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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.

Open to Public Inspection

| | <u> </u> | or the | e 2012 calendar year, or tax year beginning | and | enumy | | | | | | | | | |
|----------|--------------------------------|---|--|-------------------------------------|---------------|--------------------------------|---------------------|-----------------------------|--|--|--|--|--|--|
| | B CI | neck if | C Name of organization | | | D Employ | yer identifica | ation number | | | | | | |
| | |]Addre | ss Visit Topeka, Inc. | | | 1 | | | | | | | | |
| | | Name | | | | 1 | 32-01 | 76144 | | | | | | |
| | | Initial return | Number and street (or P.O. box if mail is not deliv | rered to street address) | Room/suite | E Teleph | one number | | | | | | | |
| | | Terma | | · | | | 785-2 | 34-1030 | | | | | | |
| | | Amen | ded Cata town or post office state and ZID ands | | | G Gross receipts \$ 1,115,484. | | | | | | | | |
| | | Application | 1 · · · · · · · · · · · · · · · · · · · | | | H(a) Is the | s a group reti | urn | | | | | | |
| | | pendi | | Patel | | for at | ffiliates? | Yes X No | | | | | | |
| | | | same as C above | | | H(b) Are a | ll affiliates inclu | ded? Yes No | | | | | | |
| | 1 T | ax-ex | | (insert no.) 4947(a)(1) | or 527 | If "No | o," attach a li | st. (see instructions) | | | | | | |
| | | | te: ▶ www.visittopeka.com | | | H(c) Grou | p exemption | number > | | | | | | |
| | K F | orm o | forganization: X Corporation Trust Ass | ociation Other | L Year | of formation: | 2007 M | State of legal domicile: KS | | | | | | |
| | Pa | rt I | Summary | · · · | | : • | - 1 | | | | | | | |
| | e l | 1 Briefly describe the organization's mission or most significant activities: To promote the City of Topeka | | | | | | | | | | | | |
| | Activities & Governance | | and attract visitors and o | conventions. | | | | | | | | | | |
| | Î. | 2 | Check this box if the organization discont | tinued its operations or dispo | sed of mor | e than 25% | of its net ass | ets | | | | | | |
| | ŏ | 3 | Number of voting members of the governing body (| Part VI, line 1a) | | | 3 | 9 | | | | | | |
| | 9 | 4 | Number of independent voting members of the government | erning body (Part VI, line 1b) | | | 4 | 9 | | | | | | |
| | es | 5 | Total number of individuals employed in calendar ye | ear 2012 (Part V, line 2a) | | | 5 | 0 | | | | | | |
| | ¥ | 6 | Total number of volunteers (estimate if necessary) | | | | 6 | .0 | | | | | | |
| | Ę | 7 a | Total unrelated business revenue from Part VIII, cold | | | 7a | 0. | | | | | | | |
| | | b | Net unrelated business taxable income from Form 9 | 990-T, line 34 | | | 7b | 0. | | | | | | |
| | | | | | | Prior Y | | Current Year | | | | | | |
| | <u>o</u> | 8 | Contributions and grants (Part VIII, line 1h) | | | | 0. | 0. | | | | | | |
| | ᇍ | 9 | Program service revenue (Part VIII, line 2g) | | _ | 96 | 0,000. | 1,105,150. | | | | | | |
| | Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, | and 7d) | | | 208. | 240. | | | | | | |
| | ~ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, | 9c, 10c, and 11e) | L | 1 | 4,532. | 10,094. | | | | | | |
| E | | 12 | Total revenue - add lines 8 through 11 (must equal F | | | 97 | 4,740. | 1,115,484. | | | | | | |
| 2013 | | 13 | Grants and similar amounts paid (Part IX, column (A |), lines 1-3) FOFIVE | D | | 0. | 0. | | | | | | |
| 90 | | 14 | Benefits paid to or for members (Part IX, column (A) | , line 4) NLULIVE | <u></u> | | 0. | 0. | | | | | | |
| 2 | တ္က | 15 | Salaries, other compensation, employee benefits (P | art IX, column (A), lines 5-10) | | 46 | 3,060. | <u>471,651.</u> | | | | | | |
| | Expenses | 16a | Professional fundraising fees (Part IX, column (A), lin | ne 18 MAY 0 9 20 | 13 | | 0. | 0. | | | | | | |
| MAY | ğ | b | Total fundraising expenses (Part IX, column (D), line | | <u>0_1@[</u> | | | | | | | | | |
| | w | 17 | Other expenses (Part IX, column (A), lines 11a-11d, | 11f-24e) 0005N | IT L | | 9,119. | <u>534,826.</u> | | | | | | |
| H | | 18 | Total expenses Add lines 13-17 (must equal Part IX | (, column (A), line 25) | | 94 | 2,179. | 1,006,477. | | | | | | |
| Ž | | 19 | Revenue less expenses Subtract line 18 from line 1 | 12 | | 3: | 2,561. | 109,007. | | | | | | |
| SCANNE | Net Assets or Fund Balances | | - | | В | eginning of C | urrent Year | End of Year | | | | | | |
| Ķ | sets | 20 | Total assets (Part X, line 16) | | | 60 | 4,089. | 727,610. | | | | | | |
| ပ္က | t As | 21 | Total liabilities (Part X, line 26) | | L. | 4 | 0,001. | 64,148. | | | | | | |
| U | 캺 | 22 | Net assets or fund balances Subtract line 21 from | line 20 | | 56 | 4,088. | 663,462. | | | | | | |
| | | rt II | | | | | | | | | | | | |
| | | | alties of perjury, I declare that I have examined this return, i | | | | | knowledge and belief, it is | | | | | | |
| | true, | corre | ct, and complete. Declaration of preparer (other than officer | r) is based on all information of w | vhich prepare | r has any kno | | | | | | | | |
| | | | | | | <u>ي</u> ا | <u>5.3.13</u> | | | | | | | |
| | Sigr | 1 | Signature of Officer | | | U | ate | | | | | | | |
| | Her | е | Dean Patel, Chairman | | | | | | | | | | | |
| | | | Type or print name and title | · | | Data | | TI DIW | | | | | | |
| | | | 7, 12, 2, 12, 13, 13, 13, 13, 13, 13, 13, 13, 13, 13 | Paraparer salignature | <u>.</u> 1 | Date | Check | PTIN | | | | | | |
| | Paid | | Byron Porter | Ze sale, CH | T | 5,2,13 | self-employed | | | | | | | |
| | Prep | arer | Firm's name Cavanaugh & Porte | | | Firm's EIN ▶ 71-0910570 | | | | | | | | |
| | Use | Only | Firm's address 2915 SW Wanamaker | r Rd., Suite 10 | 0 | | | | | | | | | |
| | | | Topeka, KS 66614 | | | P | hone no. 78 | 35-228-2200 | | | | | | |
| | Man | tha l | DC discuss this return with the preparer shown above | vo? (coo inetrictions) | | | | X Vec No | | | | | | |

