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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning JUL 1, 2011 and ending	JU	л 30,	2012	
	heck if	C Name of organization				cation number
aı	pplicable	o Namo o organización		o Cilipioy	or racination	
	Addres change	LAKE TAHOE VISITORS AUTHORITY, INC.	1			
\vdash	Name		_		69_0	102829
\vdash	_ichange ∏initial					
\vdash	_Ireturn]Termin	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite 1	E Telepho		
\vdash	Jated Amend	FU BUA 3076				588-5900
\vdash	Jreturn Applica	City or town, state or country, and ZIP + 4	-	G Gross rece		4,798,885.
_	Jtion pendin	STATELINE, NV 65445	{	H(a) Is this	•	
		F Name and address of principal officer CAROL CHAPLIN			liates?	Yes X No
		SAME AS C ABOVE		H(b) Are all		
		mpt status: 501(c)(3)X 501(c)(6) ◀ (insert no.) 4947(a)(1) or	527			list. (see instructions)
		e: ► WWW.LTVA.ORG WWW.TAHOESOUTH.COM				n number 🕨
			Year of	formation:	<u>1986 N</u>	State of legal domicile: NV
Pa	rt I	Summary				
9	1 1	Briefly describe the organization's mission or most significant activities: PROMOTIC	ON C	F TRA	VEL A	ND TOURISM
ည္		IN THE SOUTH LAKE TAHOE AREA.				
3	2 (Check this box $lacktriangle$ if the organization discontinued its operations or disposed of i	more t	han 25% o	fits net as	sets.
8	3 1	Number of voting members of the governing body (Part VI, line 1a)			3	7
9	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			4	7
Se	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			5	16
Activities (Go Activities	6	Total number of volunteers (estimate if necessary)			6	0
8		Total unrelated business revenue from Part VIII, column (C), line 12			7a	1,493.
		Net unrelated business taxable income from Form 990-T, line 34			7b	1,069.
AMINED		(0) 1//// 5 0 0000 (0)		Prior Ye		Current Year
Ž	8 (Contributions and grants (Part VIII, line 1h)		4,058		4,338,545.
4		Program service revenue (Part VIII, line 2g)			,904.	353,703.
		nvestment income (Part VIII, column (A) lines 3.4 and (Zd)			,547.	586.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	—		,336.	102,274.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,466		4,795,108.
_			+		,377.	98,000.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		602	,824.	593,752.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		002		
ë		Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
꼾		Total fundraising expenses (Part IX, column (D), line 25)		2 555	254	2 001 000
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,557		3,891,802.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	_	4,162		4,583,554.
	19	Revenue less expenses Subtract line 18 from line 12	+		<u>,761.</u>	211,554.
Vet Assets or und Balances			Begi	nning of Cui		End of Year
Ssel	20	Total assets (Part X, line 16)	ļ	3,395		3,419,109.
<u> </u>	21	Total liabilities (Part X, line 26)			,545.	1,140,218.
	22	Net assets or fund balances. Subtract line 21 from line 20	<u></u>	2,067	<u>,337.</u>	<u>2,278,891.</u>
Pa	rt II	Signature Block				<u> </u>
Unde	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and st	tatemer	nts, and to th	e best of my	y knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer h	as any know	ledge.	
	İ	1 all Mar			11/	13/12
Sigr	,	Signature of officer ;		Dat	e''/	/ ·
Her	e	► CAROL CHAPLIN, EXECUTIVE DIRECTOR				
		Type or print name and title				
		Print/Type preparer's name Pr@arer's signature	Da	te	Check	PTIN
Paid	- 1	BETH KOHN-COLE OUTLISE	11	/02/1	2 setf-emptoye	P00212562
Prep	г	Firm's name KOHN COLODNY LLP			n's EIN 🛌	86-0846032
Use	г	Firm's address 5310 KIETZKE LANE, SUITE 101				
		RENO, NV 89511		Pho	ne no. 7	75-828-7300
Mav	the IR	S discuss this return with the preparer shown above? (see instructions)		1		X Yes No
	01 01-23				_	Form 990 (2011)

