ganizati nd relat ganizatio	ition e ion ted
(15)												
(16)												
(17)	f			-								
(18)								<u></u>				
(19)									-			
(20)										,		
(21)												
(22)												
(23)									·			
(24)									<del></del>			-
(25)												
1 b Sub-total							>	124,199. 0. 124,199.	0. 0.			100. 0. 100.
2 Total number of individuals (including but not limited from the organization ► 0										le comp		
Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc.	or truste dividua	e, k	ey e	mpl	oye	e, or	higl	hest compensated	employee	. 3	Yes	No X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the such individual	ortable an \$150	com 0,000	pen )? <i>II</i>	satio	on a	nd o ompi	ther lete	compensation fro	om 	. 4		X
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	mpens:	ation Sch	fron edu	n ar ı <i>le J</i>	ny u <i>for</i>	nrela such	ated <i>per</i>	organization or ın	dıvidual	. 5		х
Section B. Independent Contractors  1 Complete this table for your five highest compensate	d inder	ende	ant o	contr	racti	ore t	hat i	received more the	n \$100,000 of			
compensation from the organization. Report compen-	sation f	or th	e ca	alen	dar	year	end	ling with or within	the organization's t			
(A) Name and business address	i	<del></del>					_	(B) Description o	f services	Compe	C) nsatio	n
	• • • • • • • • • • • • • • • • • • • •											
0.711						·					••••••	<del></del>
2 Total number of independent contractors (including b \$100,000 in compensation from the organization ►		ımıte	a to	tho	se li	isted	abo	ove) who received	more than			

tanar		( <b>A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	to Membership dues	, ,			
VENUE CC	h Total. Add lines 1a-1f Business Code	1,288,229.			
RVICE RE	b				
GRAM SE	de  f All other program service revenue				
8	g Total. Add lines 2a-2f				
	<ul> <li>Investment income (including dividends, interest and other similar amounts).</li> <li>Income from investment of tax-exempt bond proceeds.</li> </ul>	2,385.			2,385.
	5 Royalties				
	(i) Real (ii) Personal  6a Gross rents				
	d Net rental income or (loss)	30,530.		<u> </u>	30,530.
	7a Gross amount from sales of assets other than inventory  b Less: cost or other basis				
	and sales expenses				
REVENUE	8a Gross income from fundraising events (not including. \$ of contributions reported on line 1c).	•			· : :
OTHER REVE	See Part IV, line 18				
	9a Gross income from gaming activities. See Part IV, line 19	<i>p</i>			:
	b Less: direct expenses b  c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances			-	
	c Net income or (loss) from sales of inventory	:	1	]	•
	Miscellaneous Revenue Business Code				
	11a				<del></del>
	b				
	<u> </u>				
	d All other revenue				
	12 Total revenue. See instructions	1,321,144.	0.	0.	32,915.

#### 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								
Do . 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses				
1	and organizations in the United States. See Part IV, line 21	343,235.							
3	the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the								
4	United States. See Part IV, lines 15 and 16 Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	162,796.							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.							
7	Other salaries and wages	246,348.							
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	9,298.							
9	Other employee benefits	43,383.	· · · · · · · · · · · · · · · · · · ·						
	Payroll taxes	29,186.							
	Fees for services (non-employees):	25,100.	· · · · · ·		<del></del>				
	Management								
	Legal		<del></del>						
	Accounting	6,045.							
	Lobbying	0/0101							
	Professional fundraising services. See Part IV, line 17								
	Investment management fees	<u> </u>			· · · · · · · · · · · · · · · · · · ·				
	Other								
_	Advertising and promotion	19,566.							
13	Office expenses	49,942.							
14	Information technology	22,154.							
15	Royalties								
16	Occupancy	96,716.							
17	Travel	38,437.							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
	Conferences, conventions, and meetings	30,251.							
20	Interest								
21	Payments to affiliates			<del></del>					
	Depreciation, depletion, and amortization	9,844.	<del></del>		<del></del>				
23	Insurance	1,195.			······································				
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	CONVENTION SERVICES	123,167.							
	SPECIAL PROJECTS	58,369.							
	MEMBERSHIPS	10,882.			· · · · · · · · · · · · · · · · · · ·				
d									
е	All other expenses				· · · · · · · · · · · · · · · · · · ·				
	Total functional expenses. Add lines 1 through 24e	1,300,814.							
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.								
	Check here ► if following		İ						
	SOP 98-2 (ASC 958-720)								