| Form | n 990 (2012) Visit Topeka, Inc. | 32-0176144 | Page 2 |
|------|--|----------------------------|------------------|
| | 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: | | |
| • | To promote the City of Topeka and attract visitors and | conventions. | |
| | 20 promoto ono oroj or ropona ana architectura | | |
| | | | |
| | | | |
| 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. | | 110 |
| _ | | Yes [| YNo |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | res t | A. 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 are required to report the amount of grants and allocations to other | ers, the total expenses, a | na |
| | revenue, if any, for each program service reported | 4 44 5 | |
| 4a | (Code) (Expenses \$ 321,294. including grants of \$) (Rever | nue \$ 1,115,4 | <u>(83.</u>) |
| | Develop, market and promote the City of Topeka and its | businesses. | |
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| 4b | (Code) (Expenses \$) (Rever | nue \$ | <u> </u> |
| | / Linearing games of | | |
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| | | | <u>.</u> |
| 4c | (Code) (Expenses \$ including grants of \$) (Reve | nue \$ |) |
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| | | | |
| 4d | Other program services (Describe in Schedule O) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses ► 321,294. | | |
| | | Form 9 5 | 90 (2012) |

| | | | 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 | i | <u>X</u> |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | _X_ |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | 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 | | | |
| | 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, | | | 1 |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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. | | | 1 |
| 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 | Х | |
| 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 | | х |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| 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 | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| 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 and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 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 | | 1 | |
| | 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 | ļ | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | ĺ | |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | 1 | _ |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | <u> </u> | 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 | <u> </u> | 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 | <u> </u> | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | 000 | (0010) |
| | | Form | 35U | (2012) |