Form	990 (2011) LAKE TAHOE VISITORS AUTHORITY, INC.	68-0102829	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission.	D GIAGG	
	TO MARKET THE SOUTH SHORE OF LAKE TAHOE AS A UNIQUE WORL		OT7
	YEAR-ROUND DESTINATION RESORT FOR THE ECONOMIC BENEFIT ALIFE FOR THE AREA, WHILE RESPECTING ITS TRADITIONS AND E		
	LIFE FOR THE AREA, WHILE RESPECTING ITS TRADITIONS AND I	MATKONMENTS	•
2	Did the organization undertake any significant program services during the year which were not listed on		
_	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 services?	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 services, as		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and allocations t	to
	others, the total expenses, and revenue, if any, for each program service reported		
4a		es 454,	<u>484.</u>)
	PROMOTION OF TRAVEL AND TOURISM IN THE LAKE TAHOE AREA.		
		 	
			
4b	(Code) (Expenses \$	ie \$)
		*	
			
4c	(Code) (Expenses \$	ıe \$)
			
			
			
	Other program services (Describe in Schedule O)		
TU	(Expenses \$ including grants of \$) (Revenue \$	}	
4e	4 110 010		
		Form 9	90 (2011)
13200 02-09			•

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			ĺ
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		17
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		
0	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, VII, VIII, IX, or X	-		
	as applicable			ĺ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI, XII, and XIII	12a	X	<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
h	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>x</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	16_		<u>X</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	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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	2011)
		Form	MM[] /	2011N

Form 990 (2011) LAKE TAHOE VISITOR
Part IV Checklist of Required Schedules (continued)

Un 22 Dicc col 23 Dicc and las Sc. b Dicc and d Dicc 25a Se dis b Is 1	d the organization report more than \$5,000 of grants and other assistance to any government or organization in the nited States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II d the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, plumn (A), line 2? If "Yes," complete Schedule I, Parts I and III d 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 d the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the st 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 d the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? d the organization maintain an escrow account other than a refunding escrow at any time during the year to defease by tax-exempt bonds? d the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ection 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a squalified person during the year? If "Yes," complete Schedule L, Part I	21 22 23 24a 24b 24c 24d	х	x x
22 Dicc col col col col col col col col col c	d the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, folumn (A), line 2? If "Yes," complete Schedule I, Parts I and III d 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 d the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the st 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 d the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? d the organization maintain an escrow account other than a refunding escrow at any time during the year to defease by tax-exempt bonds? d the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ection 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a squalified person during the year? If "Yes," complete Schedule L, Part I	22 23 24a 24b 24c	X	х
23 Diccional Sci. Sci. Sci. Sci. Sci. Control Diccional Sci. Sci. Sci. Sci. Sci. Sci. Sci. Sci.	olumn (A), line 2? If "Yes," complete Schedule I, Parts I and III d 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 d the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the lest 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 d the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? d the organization maintain an escrow account other than a refunding escrow at any time during the year to defease my tax-exempt bonds? d the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ection 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a sequalified person during the year? If "Yes," complete Schedule L, Part I	23 24a 24b		x
23 Dick and Sc. 24a Dick las Sc. b Dick c Dick and d Dick 25a Se dis b Is 1	d 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 of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the st 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 of the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Of the organization maintain an escrow account other than a refunding escrow at any time during the year to defease my tax-exempt bonds? Of 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 sequalified person during the year? If "Yes," complete Schedule L, Part I	23 24a 24b		x
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Sci 24a Dici las Sci b Dici c Dici any d Dici 25a Se dis b Ist	the dule J d the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the st day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete chedule K. If "No", go to line 25 d the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? d the organization maintain an escrow account other than a refunding escrow at any time during the year to defease by tax-exempt bonds? d the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ection 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a squalified person during the year? If "Yes," complete Schedule L, Part I	24a 24b 24c		