**Balance Sheet** (A) Beginning of year (B) End of year Cash - non-interest-bearing...... 1 2 568,839. Savings and temporary cash investments ....... 530,689 3 3 Accounts receivable, net ...... 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L......... 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 6 Notes and loans receivable, net..... 7 8 Prepaid expenses and deferred charges ...... 25,002 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ..... 10 a 161,435 **b** Less: accumulated depreciation..... 10b 123,859. 31,922 10 c 37,576. Investments - publicly traded securities..... 11 Investments - other securities. See Part IV, line 11..... 12 Investments - program-related. See Part IV, line 11..... 13 14 14 15 Other assets. See Part IV, line 11..... 156,200 156,200. 15 743,813. 762,615. 16 Total assets. Add lines 1 through 15 (must equal line 34).... 16 17 Accounts payable and accrued expenses..... 1,667. 17 139 Grants payable ..... 18 18 19 Deferred revenue..... 19 Tax-exempt bond liabilities..... 20 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 Secured mortgages and notes payable to unrelated third parties..... 23 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 Schedule D... 25 26 Total liabilities. Add lines 17 through 25.... 1,667 139 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. Unrestricted net assets....... 742,146 27 762,476. Temporarily restricted net assets..... 28 Permanently restricted net assets ..... 29 Organizations that do not follow SFAS 117, check here and complete FUZD B lines 30 through 34. 30 Paid-in or capital surplus, or land, building, or equipment fund..... 31

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32

33

762,615. Form 990 (2011)

762,476.

32

33

34

742,146.

743,813.

Retained earnings, endowment, accumulated income, or other funds......

Form 990 (2011) HIGHPOINT CONVENTION/VISITORS BUREAU, INC 56-	1923880		Pa	age <b>12</b>
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u></u> .		. $\Box$
1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,32	21,1	.44.
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,30	00,8	14.
3 Revenue less expenses. Subtract line 2 from line 1	3		20,3	30.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	74	42,1	46.
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	<u> </u>	<u>62,4</u>	<u>.76.</u>
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in this Part XII	. <u> </u>	<u> </u>		
	,		Yes	No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other			ı	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	<i></i>	2a	Ī	X
<b>b</b> Were the organization's financial statements audited by an independent accountant?	<i>.</i>	2b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2c	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both:	on a			
X Separate basis Consolidated basis Both consolidated and separate basis		. ‡	.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		_X_
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed audit	3b		
BAA		Form	990 (	2011)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

HI	GHPOINT CONVENTION/VISITORS BU				56-1923880	
	Organizations Maintaining Donor the organization answered 'Yes' to	r Advised Funds or O	her Similar Fur ne 6.	nds or Ad	ccounts. Compl	lete if
	January English Control of the Contr	(a) Donor advised		(b)	Funds and other ac	counts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and dono funds are the organization's property, subject to	or advisors in writing that the	assets held in don e legal control?	or advised	Yes	· No
6	Did the organization inform all grantees, donors used only for charitable purposes and not for the purpose conferring impermissible private benefit	s, and donor advisors in writing the benefit of the donor or donor or donor.	ng that grant funds nor advisor, or for a	can be any other		— □ No
Pa	rt II Conservation Easements. Comple					
	Purpose(s) of conservation easements held by			to romi	990, Fart IV, III	ne /.
•	Preservation of land for public use (e.g., re			f on historia	ally important land	0.00
	Protection of natural habitat	creation or education)	<del></del>		historic structure	area
	Preservation of open space			a cermieu	mstoric structure	
2	Complete lines 2a through 2d if the organization	n held a qualified conservation	on contribution in th	e form of a	conservation ease	ment on the
	last day of the tax year.	,		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		<u> </u>
	Takal mumban of assessment				Held at the End of	the Tax Year
	Total number of conservation easements			· ·	····	
	Total acreage restricted by conservation easem				······	<del> </del>
	Number of conservation easements on a certific			· ·		
•	I Number of conservation easements included in structure listed in the National Register			. <u>2d</u>		
3	Number of conservation easements modified, tr tax year ▶	ansferred, released, extingu	ished, or terminate	d by the org	ganization during th	e
4	Number of states where property subject to con-	servation easement is locate	ed ►	-		
5	Does the organization have a written policy regard and enforcement of the conservation easements	arding the periodic monitorins it holds?	g, inspection, hand	ling of viola	ations,	No
6	Staff and volunteer hours devoted to monitoring	, inspecting, and enforcing (	conservation easem	ents during	the year	
7	Amount of expenses incurred in monitoring, ins  ▶ \$	pecting, and enforcing conse	ervation easements	during the	year	
8	Does each conservation easement reported on 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the re	quirements of secti	on	Yes	No
9	In Part XIV, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	rts conservation easements the organization's financial s	in its revenue and o statements that des	expense sta cribes the o	atement, and baland organization's accou	ce sheet, and unting for
Pai	Organizations Maintaining Collection Complete if the organization answ	ctions of Art, Historica vered 'Yes' to Form 99	al Treasures, or 0, Part IV, line	Other S	imilar Assets.	
1 a	If the organization elected, as permitted under S art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its financi	SFAS 116 (ASC 958), not to held for public exhibition, ed ial statements that describes	report in its revenue ucation, or research these items.	e statement n in furthera	t and balance sheet ance of public service	works of ce, provide,
ŀ	<ul> <li>If the organization elected, as permitted under S historical treasures, or other similar assets held following amounts relating to these items:</li> </ul>	for public exhibition, educat	ion, or research in t	furtherance	of public service, p	rks of art, provide the
	(i) Revenues included in Form 990, Part VIII, la					
	(ii) Assets included in Form 990, Part X					156,200
	If the organization received or held works of art, amounts required to be reported under SFAS 11	16 (ASC 958) relating to thes	e items:			owing
a	Revenues included in Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·		▶\$	
	Accets included in Form 990 Part Y				-¢	

