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DLN: 93493045028563

Form 990

Department of the Treasury

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)

2011

OMB No 1545-0047

Open to Public

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

	Revenue	<u> </u>	,			Inspection		
		2011 calendar year, or tax year beginning 07-01-2011 and ending 06-3	30-2012		D Employer i	identification number		
_	eck if ap dress ch	Bend Visitor & Convention Bureau			71-0874			
_	me char	Doing Business As		·	E Telephone			
_	me cnar :ial retur			. [(541)382	2-8048		
_	mınated	750 NW Lava Pd	Room/suite	ľ		ots \$ 1,277,273		
_								
_	ended r	Bend, OR 97701						
Apı	olication	pending						
		F Name and address of principal officer DOUG LAPLACA			a group ret			
		917 NW HARRIMAN		affiliat	es?	ΓYes Γ No		
		BEND,OR 97701		H(b) Are all	affiliates incl	uded?		
					•	st (see instructions)		
[та	x-exem	pt status	7	H(c) Group	exemption	number 🟲		
ı w	ebsite	: ► www visitbend org						
∢ For	n of org	anization 🔽 Corporation ☐ Trust ☐ Association ☐ Other ►		L Year of for	nation 2001	M State of legal domicile O		
Pa	rt I	Summary		-				
		Briefly describe the organization's mission or most significant activities						
a)	_	DEVELOP TOURISM INDUSTRY IN BEND, OREGON						
Activities & Governance	-							
Ē								
\$	2 0	Check this box 🔭 if the organization discontinued its operations or disp	osed of r	more than 25	5% of its net	assets		
	3 1	Number of voting members of the governing body (Part VI, line 1a) $$.			3			
KO KY	4 1	Number of independent voting members of the governing body (Part VI, li	ıne 1b)		4			
Ę	5 T	otal number of individuals employed in calendar year 2011 (Part V , line	2a) .		5	1		
[당	6 T	otal number of volunteers (estimate if necessary)			6	1		
4	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12 .			7a	92,90		
	b↑	Net unrelated business taxable income from Form 990-T, line 34			7b			
				Prior	Year	Current Year		
a.	8	Contributions and grants (Part VIII, line 1h)			1,005,657	1,030,007		
anue	9	Program service revenue (Part VIII, line 2g)			103,576			
Revenu	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			418	8,745		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11	•		97,403	(
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (12)			1,207,054	1,272,818		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3).				(
	14	Benefits paid to or for members (Part IX, column (A), line 4)				(
.	15	Salaries, other compensation, employee benefits (Part IX, column (A),	lines		454 240	501.446		
δ	١	5-10)			451,349	·		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	•			C		
五	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0				754754		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			733,309			
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line		1,184,658				
. e	19	Revenue less expenses Subtract line 18 from line 12	•	Reginning	22,396 of Current			
Net Assets or Fund Balances					ear	End of Year		
988 888	20	Total assets (Part X, line 16)			213,559	242,381		
A B	21	Total liabilities (Part X, line 26)			74,907	87,102		
žĪ	22	Net assets or fund balances Subtract line 21 from line 20	<u>. </u>		138,652	155,279		
Pai	rt II	Signature Block						
<now< th=""><th></th><th>ties of perjury, I declare that I have examined this return, including accompar and belief, it is true, correct, and complete. Declaration of preparer (other than</th><th></th><th></th><th></th><th></th></now<>		ties of perjury, I declare that I have examined this return, including accompar and belief, it is true, correct, and complete. Declaration of preparer (other than						
		*****			13-02-13			
Sigr		Signature of officer						
Her		DOUG LA PLACA President & CEO						
		Type or print name and title						
		Preparer's Date		eck if		payer identification number		
Paid		signature WESLEY B PRICE III	self em	ployed 🕨 🔽	(see instruction	nio)		
•	arer's	Firm's name (or yours Harrigan Price Fronk & Co LLP		*	ETNI L			
Use (Only	If self-employed), address, and ZIP + 4 975 SW Colorado Ave Suite 200			EIN Þ			
		,			Phone no 🕨	(541) 382-4791		
		Bend, OR 97702			ı			