24a Did las Sc. b Did c Did any d Did 25a Se dis b Is t	d the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the st day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete chedule K. If "No", go to line 25. d the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? d the organization maintain an escrow account other than a refunding escrow at any time during the year to defease by tax-exempt bonds? d the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ection 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a squalified person during the year? If "Yes," complete Schedule L, Part I	24a 24b 24c		
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b Did c Did any d Did 25a Se dis b Is t	the dule K If "No", go to line 25 d the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? d the organization maintain an escrow account other than a refunding escrow at any time during the year to defease by tax-exempt bonds? d the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ection 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a squalified person during the year? If "Yes," complete Schedule L, Part I	24b 24c		X
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c Did any d Did 25a Se dis b Is t	d the organization maintain an escrow account other than a refunding escrow at any time during the year to defease by tax-exempt bonds? d the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ection 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a squalified person during the year? If "Yes," complete Schedule L, Part I	24c		
any d Did 25a Se dis b Is t	ny tax-exempt bonds? d the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ection 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a squalified person during the year? If "Yes," complete Schedule L, Part I			
d Did 25a Se dis b Is t	d the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ection 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a squalified person during the year? If "Yes," complete Schedule L, Part I			
25a Se dis b ls t	ection 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a squalified person during the year? If "Yes," complete Schedule L, Part I	240		i
dis b Is t	squalified person during the year? If "Yes," complete Schedule L, Part I			
b Ist		25a		
		200	ļ	
1116	the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and at the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
Sc	chedule L, Part I	25b		ĺ
	as a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			i
	erson outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ļ '	х
•	d the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	ontributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			Ì
	any of these persons? If "Yes," complete Schedule L, Part III	27		X
	as the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	structions for applicable filing thresholds, conditions, and exceptions).			ĺ
	current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	n entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	rector, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 Did	d the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30 Did	d the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
со	ontributions? If "Yes," complete Schedule M	30		X
31 Did	d the organization liquidate, terminate, or dissolve and cease operations?			
lf "	"Yes," complete Schedule N, Part I	31	ļ	X
32 Did	d the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
Sc	chedule N, Part II	32		X
33 Did	d the organization own 100% of an entity disregarded as separate from the organization under Regulations			
se	ections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34 Wa	as the organization related to any tax-exempt or taxable entity?			
	"Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	-	X
	d the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	X
	d the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	ection 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
	ection 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	"Yes," complete Schedule R, Part V, line 2	36	-	
	d the organization conduct more than 5% of its activities through an entity that is not a related organization			
	nd that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
	d the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		7.7	
No	ote. All Form 990 filers are required to complete Schedule O	38	<u> </u>	<u> </u> (2011)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	10	1.00	
b		0		
c				
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	16		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		\mathbf{x}
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			Ì
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization so	olicit		
	any contributions that were not tax deductible?	6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	-	ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а				
b		<u>7b</u>	-	
С			}	
	to file Form 8282?	7c	 	
d	,			
e		7e	ļ	
f		71		
g			 	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	1098-C? 7h		
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the	e year? 8		
9	Sponsoring organizations maintaining donor advised funds.	, year .	· · · -	
а		9a		
_	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	1	
10	Section 501(c)(7) organizations. Enter:	- 55	†	<u> </u>
а				
b				
11	Section 501(c)(12) organizations. Enter.			ļ
а				
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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand		-	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	1