232003 12-10-12

| Pa | Triv Checklist of Required Schedules (continued) | | | |
|------------|--|------|----------------|----------|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the | ı | | |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | ı | | |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25 | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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 | | ŀ |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | 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 | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| _ | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified | | | |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| _, | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | ĺ | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions). | | |] |
| _ | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| a b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| - | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 200 | | - 23 |
| U | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | - | X |
| 30 | Did the organization receive more than \$25,000 in norveash contributions: In Test, complete ocheane in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 25 | 1 | 21 |
| 30 | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 30 | | |
| 31 | If "Yes," complete Schedule N, Part I | 24 | | х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | - A |
| ŲŽ. | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | - SE | | |
| 33 | sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | - | | |
| - | Part V, line 1 | 34 | | Х |
| 352 | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, 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 | | ļ |
| 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 | | 1 |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | İ | <u> </u> |
| ٠. | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| J J | N. A. All Farm 900 files are as assured to a samplete Schodule O. | 200 | v | 1 |

| Par | | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V | | | | |
|-----|-----------|--|-----------------------------|----------------|-----|----------|
| | | | | | Yes | No |
| 1a | Enter t | he number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a 0 | | | |
| b | Enter t | he number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | | | |
| С | Did the | e organization comply with backup withholding rules for reportable payments to vendors and re | portable gaming | | | |
| | (gambl | ling) winnings to prize winners? | | 1c | | |
| 2a | Enter t | he number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | |
| | filed fo | r the calendar year ending with or within the year covered by this return | 2a 0 | | | ļ |
| b | If at lea | ast one is reported on line 2a, did the organization file all required federal employment tax return | ns? | 2b | | |
| | Note. | If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions |) | | | |
| 3a | Did the | e 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 | | |
| 4a | At any | time during the calendar year, did the organization have an interest in, or a signature or other a | authority over, a | | | |
| | fınancı | al account in a foreign country (such as a bank account, securities account, or other financial a | account)? | 4a | | X |
| b | | ," enter the name of the foreign country: | | | | |
| | See in: | structions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A | Accounts. | | | |
| | | ne organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X |
| | | y taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | ction? | 5b | | X |
| | | ," to line 5a or 5b, did the organization file Form 8886-T? | | 5c_ | | - |
| 6a | | he organization have annual gross receipts that are normally greater than \$100,000, and did th | e organization solicit | | | |
| | , | entributions that were not tax deductible as charitable contributions? | _ | 6a | | X |
| b | | ," did the organization include with every solicitation an express statement that such contributi | ons or gifts | _ | | |
| | | not tax deductible? | | 6b | | |
| 7 | - | izations that may receive deductible contributions under section 170(c). | was provided to the power? | , | | |
| | | organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser s," did the organization notify the donor of the value of the goods or services provided? | vices provided to the payor | 7a 7b | | |
| | | e organization sell, exchange, or otherwise dispose of tangible personal property for which it was | as required | 70 | | - |
| C | | Form 8282? | 20 10441104 | 7c | | |
| d | | s," indicate the number of Forms 8282 filed during the year | 7d | | | |
| | | e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c | | 7e | | |
| f | | e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr | | 7 f | | |
| g | | organization received a contribution of qualified intellectual property, did the organization file Fo | | 7g | | |
| h | If the c | organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza | tion file a Form 1098-C? | 7h | | |
| 8 | Sponso | oring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di | d the supporting | | | |
| | organız | ation, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at | any time during the year? | 8 | | <u> </u> |