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

	riefly		•	nse to any question in this Part III		Г	
1 B		describe the organ	ıızatıon's mıssıon				
DEVELO	OPTC	URISM INDUSTR	Y IN BEND,OREGO	N C			
th	ie prio	r Form 990 or 990	-EZ?	t program services during the year wl	nich were not listed on	┌ Yes ┌ No	
			ew services on Sch				
		organization cease		ke significant changes in how it cond	ucts, any program	┌ Yes ┌ No	
Ιf	"Yes,	" describe these ch	nanges on Schedule	e O			
ex	xpens	es Section 501(c)	(3) and 501(c)(4) c	accomplishments for each of its three organizations and section 4947(a)(1) oenses, and revenue, if any, for each p	trusts are required to re	port the amount of	
4a (Code) (Expenses \$	including grants of \$) (Revenue \$)	_
-	-		FOURISM INDUSTRY IN	· · · · · · · · · · · · · · · · · ·	, (-	,	
_							
4b ((Code) (Expenses \$	including grants of \$) (Revenue \$)	
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_							_
_							_
_							_
_							
4c ((Code	· · · · · · · · · · · · · · · · · · ·) (Expenses \$	including grants of \$) (Revenue \$)	
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_							_
_							_
_							_
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	- · · ·		<u> </u>				
		program services nses \$	(Describe in Sched includ	lule O) ling grants of \$) (Revenue \$)	
4e T	Total	program service ex	penses ⊦ \$				

Part IV	Checklist	of R	eauired	Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
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		No
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? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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		No
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If</i> "Yes," complete Schedule F, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II and IV.	15		No
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 U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I	17		No
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

	330 (2011)			i age -
Par	t IV Checklist of Required Schedules (continued)			
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		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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 owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32		32		No
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		No
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		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did 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		No
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		No
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		No
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	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	•1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 13			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		No
la	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			
b	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
la	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 or securities			
b	account)?	4a		No
_	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		No
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
,	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
J	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
ט	sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		No
b	Enter the aggregate amount of reserves the organization is required to maintain by	13a		140
c	the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand			
	13c	14-		NI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No No
_	1 11, it is a factor of the second		i e	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Se	ection A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year	7		
b	Enter the number of voting members included in line 1a, above, who are independent	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders			No
8	or persons other than the governing body?			
_	year by the following	0-	l v	
a	The governing body?	8a	Yes	NI -
ь	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at th organization's mailing address? If "Yes," provide the names and addresses in Schedule O	e 9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
Re	evenue Coue.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin the form?	g 11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ in Schedule O how this was done	e 12c		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		ı	
			1	
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		No
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		n.	
	organization's exempt status with respect to such arrangements?	16b		No
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 SCOTT GREENSTONE 377 SW CENTURY DRIVE SUITE D4

BEND, OR 97702 (541) 385-0888

<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees 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, or 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 organiz		lated o	rganı	zatio	ons	compe	nsat	ed any current or fo	ormer officer, direct	or, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) ERIC KING Director	5 00	х						0	0	0
(2) BEN PERLE Director	5 00	х		Х				0	0	0
(3) CHUCK ARNOLD Director	5 00	х		х				0	0	0
(4) JADE MAYER Director	5 00	х						0	0	0
(5) NOELLE FREDLAND Director	5 00	х						0	0	0
(6) DAVE NISSEN Director	5 00	х						0	0	0
(7) JODIE BARRAM Director	5 00	х						О	0	0
(8) DOUG LAPLACA President & CEO	40 00			Х				141,991	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (describe	Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check Reportable compensation compensation from the organization (W- 2/1099-MISC) Reportable Reportable Reportable compensation compensation from the organization (W- 2/1099-MISC)				Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, compensation compensation from the organization (W-2/1099-MISC) Reportable compensation compensation (W-2/1099-MISC)			Position (do not check more than one box, compensation unless person is both an officer and a director/trustee) Reportable compensation from the organization (W-2/1099-MISC)						Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check compensation compens from the organization (W-organization (W-2/1099-MISC)							ited fother sation :he on and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relati organiza	I .									
1b	Sub-Total							▶															
	Total (add lines th and 1s)		tion A	• •	•	•		<u> </u>		141,991		_											
2	Total (add lines 1b and 1c) . Total number of individuals (inclusion),000 of reportable compens					ted	<u>a</u> bove		receive	,	in												
3	Did the organization list any form on line 1a? <i>If</i> " <i>Yes,"</i> complete Sch								r highest	compens	ated employee	3	Yes	No No									
4	For any individual listed on line 1 organization and related organization and related organization.											4		No									
5	Did any person listed on line 1a services rendered to the organiz	ation? <i>If</i> "Yes," (or individual for •	5		No									
	Complete this table for your five		ested:	ındar	ond.	ant a	contra	ctorc	that rac	awad ma-	o than												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax years.	the organizatio ear									ng with		·-										
	Nam	(A) ne and business add	dress							Desc	(B) ription of services		(C Comper										
												1											
												_+											
	Fotal number of independent conti \$100,000 of compensation from t			ot lin	nited	l to	those	liste	d above)	who recei	ved more than												