Form 990 (2011) LAKE TAHOE VISITORS AUTHORITY, INC. 68-U1U2829 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 6a, 6b, 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			X	
<u>Sec</u>	tion A. Governing Body and Management				
			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7	i			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			x	
	officer, director, trustee, or key employee?				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_	_	X	
6	Did the organization have members or stockholders?	6		Х	
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		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1			
	persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
	The governing body?	8a	<u> </u>		
	Each committee with authority to act on behalf of the governing body?	8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			-	
			Yes	No	
	Did the organization have local chapters, branches, or affiliates?	10a		X	
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406			
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	1 ia			
		12a	Х		
	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	-22		
C	in Schedule O how this was done	12c	X		
13	Did the organization have a written whistleblower policy?	13	X		
14	Did the organization have a written document retention and destruction policy?	14	X		
15	Did the process for determining compensation of the following persons include a review and approval by independent	_ . -			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a	х		
	Other officers or key employees of the organization	15b	X		
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			i	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	16a		x	
b	If "Yes," 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 organization's	[
	exempt status with respect to such arrangements?	16b			
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶CA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is	availab	le		
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial		
	statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨	·		
	THE ORGANIZATION - 775-588-5900				
	PO BOX 5878, STATELINE, NV 89449				

01-23-12

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

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 compensa							nsat	sated any current officer, director, or trustee.					
(A)	(A) (B) (C)					(D)	(E)	(F)					
Name and Title	Average	(do	not c	Pos heck	more	than e	one	Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	ıs botl or/trus	h an	compensation	compensation	amount of			
	week	\vdash	- a		T OCIC	1		from	from related	other			
	(describe hours for	liect						the organization	organizations (W-2/1099-MISC)	compensation from the			
	related	Individual trustee or director	ige			sated		(W-2/1099-MISC)	(44-2/1099-141130)	organization			
	organizations	Puste	Institutional trustee		yee	mper		(** 27 1000 111100)		and related			
	in Schedule	dual	nton		Key employee	stco	a			organizations			
	O)	Indiv	Instit	Officer	Keye	Highest compensated employee	Form						
(1) PATRICK RONAN								_	_	_			
CHAIRMAN	1.00	X		Х		<u> </u>		0.	0.	0.			
(2) JOHN KOSTER													
TREASURER/SECRETARY	1.00	X		X		-		0.	0.	0.			
(3) PETER SONNTAG	1									•			
MEMBER	1.00	X	<u> </u>			-		0.	0.	0.			
(4) KIMBERLY KUNTZ	1 00									•			
MEMBER	1.00	X						0.	0.	0.			
(5) JERRY BINDEL	1 00							0.	0.	0.			
MEMBER	1.00	^				-		<u> </u>	0.	0.			
(6) NANCY MCDERMID	1.00	v						0.	0.	0.			
MEMBER (7) TOM DAVIS	1.00	^			-			· · ·	<u> </u>				
MEMBER	1.00	x						0.	0.	0.			
(8) CAROL CHAPLIN		-											
EXECUTIVE DIRETOR	40.00			x				0.	123,300.	0.			
(9) SUE BARTON									· · · · · · · · · · · · · · · · · · ·				
ASST, EXECUTIVE DIRECTOR	40.00			X				0.	76,866.	0.			
			ļ		<u> </u>	_							
			ļ		 		-						
			-		<u> </u>	\vdash	-						
			-	-	\vdash	+		-		, ,			
-						1							
								-					
			l	l		1							

(A) Name and business address	(B) Description of services	(C) Compensation
DUNCAN/CHANNON INC, 114 SANSOME ST, 14TH FLOOR, SAN FRANCISCO, CA 94104	ADVERTISING SERVICES	1,796,367.
NBC SPORTS VENTURES, INC, 30 ROCEFELLER PLAZA, ROOM 1531E-2, NEW YORK, NY 10112	TELECAST	415,000.
PYRO SPECTACULARS PO BOX 1030, CLAREMONT, CA 91711	FIREWORKS SHOW	297,000.
EDGEWOOD COMPANIES, 1300 BUCKEYE ROAD, SUITE A, MINDEN, NV 89423	GOLF COURSE USE	235,000.
WEIDINGER PUBLIC RELATIONS PO BOX 5097, STATELINE, NV 89449	ADVERTISING SERVICES	177,337.
2 Total number of independent contractors (including but not limited to those list \$100,000 of compensation from the organization ► 5	sted above) who received more than	

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)

Do r	Check if Schedule O contains a response to tinclude amounts reported on lines 6b,	(A)	(B)	(C)	
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	98,000.	98,000.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			450 550	
	trustees, and key employees	213,001.	53,251.	159,750.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	222 525	405 006	04 501	
7	Other salaries and wages	282,527.	197,936.	84,591.	
8	Pension plan accruals and contributions (include	F 066		7 000	
	section 401(k) and section 403(b) employer contributions)	7,866.	30 100	7,866.	
9	Other employee benefits	51,101.	39,186.	11,915.	
0	Payroll taxes	39,257.	24,081.	15,176.	
1	Fees for services (non-employees)				
а	Management	004		204	
b	Legal	204.		204.	
С	Accounting	12,938.		12,938.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	106 000	106 002		
g	Other	126,203.	126,203.		
2	Advertising and promotion	2,042,759.	2,042,759.	FO 475	
3	Office expenses	143,853.	91,378.	52,475.	
4	Information technology	96,266.	<u>95,383.</u>	883.	· · · · · · · · · · · · · · · · · · ·
5	Royalties	22 670	00 201	12 251	
16	Occupancy	33,672.	20,321.	13,351.	
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	24 055	20 727	2 210	
19	Conferences, conventions, and meetings	34,955.	32,737.	2,218.	
20	Interest	942.		942.	
21	Payments to affiliates	CD 335		67 225	
22	Depreciation, depletion, and amortization	67,335.		67,335.	
3	Insurance	16,265.		10,200.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CELEBRITY GOLF	708,685.	708,685.		<u> </u>
b	SPECIAL EVENTS	475,189.	475,189.		
c	BUSINESS DEVELOPMENT	102,957.	102,957.		
d	MILEAGE	4,637.		4,637.	· · ·
	All other expenses	24,942.	11,144.	13,798.	
25	Total functional expenses Add lines 1 through 24e	4,583,554.	4,119,210.	464,344.	(
26	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 Inf following SOP 98-2 (ASC 958-720)				