Schedule D (Form 990) 2011 HIGHPOINT (	CONVENT	ION/VISITO	RS BUREAU, INC	56-19	23880		Page 2
Part III Organizations Maintaining C	ollection	s of Art, His	torical Treasures,	or Other Similar A	ssets_(	<u>'contir</u>	าued)
3 Using the organization's acquisition, access items (check all that apply):	sion, and o	ther records, ch	eck any of the followin	g that are a significant ι	ise of its	collecti	on
a X Public exhibition		<b>d</b> 🗌 Loan	or exchange programs	5			
<b>b</b> Scholarly research		e 🔲 Other					
c X Preservation for future generations							
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. SEE PART XIV							
5 During the year, did the organization solicit assets to be sold to raise funds rather than	or receive	donations of art	, historical treasures, of the organization's co	or other similar	Yes	F	X No
Part IV Escrow and Custodial Arrangline 9, or reported an amount	gements	. Complete if	the organization				
1a Is the organization an agent, trustee, custo included on Form 990, Part X?	dian, or ot	ner intermediary	for contributions or ot	her assets not	Yes		No
<b>b</b> If 'Yes,' explain the arrangement in Part XI	V and com	plete the following	ng table:				_
					Amoun	t	
c Beginning balance				1c			
d Additions during the year				<del> </del>			_,
e Distributions during the year				<del></del>			
f Ending balance				<del></del>			
2a Did the organization include an amount on		Part X, line 21?.			Yes	L	No
b If 'Yes,' explain the arrangement in Part XI		<del> </del>					
Part V Endowment Funds. Complete							
<del> </del>	rent year	(b) Prior yea	r (c) Two years ba	ck (d) Three years back	(e) [	Four year	s back
1a Beginning of year balance		<u> </u>			<del>_                                    </del>	<del>,</del>	
<b>b</b> Contributions		-					
c Net investment earnings, gains, and losses	<del></del>						
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							· <del>*****</del>
g End of year balance		1					
2 Provide the estimated percentage of the cu	-	end balance (line	e 1g, column (a)) held	as:			
a Board designated or quasi-endowment							
b Permanent endowment	_*	<b>Q.</b>					
c Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	ould equal	% 100%.					
3a Are there endowment funds not in the poss organization by:	ession of ti	ne organization t	hat are held and admi	nistered for the		Yes	No
(i) unrelated organizations					. 3a(i)		
(ii) related organizations							
b If 'Yes' to 3a(ii), are the related organization				• • • • • • • • • • • • • • • • • • • •	. <b>3b</b>		L
4 Describe in Part XIV the intended uses of the							
Part VI Land, Buildings, and Equipm				1	1		<del> </del>
Description of property		t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	lue
1a Land				<u>'</u>			
<b>b</b> Buildings	1						
c Leasehold improvements			4 4 4	<u> </u>			
d Equipment			161,435.	123,859.	<del> </del>	<u>37,</u>	<u>,576.</u>
e Other		- 000 D4 V	ahaman (D) tan 10(1)		<del> </del>		576
Folal, Add lines Ta Infount 18. (Column (d) must	egual ron	и 990. Мап Х. С	oiumn (6). IINE TUIC) ).		1	- 5/	. o/b

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Schedule **D** (Form 990) 2011

2 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 FIN 48 (ASC 740).