Form 99						Page 9
Part V	<u>/1111</u>	Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
## ## ## ## ## ## ## ## ## ## ## ## ##	1a	Federated campaigns 1a				
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b				
s,g	c	Fundraising events 1c				
<u>#</u>	d	Related organizations 1d				
Ę,	e	Government grants (contributions) 1e 1,030,007				
tio sr s	f	All other contributions, gifts, grants, and similar amounts not included above				
音	g	Noncash contributions included in				
Ħ Đ	١.	lines 1a-1f \$	1 020 007			
<u>ت ه</u>	h	Total. Add lines 1a-1f	1,030,007			
e E		Business Code	_			
Yen	2a	PROGRAM SERVICE REVENUE	57,248	57,248		
Program Service Revenue	b	EVENT PROMOTION	83,916	83,916		
	c .	ADVERTISING REVENUE 54180	92,902		92,902	
ď	d					
Ē	e	A II o b b o w w w w w w w w w w w w w w w w				
Ş	f	All other program service revenue				
	g	Total. Add lines 2a-2f	234,066			
	3	Investment income (including dividends, interest	149			149
		and other similar amounts) Income from investment of tax-exempt bond proceeds	0			149
	4 5	Royalties	0			
		(ı) Real (ıı) Personal				
	6a	Gross rents	1			
	b	Less rental expenses				
	c	Rental income	1			
	d	or (loss) Net rental income or (loss)	ا ا			
		(i) Securities (ii) Other				
	7a	Gross amount 13,05 from sales of	1			
		assets other than inventory				
	ь	Less cost or 4,45	5			
		other basis and sales expenses				
	c	Gain or (loss) 8,59	⊣			
	d	Net gain or (loss)	8,596			8,596
nue	8a	Gross income from fundraising events (not including \$				
Other Revenue		of contributions reported on line 1c) See Part IV, line 18				
4	١.	a	_			
Ě	b	Net income or (loss) from fundraising events	-			
•	С 9а	Gross income from gaming activities				
		See Part IV, line 19				
	b c	Less direct expenses b Net income or (loss) from gaming activities •				
		Gross sales of inventory, less returns and allowances .				
	ь	Less cost of goods sold b	<u> </u>			
	С	Net income or (loss) from sales of inventory	0			
		Miscellaneous Revenue Business Code	4			
	11a					
	b					
	С					
	d	All other revenue				
	e	Total. Add lines 11a-11d	0			
	12	Total revenue. See Instructions	1,272,818	141,164	92,902	8,745

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 no	ot include amounts reported on lines 6b,	(4)	(B)	(C)	(D)
	o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses		Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	141,991			
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	230,545			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,597			
9	Other employee benefits	87,944			
10	Payroll taxes	34,363			
11	Fees for services (non-employees)	,			
 а	Management	0			
ь	Legal	0			
c	Accounting	33,260			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	536,802			
13	Office expenses	14,165			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	67,674			
17	Travel	1,850			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			_
21	Payments to affiliates	0			_
22	Depreciation, depletion, and amortization	11,485			
23	Insurance	3,692			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	EQUIPMENT RENTAL	3,570			
b	TELEPHONE & UTILITIES	10,082			
c	DUES & SUBSCRIPTIONS	14,812			
d	VISITOR CENTER EXPENSES	56,983			
e					
f	All other expenses	376			
25	Total functional expenses. Add lines 1 through 24f	1,256,191	0	0	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				orm 990 (2011)