	rt X	Balance Sheet	ITY, INC.		UIUZ8Z9 Page II
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,679,369	. 1	1,100,222.
	2	Savings and temporary cash investments	79,175	. 2	79,215.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	363,199	. 4	474,787.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		ŀ	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
_		employees' beneficiary organizations (see instructions)		6	
2	7	Notes and loans receivable, net		7	
212221	8	Inventories for sale or use	2,107	. 8	0 ,
•	9	Prepaid expenses and deferred charges	1,126,737	. 9	1,421,563
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 502,	392.		
	b	Less accumulated depreciation 10b 159	45,295	. 10c	343,322
	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	100,000	. 15_	0 .
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,395,882	. 16	3,419,109
	17	Accounts payable and accrued expenses	339,434	. 17	161,684.
	18	Grants payable		18	
	19	Deferred revenue	986,932	. 19	969,145
	20	Tax-exempt bond liabilities		20	
2	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employee	es,		
rigomines		highest compensated employees, and disqualified persons. Complete Pa	rt II		
J		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,179	. 23	9,389
	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	1,328,545	. 26	1,140,218.
		Organizations that follow SFAS 117, check here > X and comp	lete		
S		lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	2,067,337	. 27	2,278,891
ğ	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117, check here an	d		
5		complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
ĝ	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
net Assets of Fund balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	2,067,337	. 33	2,278,891.
	34	Total liabilities and net assets/fund balances	3,395,882		3,419,109.

3,419,109. Form **990** (2011)

	990 (2011) LAKE TAHOE VISITORS AUTHORITY, INC.	<u>68-01</u>	<u>02829</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,79	<u>5,1</u>	08.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,58	<u>3,5</u>	<u>54.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	21	1,5	<u>54.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,06	7,3	<u>37.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,27	8,8	91.
Pai	rt XII Financial Statements and Reporting			·	
	Check if Schedule O contains a response to any question in this Part XII				\Box
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X_	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			i
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь		1

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

2011
Open to Public Inspection

Name of the organization

Employer identification number

	LAKE TAHOE VISITORS AUTHORITY, INC.	68-0102829							
Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the								
	organization answered "Yes" to Form 990, Part IV, line 6	(1.) Funds and other accounts							
		(b) Funds and other accounts							
1	Total number at end of year								
2	Aggregate contributions to (during year)								
3	Aggregate grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur								
	are the organization's property, subject to the organization's exclusive legal control?	L Yes L No							
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	=							
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe								
	Impermissible private benefit?	Yes No							
Par		, line 7							
1	Purpose(s) of conservation easements held by the organization (check all that apply)								
	Preservation of land for public use (e.g., recreation or education)								
	Protection of natural habitat Preservation of a certified h	istoric structure							
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a contribution of a contributio	onservation easement on the last							
	day of the tax year								
		Held at the End of the Tax Year							
а	Total number of conservation easements	2a							
b	Total acreage restricted by conservation easements	2b							
C	Number of conservation easements on a certified historic structure included in (a)	2c							
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure								
	listed in the National Register .	2d							
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	nization during the tax							
	year >								
4	Number of states where property subject to conservation easement is located								
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of								
	violations, and enforcement of the conservation easements it holds?	└ Yes └ No							
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during								
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year								
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(line) (line) (l								
	and section 170(h)(4)(B)(ı)?	Yes No							
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state								
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	ganization's accounting for							
-	conservation easements	Cimilar Assats							
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.							
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.								
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a								
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	r public service, provide, in Part XIV,							
	the text of the footnote to its financial statements that describes these items.								
Ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and because it is a second of the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and because it is a second or the organization elected.								
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts							
	relating to these items								
	(i) Revenues included in Form 990, Part VIII, line 1	5							
	(ii) Assets included in Form 990, Part X	> *							
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	, provide							
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.								
а	Revenues included in Form 990, Part VIII, line 1	S							
b	Assets included in Form 990, Part X	> \$							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