(10) (11)

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

	edule D (Form 990) 2011 HIGHPOINT CONVENTION/VISITORS BUREAU, INC	56-1923880	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	, 321, 144.
2	Total expenses (Form 990, Part IX, column (A), line 25)		,300,814.
3			20,330.
4		<del></del>	
5	Donated services and use of facilities.		
6	Investment expenses		· -
7	Prior period adjustments		<del>-</del>
8	Other (Describe in Part XIV.)		
9	Total adjustments (net). Add lines 4 through 8.		
_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		20,330.
	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe		20,330.
	Total revenue, gains, and other support per audited financial statements		, 321, 144.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	···   •• • • • • • • • • • • • • • • • •	, 521, 144.
	a Net unrealized gains on investments		
	Donated services and use of facilities.	<del> </del>	
	Recoveries of prior year grants		
	1 Other (Describe in Part XIV.)	_	
	Add lines 2a through 2d		
	Subtract line 2e from line 1	3 1	,321,144.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	_	
	Other (Describe in Part XIV.)		
(	: Add lines 4a and 4b	. 4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		321,144.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	eturn et	
1	Total expenses and losses per audited financial statements	1 1	300,814.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
1	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIV.)	_	
	Add lines 2a through 2d.	2e	
	Subtract line 2e from line 1	<del></del>	300,814.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	··   • • • • • • • • • • • • • • • • • •	300,014.
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)	-	
	Add lines 4a and 4b.	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		300,814.
	t XIV   Supplemental Information		300/011.
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIV, line 4; Part XI, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compleadditional information.	V, lines 1b and 2b; te this part to prov	ide
	PART JILLINE 4 - DESCRIPTION OF ORGANIZATION'S COLLECTIONS AND HOW FURTH	IERS_EXEMPT_F	PURPO
	THE HIGH POINT CONVENTION AND VISITORS BUREAU, INC. PURCHASED AN HI	STORICAL DO	LL
	COLLECTION_KNOWN AS THE ANGELA PETERSON DOLL & MINIATURE COLLECTION	I_IN_A PRIOR	
	YEAR. THE COLLECTION IS ON LOAN TO THE ANGELA PETERSON DOLL AND MI		
	MUSEUM_IN_HIGH_POINT, NORTH_CAROLINA_AS_A_PERMANENT_DISPLAYTHE_C		
	FURTHERS THE CONVENTION AND VISITORS BUREAU'S EXEMPT PURPOSE BY EN		
	VENUE FOR TRAVEL AND TOURISM IN THE HIGH POINT, NC AREA.		

Schedule <b>D</b> (Form 990) 2011	HIGHPOINT	CONVENTION/VISITORS (continued)	BUREAU, INC	56-1923880	Page 5
Part XIV   Supplementa	Information	(continued)			
	. <b></b>				
	. <b></b>				
			<b></b>	<b></b>	
			<b></b>		
<b> <del></del></b>				<b></b> -	- <b></b>

# SCHEDULE 1 (Form 990)

2011

**≗** 

X Yes

OMB No. 1545-0047 • Open to Public Inspection Employer identification number 56-1923880 Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Part I General Information on Grants and Assistance HIGHPOINT CONVENTION/VISITORS BUREAU, INC Department of the Treasury Internal Revenue Service Name of the organization

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	procedures for monit	oring the use of gra	nt funds in the United S	tates. SEE PART	RI IV		
Part il Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	ince to Governm for any recipient	ents and Organ that received n	nd Organizations in the United States. Complete if the organization answered 'Yes' to eceived more than \$5,000. Check this box if no one recipient received more than \$5,00	ted States. Comple Check this box if no	ete if the organizatione organization	ation answered "	Yes' to n \$5,000.
Part II can be duplicated it additional space is ne	t additional space	e is needed					<b>A</b>
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HIGH POINT CITY PROJECT							
HIGH POINT, NC 27261			9,500.	0			TOURISM
(2) NC_SHAKESPEARE_FESTIVAL					,		
HIGH POINT, NC 27261			50,000.	.0			TOURISM
(3) PIEDMONI SOCCER ALLIAN							
HIGH POINT, NC 27261			12,000.	0			TOURISM
(4) INTN'L HOME FURNITURE MARKET							
HIGH POINT, NC 27261			150,000.	0			TOURISM
(5) DOLL & MINIATURE MUSEUM OF HI							
HIGH POINT, NC 27261			62,235.	0.			TOURISM
(6) HIGH POINT SWIM CLUB							
HIGH POINT, NC 27261			6,000.	.0	<del>.</del>		TOURISM
O JOHN COLTRANE FESTIVAL							
HIGH POINT, NC 27261			17,500.	0	_		TOURISM
(8) OTHER GRANTS UNDER							
			000	•			TOURISM
			.000,00	0.			FROMOTION
	s) and government or	ganizations listed in	the line I table			<b>▲</b>	80
3 Enter total number of other organizations listed in the line 1 table	one listed in the line	1 table				4	•