Form 990 (2011) Page **11** Part X **Balance Sheet** (A) (B) Beginning of year End of year 24,041 59,328 1 65,443 65.582 2 2 3 3 0 0 4 Accounts receivable, net . 9.124 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 0 Schedule L 0 7 0 8 9 Prepaid expenses and deferred charges 64,760 9 55.938 88.144 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 28,502 b Less accumulated depreciation 47,465 10c 59,642 11 0 11 0 12 12 Investments—other securities See Part IV, line 11 0 13 13 Investments—program-related See Part IV, line 11 . . 0 14 14 2,726 1,891 15 15 213,559 16 16 242,381 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 74,907 17 69,702 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 17,400 D 26 74,907 26 87,102 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 138,652 27 155,279 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 138.652 33 155.279 34 Total liabilities and net assets/fund balances 213.559 242.381 34

Pal	Check if Schedule O contains a response to any question in this Part XI			- [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,2	272,81
2	Total expenses (must equal Part IX, column (A), line 25)	2			256,19
3	Revenue less expenses Subtract line 2 from line 1	3			16,62
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	.38,65
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1	.55,27
Par	TXII Financial Statements and Reporting Check If Schedule O contains a response to any question in this Part XII		•	┌	
		_		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	[2b		Νo
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in				
_	Schedule O	•	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		Νo
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	equired	3b		No

Additional Data

Software ID: 11000144

Software Version: 2011v1.5

EIN: 71-0874661

Name: Bend Visitor & Convention Bureau

dba VISIT BEND

Form 990, Special Condition Description:

Special Condition Description

DLN: 93493045028563

OMB No 1545-0047

Open to Public Inspection

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

	& Convention Bureau					
ba VISIT B				874661	<u> </u>	
Part I	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds (or Accounts	. Complet	e if th
		(a) Donor advised funds	(b) Funds and o	ther accour	nts
Total	number at end of year					
Aggre	egate contributions to (during year)					
Aggre	egate grants from (durıng year)					
A ggre	egate value at end of year					
	he organization inform all donors and donor advi		nor advi:	sed	┌ Yes	┌ No
used	he organization inform all grantees, donors, and only for charitable purposes and not for the ben				┌ Yes	┌ No
art II	cring impermissible private benefit Conservation Easements. Complete	if the organization answered "Voc" t	o Form	, 000 Dart IV		, 140
			.0	1 990, Pait IV	, iiie 7.	
	ose(s) of conservation easements held by the or Preservation of land for public use (e g , recreati Protection of natural habitat				-	a
l P	Preservation of open space					
•	plete lines 2a–2d if the organization held a qual	ified conservation contribution in the form	of a co	nservation		
easer	ment on the last day of the tax year			11-14 -4 41-		V
Total	number of conservation easements			нею ат тпе	End of the	rear
	acreage restricted by conservation easements		2a 2b			
	ber of conservation easements on a certified his		\vdash			
		* *	2c			
	ber of conservation easements included in (c) a		2d			
Numb	ber of conservation easements modified, transfe	erred, released, extinguished, or terminate	ed by th	e organization	during	
the ta	axable year 🗠					
Numb	ber of states where property subject to conserva	ation easement is located ►				
	the organization have a written policy regarding cement of the conservation easements it holds		dlıng of	violations, and	┌ Yes	┌ No
Staff	and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	nents du	ırıng the year 🖡		
	unt of expenses incurred in monitoring, inspecti					
► \$_		ng, and emoterny conservation casement	<i>-</i>	, ,		
	each conservation easement reported on line 2	(d) above satisfy the requirements of sec	rtion			
	h)(4)(B)(i) and 170(h)(4)(B)(ii)?	e(d) above satisfy the requirements of sec	LIOII		┌ Yes	┌ No
balan	art XIV, describe how the organization reports concesheet, and include, if applicable, the text of t rganization's accounting for conservation easen	the footnote to the organization's financia				
	Organizations Maintaining Collection		or Oth	ner Similar	Assets.	
	Complete if the organization answered '	"Yes" to Form 990, Part IV, line 8.				
art, h	e organization elected, as permitted under SFAS iistorical treasures, or other similar assets held de, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch in fui			,
hısto	e organization elected, as permitted under SFAS rical treasures, or other similar assets held for l de the following amounts relating to these items	public exhibition, education, or research i				
(i) _R	evenues included in Form 990, Part VIII, line 1			► \$		
(ii) ∆	ssets included in Form 990, Part X					
	e organization received or held works of art, histo	orical treasures or other similar assets fo	or finan			
	ving amounts required to be reported under SFA		o. man	ciai gaiii, piovit	ac tile	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	311 Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tı</u>	reasur	es, or C	the	r Similar As	sets	(continued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing	that are	a significa	ant u	se of its collec	tion	
а	Public exhibition		d	\sqcap	Loan	orexcha	ange prog	rams			
ь	Scholarly research		e	Г	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	v furthe	er the or	ganization	's ev	emnt nurnose	ın	
•	Part XIV						_				
5	During the year, did the organization solicition assets to be sold to raise funds rather than t								ılar	┌ Yes	□ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organ	ızatıon			es" to Form 9		,
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?						other ass	ets r	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing t	able		_				
							-		1A	nount	
С	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year						L	1e			
f	Ending balance							1 f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	1									
Pa	rt V Endowment Funds. Complete										
	Danis and the same half and a	(a)Current Year	(b)	Prior '	Year	(c)Two	Years Back	(d)	Three Years Back	(e) Foui	Years Back
1a	Beginning of year balance							+			
b	Contributions							+			
с	Investment earnings or losses							+			
d	Grants or scholarships							+-			
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment										
b	Permanent endowment ►										
c	Term endowment ►										
3a	Are there endowment funds not in the posse	ssion of the organiz	zation :	that a	are hel	d and ad	ministere	d for	the		
	organization by	_								Ye	s No
	(i) unrelated organizations								3a		
_	(ii) related organizations								3a(<u> </u>
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the							•	3	b	
4 Dat	t VI Land, Buildings, and Equipme					10					
II.	Land, Buildings, and Equipme	ent. See ronn 9:	70, FC				(h)Cost or	othor	(a) Assumulate		
	Description of property					or other estment)	(b) Cost or basis (ot		(c) Accumulate depreciation		Book value
1a	Land									\perp	
b	Buildings									\perp	
	Leasehold improvements			1							
С							 				
	Equipment		•								
d e_	Equipment							8,144	· · · · · · · · · · · · · · · · · · ·	502	59,642 59,642

(a) Description of security or category	orm 990, Part X, line 12	2.
	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin		1 022
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15		
Part X Other Liabilities. See Form 990, Part X	, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	

_	rotal revenue (Form 990, Part VIII, Column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
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 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	leturn
1	Total expenses and losses per audited financial statements	1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
C	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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)]	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa t V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t		
rail	t v, me 4, 1 art A, Fart A1, me 0, Fart A11, mes 24 and 40, and Fart A111, mes 24 and 40. Also complete t	.ms part	. to provide any

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

addıtıonal ınformatıon

Identifier	Return Reference	Explanation
Part X		The organization is exempt from federal and state income taxes under Internal Revenue Code Section 501(c)(6) On July 1, 2009, the organization adopted new accounting guidance related to uncertain income tax positions. The organization will recognize in its financial statements the benefit of a tax position when it believes that tax position will more likely than not be sustained on audit based on the technical merits of the position. For an exempt organization, uncertain tax positions could result from unrelated business income activities or actions that jeopardize its status as tax-exempt, such as political activity, substantial lobbying expenditures or excessive unrelated business activities. The organization has concluded that it had no unrecognized income tax benefits at June 30, 2011, or June 30, 2012 and it has no tax positions for which it estimates a significant change over the next 12 months. The organization is subject to examination by state and federal tax authorities.
		few exceptions, the organization is no longer subject to
		examination by major taxing authorities for years before 2008