| 9 | Spons | soring organizations maintaining donor advised funds. | | | | |
| а | Did the | e organization make any taxable distributions under section 4966? | | 9a | | ļ |
| b | Did the | e organization make a distribution to a donor, donor advisor, or related person? | | 9b | | ļ |
| 10 | | on 501(c)(7) organizations. Enter | 1 | | | |
| а | | on fees and capital contributions included on Part VIII, line 12 | 10a | ł | | |
| b | | receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | 1 |
| 11 | | on 501(c)(12) organizations. Enter | 445 | | | |
| a | | income from members or shareholders | 11a | | | |
| b | | income from other sources (Do not net amounts due or paid to other sources against nts due or received from them.) | 11b | | | |
| 19a | | on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | 12a | | |
| | | s," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | 1 |
| 13 | | on 501(c)(29) qualified nonprofit health insurance issuers. | | 1 | | |
| | | organization licensed to issue qualified health plans in more than one state? | | 13a | | L |
| - | | See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | | the amount of reserves the organization is required to maintain by the states in which the | | | | |
| | | zation is licensed to issue qualified health plans | 13b | | | |
| С | Enter t | the amount of reserves on hand | 13c | <u> </u> | | <u> </u> |
| 14a | | e organization receive any payments for indoor tanning services during the tax year? | | 14a | | X |
| b | If "Yes | s." has it filed a Form 720 to report these payments? If "No." provide an explanation in Scheduli | e O | 14b | l | 1 |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | to mile day day of the bloom, december the directionates, produced, or small get in contraction of | | | X | | | |
|---|--|--|-------|----------|--|--|--|
| <u> </u> | Check if Schedule O contains a response to any question in this Part VI | | | | | | |
| Sec | 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 9 | | | | | | |
| | 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 0. | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent <u>1b</u> <u>9</u> | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | ļ | | | | |
| | officer, director, trustee, or key employee? | 2 | | <u>X</u> | | | |
| 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? | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | <u> </u> | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | v | | | |
| | more members of the governing body? | /a | | | | | |
| D | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | <u></u> | | v | | | |
| _ | | / D | | | | | |
| 8 | a The governing body? | | | | | | |
| b Each committee with authority to act on behalf of the governing body? | | | | | | | |
| | b Each committee with authority to act on behalf of the governing body?9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | |
| 9 | | _ | | v | | | |
| organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | |
| 300 | tion b. Foncies (This Section & requests information about policies not required by the internal revenue code.) | | V | | | | |
| 100 | Did the organization have local chanters, branches, or affiliates? | son? or Form 990 was filed? tion's assets? for X for Form 990 was filed? tion's assets? for X for Form 990 was filed? for Wash A was a w | | | | | |
| | In the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: In the governing body? It is the governing body? It is the governing body? It is the 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 In the organization have local chapters, branches, or affiliates? In the organization have local chapters, branches, or affiliates? In the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? In the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? In the organization have a written conflict of interest policy? If "No," go to line 13 In the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | | | | | | |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | 12a | | х | | | |
| | | | | | | | |
| | | | | | | | |
| | in Schedule O how this was done | 12c | | | | | |
| 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 | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | | | | |
| b | 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). | | | | | | |
| Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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 | 40. | | | | | |
| 200 | exempt status with respect to such arrangements? | 16b | | | | | |
| | Lest the states with which a copy of this Form 990 is required to be filed > KS | | | | | | |
| 17 10 | List the states with which a copy of this Form 990 is required to be filed ► KS 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 | | ام | | | | |
| 18 | for public inspection. Indicate how you made these available. Check all that apply | a valla U | 10 | | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an | d finar | icial | | | | |
| 13 | statements available to the public during the tax year. | - mai | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organiza | tion: | • | | | | |
| | The Organization - 785-234-1030 | | | | | | |
| | 618 S Kansas Ave, Topeka, KS 66603 | | | | | | |
| AAAA | | _ | | | | | |