Schedule I (Form 990) (2011)

TEEA3901L 06/01/11

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

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 56-1923880 (e) Method of valuation (book, FMV, appraisal, other) NON-PROFIT ORGANIZATIONS MAY APPLY FOR GRANTS FOR PROJECTS THAT ARE RELATED TO ARIS OF THE USE OF FUNDS AND A FINAL REPORT AT THE COMPLETION OF THE PROJECT. POINT, NC. RECIPIENTS OF GRANTS MUST PROVIDE PERIODIC PROGRESS REPORTS PURPOSES. PROJECTS SHOULD BE DESIGNED TO DEVELOP AND ENHANCE INCREASED (d) Amount of non-cash assistance VISITATION FOR THE ORGANIZATION OR EVENT, AS WELL AS THE CITY OF HIGH PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. THE GRANTS PROCESS AND THE USE OF FUNDS IS CLOSELY MONITORED BY THE HIGHPOINT CONVENTION/VISITORS BUREAU, INC AND TOURISM FOR PROMOTIONAL, ADVERTISING AND MARKETING (c) Amount of cash grant (b) Number of recipients EXECUTIVE ADMINISTRATOR OF THE BUREAU. (a) Type of grant or assistance Schedule I (Form 990) (2011) Part III m S 9

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Schedule I (Form 990) (2011)

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2011

Open to Public Inspection

Employer Identification number

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

► Attach to Form 990 or 990-EZ.

HIGHPOINT CONVENTION/VISITORS BUREAU, INC	56-1923880			
FORM 990, PART YI, LINE 11B - FORM 990 REVIEW PROCESS				
FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE FOR REVIEW	AND CONSULTATION WITH			
THE CPA PREPARER PRIOR TO FILING THE RETURN. THE FINANCE COMMITTEE APPROVES THE				
SIGNING AND FILING OF THE FORM 990 AFTER THEIR REVIEW. THE PRESIDENT/CEO				
SIGNS THE FORM 990 AND RETURNS THE FORMS TO THE CPA PREPARER FOR MAILING. A				
COPY OF THE FORM 990 IS MADE AVAILABLE TO THE ENTIRE BOARD OF DIRECTORS FOR				
THEIR_REVIEW_BEFORE THE 990 IS MAILED.				
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFO	ORCEMENT OF CONFLICTS			
BOARD MEMBERS ARE REQUIRED TO SIGN A RENEWED CODE OF ETHI	CS POLICY ANNUALLY			
AS WELL AS DISCLOSE ANY CONFLICTS OF INTEREST WHEN VOTING	AT ANY HPCVB			
COMMITTEE AND BOARD MEETINGS. HPCVB KEEPS SIGNED RECORDS	OF CONFLICTS OF			
INTEREST DISCLOSED BY A BOARD MEMBER WHO RE CUES HIMSELF	OR HERSELF FROM			
VOTING_AT_HPCVB_MEETINGS.				
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PR	COCESS FOR CEO, EXEC. DIR., OR TOP MO			
THE PERSONNEL COMMITTEE REVIEWS COMPARABILITY DATA FOR DE	TERMINING THE			
SALARY OF THE PRESIDENT/CEO, DETERMINES THE APPROPRIATE S.	ALARY AND			
DOCUMENTS ITS DECISION IN WRITING AND REPORTS TO THE FULL	BOARD OF			
DIRECTORS.				
THE PRESIDENT/CEO REVIEWS COMPARABILITY DATA AND DETERMIN	ES THE SALARY			
OF THE EXECUTIVE ADMINISTRATOR (BOARD SECRETARY) WITHOUT	DISCUSSION			
WITH THE BOARD OF DIRECTORS OR THE PERSONNEL COMMITTEE.				
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBL	CLY AVAILABLE			
GOVERNING DOCUMENTS, 990'S, POLICIES AND FINANCIAL STATEM	ENTS ARE MADE			
AVAILABLE TO THE PUBLIC UPON REQUEST.				