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493045028563

OMB No 1545-0047

2011

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Name of the organization Bend Visitor & Convention Bureau dba VISIT BEND

Department of the Treasury

Internal Revenue Service

Employer identification number

71-0874661

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE AT THE OFFICE FOR PUBLIC INSPECTION
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	REVIEWED BY MANAGEMENT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493045028563

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)	•	See separate instructi	ons. 🕨 Attach		Attachment Sequence No 179			
Name(s) shown on return Bend Visitor & Convention	Bureau	Busine	ess or activity to w	Identifying number				
dba VISIT BEND	To Franco (990/990-PF	71-0874661				
		Certain Property U Sted property, comp			onlete Part I			
1 Maximum amount (see			· · · ·			1	\$ 500,000	
2 Total cost of section 1	ŕ	ed in service (see ins	tructions)			2	7 222,222	
		•	•	· · ·		3	\$ 2,000,000	
3 Threshold cost of sect				uctions) .			\$ 2,000,000	
4 Reduction in limitation						4		
5 Dollar limitation for tax		line 4 from line 1 If ze	ro or less, enter - (0- If married	filing			
separately, see instruc	ctions					5		
			1 42 6		1		I	
6 (a)	Description of pr	operty	(b) Cost (b)	usiness use	(c) Elected c	ost		
			011	19)			1	
							1	
7 Listed property Enter	the amount from	line 20		. 7			1	
• • •			· · · · ·			8		
8 Total elected cost of s	• •	·	.oiuiiii (c), iiiles o	and / .				
9 Tentative deduction E						. 9		
10 Carryover of disallowe		•				10		
11 Business income limitation	Enter the smaller of	business income (not less t	than zero) or line 5 (se	ee instructions)		11		
12 Section 179 expense	deduction Add li	nes 9 and 10, but do r	not enter more tha	n line 11 •		12		
13 Carryover of disallowe	d deduction to 2	012 Add lines 9 and 1	0, less line 12	. 13				
Note: Do not use Part	II or Part III b	elow for listed prop	perty. Instead, u	ise Part V.	l .			
					t include listed p	ropert	y) (See instructions)	
14 Special depreciation a	llowance for qual	ıfıed property (other th	nan listed property) placed in se	ervice during the			
tax year (see ınstructı	ons)					14		
15 Property subject to se	ction 168(f)(1) e	election				15		
16 Other depreciation (inc	cluding ACRS)					16	11,485	
		Oo not include listed	d property.) (Se	ee instructio	ns.)		,	
			Section A		,			
17 MACRS deductions for	assets placed i	n service in tax years	beginning before 2	011 .		17		
18 If you are electing t	o group any a	ssets placed in serv	vice during the t	ax vear into	one or more		•	
general asset accou	•	•		•	_			
		Service During 2				recia	ition System	
		(c) Basıs for					•	
(a) Classification of	(b) Month and	depreciation	(d) Recovery				(g)Depreciation	
property	year placed in	(business/investmen	period	(e) Convent	tion (f) Metho	od	deduction	
	service	use only—see instruction:	5)					
19a 3-year property		om, see macraction.	5,					
b 5-year property								
c 7-year property								
d 10-year property								
e 15-year property								
f 20-year property								
g 25-year property	1		25 yrs		S/L			
h Residential rental			27 5 yrs	ММ	S/L			
property			27 5 yrs	ММ	S/L			
i Nonresidential real			39 yrs	ММ	S/L			
property				MM	S/L			
Section	on C—Assets Plac	ced in Service During 2	011 Tax Year Usin	g the Alterna	tive Depreciatio	n Syste	em	
20a Class life					S/L			
b 12-year	<u></u>		12 yrs		S/L			
c 40-year			40 yrs	MM	S/L			
Part IV Summar	y (see ınstruc	tions)						
21 Listed property Enter	amount from line	28				21		
22 Total. Add amounts fro	m line 12, lines	14 through 17, lines 1	.9 and 20 in colum	nn (g), and lin	e 21 Enter here			
and on the appropriate						22	11,485	
23 For assets shown above				22				
portion of the basis att	ributable to sect	tion 263A costs .		23				