		HOE VISITO							02829		
					-						
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
	(check all that apply)·										
а	Public exhibition d Loan or exchange programs										
b	Scholarly research e Other										
С	Preservation for future generations										
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.										
5											
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Factory and Custodial Arrangements Complete of the organization answered "Vos" to Form 900 Part IV Inc. 9, or										
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not	uncluded				
	on Form 990, Part X?							No			
h	of f "Yes," explain the arrangement in Part XIV and complete the following table:							, 110			
•	Too, explain the arrangement in race xiv	and complete the K	Jiio Willig	tapio.			[Amount		
c	Beginning balance						1c		741100111		
							1d				
u	Additions during the year										
e	Distributions during the year			•			1e				
T	Ending balance	000 D- +V I	040	•			1f		٦,,	$\overline{}$	1
	Did the organization include an amount on Fo	orm 990, Part X, line	217					L	_l Yes		No
Par	If "Yes," explain the arrangement in Part XIV	£ 41		8V84- F-	000 D- d	N/ lung 1	10				
Fai	t V Endowment Funds. Complete it				1				1		
		(a) Current year	(b) P	rior year	(c) Two yea	rs back_	(d) Three	years back	(e) Four	years t	<u>back</u>
1a	Beginning of year balance		ļ								
b	Contributions				<u> </u>						
C	Net investment earnings, gains, and losses		ļ								
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs								1		
f	Administrative expenses								1		
g	End of year balance										
2	•	rent year end baland	ce (line 1	a. column (a	a)) held as						
a	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment										
_	Permanent endowment	%									
	Temporarily restricted endowment ► %										
·	· · · · · · · · · · · · · · · · · · ·										
2-	The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization										
Sa		SSION OF THE ORGANIZ	allon line	at are rielu a	ind administr	eleu ior i	ine organi	Zalion	Г	V	
	by									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(II), are the related organizations	•							_3b		
4	Describe in Part XIV the intended uses of the										
Pai	t VI Land, Buildings, and Equipm	ient. See Form 99	0, Part X	, line 10.					-		
	Description of property	(a) Cost or of basis (invest		, , ,	t or other (other)		ccumulat preciation	1	(d) Book	value)
	Land	<u> </u>			· · ·						
	Buildings					-					
	Leasehold improvements			1	2,300.		14,3	63	2.	7,9:	37
	·				3,357.		81,1			$\frac{7}{2}, \frac{3}{2}$	
	Equipment				7,235.		64,0			$\frac{2}{3}, \frac{2}{18}$	
	Other	aval Farms 200 S	4 V ==4			<u> </u>	04,0	24.			
<u>i ota</u>	. Add lines 1a through 1e (Column (d) must e	quai romi 990, Pan	t X, COIUI	nn (B), line '	ΙU(C))				343	<u>3,32</u>	44.

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 LAKE TAHOE VISITORS AUTHOR	ITY,	INC.			0102829	Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Finar	icial State	emen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		4,795	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		4,583	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		211	<u>,554.</u>
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net) Add lines 4 through 8			9			
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Stateme	d 9 Ints Wi	ith Reve	10 nue per F	Return	211	,554.
1	Total revenue, gains, and other support per audited financial statements		14111000	nao por i	1	4,798	885
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				-	4,130	,005.
a	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b			1		
c	Recoveries of prior year grants	2c			1		
d	Other (Describe in Part XIV.)	2d		3,777	1		
	Add lines 2a through 2d			<u> </u>	2e	3	777.
3	Subtract line 2e from line 1				3	4,795	108.
4	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	4a					
b	Other (Describe in Part XIV.)	4b		-	1		
c	Add lines 4a and 4b				4c		0.
. 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		·		5	4,795	,108.
Pai	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents W	Vith Expe	enses per	Retu	irn	
1	Total expenses and losses per audited financial statements				1	4,587	,331.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.						
а	Donated services and use of facilities	2a]		
b	Prior year adjustments	2b					
С	Other losses	2c]		
d	Other (Describe in Part XIV)	2d		3,777			
е	Add lines 2a through 2d				2e		<u>,777.</u>
3	Subtract line 2e from line 1				3	4,583	<u>,554.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b			4		
С	Add lines 4a and 4b				4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	4,583	<u>,554.</u>
	rt XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II						4; Part
X, lini	e 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	olete this	part to pro	ovide any ac	iditiona	I information.	
							