008 10-12

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

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

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

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

| (A) Name and Title | (B) Average hours per week | box | not c | Pos heck ss pe | rson | than is both or/trus | h an | compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related | (F) Estimated amount of other |
|-------------------------|--|--------------------------------|-----------------------|----------------------|-----------------|------------------------------|----------|--|---|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Olivia Simmons | 40.00 | | | | | | | | | |
| President/CEO | | X | | X | | | | 107,249. | 0. | 0. |
| (2) Dean Patel | 1.00 | | | | | | | | | |
| Chairman | | X | <u> </u> | X | | | | 0. | 0. | 0. |
| (3) Claudia Larkin | 1.00 | 1 | | | | | | | | ti |
| Vice Chairman | | X | | X | | | | 0. | 0. | 0 . |
| (4) Jim Ingwerson | 1.00 | | | | | | | | | |
| Secretary/Treasurer | | X | | X | | | | 0. | 0. | 0 |
| (5) Bill Michaud | 1.00 | | İ | | | | |] | | |
| Immediate Past Chairman | | X | | X | | | | 0. | 0. | 0 |
| (6) Dena Soden | 1.00 | | 1 | | | | | | | |
| Board Member | | X | <u> </u> | | $oxed{igspace}$ | <u> </u> | | 0. | 0. | 0 |
| (7) Jay Ives | 1.00 | | | | | | | | | |
| Board Member | | X | | lacksquare | <u> </u> | | | 0. | 0. | 0 |
| (8) Karl Fundenberger | 1.00 | | | 1 | | | | | | |
| Board Member | | X | | _ | <u> </u> | | | 0. | 0. | 0 |
| (9) Barbara Wiggins | 1.00 | | | | | | | | _ | _ |
| Board Member | | X | <u> </u> | ļ | ļ | <u> </u> | | 0. | 0. | 0 |
| (10) Vicki Whitaker | 1.00 | | | | | | | | _ | _ |
| Board Member | | X | ļ | <u> </u> | ļ | <u> </u> | <u> </u> | 0. | 0. | 0 |
| (11) Rick Benke | 1.00 | | | | | | • | | | |
| Board Member | | X | ļ | <u> </u> | 1 | - | | 0. | 0. | 0 |
| (12) Ann Mah | 1.00 | l | l | | 1 | | | | | |
| Board Member | 1 22 | X | ļ | _ | ├ | - | | 0. | 0. | 0 |
| (13) Susan Hoffmann | 1.00 | ļ | | | | | | | _ | |
| Board Member | 1 00 | X | - | ├- | - | - | _ | 0. | 0. | 0 |
| (14) John Knight | 1.00 | | | | | | | | | _ |
| Board Member | 1 00 | X | - | | | | | 0. | 0. | 0 |
| (15) Richard Harmon | 1.00 | ٠, | | | | | | | _ | _ |
| Board Member | 1 00 | X | | — | +- | + | \vdash | 0. | 0. | 0 |
| (16) HR Cook | 1.00 | ٠, | | | | | | | _ | 1 |
| Board Member | 1 00 | X | 1 | +- | + | | - | 0. | 0. | 0 |
| (17) Doug Kinsinger | 1.00 | - | | | | | İ | _ | 0. | Q |
| Board Member | | ١ | <u> </u> | 1 | 1_ | Ь | <u> </u> | 0. | U • | Form 990 (201 |