Form 4562 (2011) Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

Section A—Depre	ciation a	<u>na Otner In</u>	тогта	tion (C	aution	<u>: 5ee</u>	uie i	<u>HSU UCU</u>	<u>ions for</u>	IIIIIII	ioi pa	isseriy	<u>er au</u>	LOITIOL	nies. j					
24a Do you have eviden	ce to support	the business/inve	estment u	ıse claımed	d? ┌ Yes	Гио		24	lb If "Yes,	" is the	ev idence	written?	,	s L	o					
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost o	i) r other sıs	Basis for (busines us			(f) Recovery period	(g) Metho Conven	d/	(h) Depreciation/ deduction			Depreciation/		Depreciation/			(i) Electe section cost	179
25 Special depreciation allow 50% in a qualified busing	•		y placed	in service o	during the	tax yea	r and ι	ised more		25										
26 Property used more	•		usiness	use																
Le i repercy asea more		%	45111055	450																
		%											4							
27 Property used 50%	orlessina	% %	nace lie		<u> </u>			l												
27 i Toperty used 50 70	01 1033 111 0	%	1033 43						S/L -				\top							
		%							S/L -											
20 4 1 1		%			<u> </u>				S/L -				—							
28 Add amounts in co						ne 21,	page	1 .	28		T		Щ_							
29 Add amounts in co	olumn (ı), lın					•	<u></u>		<u> </u>		29									
Complete this section	for vehicles			—Infor						or rela	ted ner	eon								
If you provided vehicles to	your employe	es, first answer th	e questioi	ns in Sectio	n C to see	e if you r	neet a	ın excepti	on to com	oleting th	ns section	for thos	se vehic	eles						
30 Total business/inv	estment mi	les driven duri	na the		a)		b)		(c)		(d)		e)		(f)					
year (do not includ			•	Vehi	cle 1	Veh	icle 2	Ve	hicle 3	Veh	nicle 4	Vehi	cle 5	Veh	ıcle 6					
31 Total commuting r	nulae drivan	during the year	r							+		<u> </u>								
_								-		+		<u> </u>								
32 Total other person	•	-,						+												
33 Total miles driven during the year Add lines 30 through 32																				
34 Was the vehicle av	/aılable for p	personal use		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No					
during off-duty hou	ırs? .																			
35 Was the vehicle us	•	y by a more tha	ın 5%																	
owner or related po							-	+	-	_	+		\vdash		-					
36 Is another vehicle		•			<u> </u>	<u> </u>	<u> </u>			<u>. </u>	<u> </u>	<u> </u>	<u> </u>							
Sectio Answer these question 5% owners or related	ns to determ		t an exc											not mo	re than					
37 Do you maintain a				nibits all į	personal	use of	vehi	cles, inc	luding c	ommut	ing, by	your	 Y	'es	No					
employees? .						•	٠			•		•								
38 Do you maintain a employees? See th																				
39 Do you treat all us	e of vehicle	s by employee	s as per	rsonal us	e? .															
40 Do you provide movehicles, and retain				oyees, ob	otaın ınfo	ormatic	n fro	m your e	employee	s abou	t the us	e of th	e							
41 Do you meet the re				automobi	le demor	nstratio	on us	e? (See	ınstructı	ons)										
Note: If your answ	er to 37, 38	3, 39, 40, or 41	ıs "Ye:	s," do not	t comple	te Sec	tion E	3 for the	covered	vehicl	es									
	rtization																			
		(b)		/-				(d)		(e)			(f)							
(a)		Date		(c A morti			((d) Code		tızatıo	n	A mo	rtızatı	on for						
Description of c	osts	amortization begins		amo				section period or percentage					hıs ye							
42 A mortization of co	sts that bed		r 2011	tax year	(see ins	tructio	ns)		1 2010	ugu	-									
	T			<u> </u>	-															
									1		1									
43 A mortization of co	sts that beg	gan before your	2011 t	ax year						43										

44 Total. Add amounts in column (f) See the instructions for where to report

44