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:						·
<u>COS</u>	ST OF GOODS SOLD					3	<u>,777.</u>
PAF	RT XIII, LINE 2D - OTHER ADJUSTMENTS:						
000	EM OF COORS SOLD					2	777
<u>CO3</u>	ST OF GOODS SOLD						<u>,777.</u>

132054 01-23-12

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2011
Open to Public Inspection

% X Employer identification number 23 68-0102829 JAMMOGRAM SCREENING AND (h) Purpose of grant COMMUNITY CLINIC PAP SENERAL OPERATIONS SENERAL OPERATIONS SENERAL OPERATIONS SENERAL OPERATIONS or assistance SENERAL OPERATIONS Yes MEAR PROGRAMS 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 UPPORT SUPPORT SUPPORT SUPPORT SUPPORT recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) o. 0 ं ٥, 0 Ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 6 000 12,000 10,000 10,000 5,000 5,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC. TAHOE VISITORS AUTHORITY, (c) IRC section if applicable 501C3 501C3 501C3 501C3 501C3 Enter total number of other organizations listed in the line 1 table 88-0268799 93-1058739 88-6000034 94-6131393 68-0241891 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization BOYS & GIRLS CLUB OF LAKE TAHOE SOUTH LAKE TAHOE CANCER LEAGUE LAKE GEORGE WHITTELL HIGH SCHOOL SOUTH LAKE TAHOE, CA 96150 KIWANIS CLUB OF LAKE TAHOE SOUTH LAKE TAHOE, CA 96150 CA 96150 SOUTH LAKE TAHOE, CA 89501 SOUTH LAKE TAHOE, CA 96151 or government CHRISTMAS CHEER ALL YEAR 1602 CHERRY HILLS DRIVE ZEPHYR COVE, NV 89448 Name of the organization BARTON FOUNDATION 2170 SOUTH AVENUE SOUTH LAKE TAHOE 2085 ELOISE AVE 240 WARRIOR WAY 1100 LYONS AVE PO BOX 13364 Part 1 N

Schedule I (Form 990) (2011)

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

Schedule I (Form 990) LAKE TAHOE VISITORS AUTHOR	E VISITOR	S AUTHORITY,	, INC.				68-0102829 Page 1
Part II Continuation of Grants and Other Assistance to Governments and	Assistance to Go	vernments and Orgar	izations in the U	nited States (Sche	Organizations in the United States (Schedule I (Form 990), Part II.)	(II II)	
(a) Name and address of organization or government	(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
SOUTH LAKE TAHOE WOMEN'S CENTER 2941 LAKE TAHOE BLVD	7200020	20	оо о и	c			GENERAL OPERATIONS
TAHOE MAGIC PO BOX 13070		7 C C C C C C C C C C C C C C C C C C C	000				GENERAL OPERATIONS
1 2:		501C3	5 000	Ó			GENERAL OPERATIONS
						. 10	

Schedule I (Form 990)

Schedule I (Form 990) (2011) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 132102 01-27-12

Page 2

68-0102829

(Form 990) (2011) LAKE TAHOE VISITORS AUTHORITY, INC.
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

Schedule I (Form 990) (2011)

Part III

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
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Name of the organization LAKE TAHOE VISITORS AUTHORITY, INC.	Employer identification number 68-0102829
FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT 990 FORM	IS PROVIDED TO
MANAGEMENT FOR REVIEW AND APPROVAL PRIOR TO SUBMITTING TO	THE INTERNAL
REVENUE SERVICE.	
FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS UPDATE ANNUALLY.	ARE REQUIRED TO
FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMM	ITTEE DISCUSSES
AND APPROVES SALARIES BASED UPON PREVIOUS SALARIES. THE DI	ECISION IS
APPROVED AT THE BOARD MEETING AND DOCUMENTED IN THE BOARD	MINUTES.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND THE GOVERNING DOCUMENTS	
REQUEST.	
FORM 990, X1, LINE 2C:	
THERE HAVE BEEN NO CHANGES SINCE THE PRIOR YEAR.	