232007 12-10-12

| | t VII Section A. Officers, Directors, Trus | | 1C | | | 4 1 1 1 | <u>-</u> - | -+ ^ | Composed Composed | 52-UI | 0.1 | . + + | 1.0 | ige o |
|-------|--|--|--------------------------------|-----------------------|----------------------|--------------|------------------------------|----------|--|--|--------------|-------------|--|-------|
| rdi | Cookien in Children Directored trace | | DIOY | ees, | | | gne | st C | | | Т | | (E) | |
| | (A) Name and title | (B) Average hours per week | box | not cl , unle: | Pos heck ss pe | more rson | than is bot or/trus | h an | (D) Reportable compensation from | (E) Reportable compensation from related | | Est am | (F) imate ount o other | _ |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Кеу етріоуее | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | , | orga and | ensa om the inizati relate nizatio | ed |
| (18) | Kurt Young | 1.00 | | | | | | | | | | | | |
| Boar | d Member | | | | | _ | ļ | | 0. | (|). | | | 0. |
| | | | | | | | | | | | | | | |
| | | | | | | <u> </u> | - | | | | \dashv | | | |
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| | - | 1 | - | <u> </u> | | | 1 | | | | 1 | | | |
| | | | 1 | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | <u> </u> | ļ | <u> </u> | <u> </u> | ļ | ļ | | | 4 | | | |
| | | | - | | | | | | | | | | | |
| | Sub-total | <u> </u> | | 1 | | | _ | l | 107,249. | (| , | | | 0. |
| | Total from continuation sheets to Part V | II. Section A | | | | | | | 0. | | 5. | | | 0. |
| | Total (add lines 1b and 1c) | , | | | | | • | | 107,249. | |). | | | 0. |
| 2 | Total number of individuals (including but | not limited to th | ose | liste | ed a | bov | e) wl | ho r | eceived more than \$100 | ,000 of reportable | | | | |
| | compensation from the organization | | | | | | | | | | | | | 1 |
| 3 | Did the organization list any former officer | director or tri | ıste | e. ke | ev er | mple | ovee | . or | highest compensated e | mplovee on | Γ | _ | Yes | No |
| | line 1a? If "Yes," complete Schedule J for | | | 0, 110 | ., | | -, | , | g | | | 3 | | X |
| 4 | For any individual listed on line 1a, is the s | | | omp | ensa | atio | n and | d ot | her compensation from | the organization | | | | 1 |
| | and related organizations greater than \$15 | | | | | | | | | | - | 4 | | X |
| 5 | Did any person listed on line 1a receive or | • | | | | | - | elat | ted organization or indiv | dual for services | | _ | | v |
| Sec | rendered to the organization? If "Yes," contion B. Independent Contractors | npiete Scheaui | e J I | or s | ucn | per | son | , | | | | 5 | | X |
| 1 | Complete this table for your five highest co | ompensated in | dep | ende | ent c | ont | racto | ors t | that received more than | \$100,000 of comp | ensa | ation fi | rom | |
| | the organization. Report compensation for | the calendar y | ear | endi | ng v | vith | or w | ıthı | n the organization's tax | year. | | | | |
| | (A) Name and business | | | | _ | | | | (B) Description of s | , | _ | (C omper | | _ |
| | Name and business | s address | Ň(| ONI | <u> </u> | | | \dashv | Description of s | el vices | | | isalio | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors | | ot l | mite | d to | | ose li O | stec | apove) who received n | nore than | | | | |
| | \$100,000 of compensation from the organ | nzatio(1 | | | | | <u> </u> | | | <u> </u> | | Form 9 | 9 90 (| 2012) |
| 22200 | • | | | | | | | | | | | | , | • • |

| | | Check if Schedule O cont | ains a response | to any question | in this Part VIII | | | |
|--|---------|---|-----------------------|------------------|----------------------|--|---|---|
| | | Oncom Consider Cons | <u>umo a 100poneo</u> | to any quoditori | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| ts s | 1 a | Federated campaigns | 1a | | | | | |
| ra E E | b | | 1b | | | | | |
| Ğ,ğ | c | Fundraising events | 1c | | | | | |
| 無点 | d | | 1d | | 1 | | | |
| S,E | е | | ions) 1e | | | | | |
| FOS | f | All other contributions, gifts, gran | ts, and | | | | | |
| 漢 | | similar amounts not included abo | ve 1f | | _ | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g | Noncash contributions included in lines | 1a-1f \$ | | | | | |
| <u>8 8</u> | h | Total. Add lines 1a-1f | ······ | <u> </u> | | | | |
| | | | | Business Code | | | | |
| 8 | 2 a | Marketing Rever | ue | 900099 | 1,105,150. | 1,105,150. | | |
| Program Service Revenue | b | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 요림 | С | | | | | | | |
| e a | d | | | | | | | |
| S | е | | | | ., | | | |
| ۵ | f | All other program service reve | enue | <u></u> | | | | |
| \rightarrow | g | Total. Add lines 2a-2f | | | 1,105,150. | | | |
| ļ | 3 | Investment income (including | dividends, intere | est, and | | 0.40 | | |
| | | other similar amounts) | | | 240. | 240. | | |
| | 4 | Income from investment of ta | x-exempt bond p | proceeds | | | | - |
| ľ | 5 | Royalties | | <u> </u> | | | | |
| | _ | | (i) Real | (II) Personal | - | | | |
| | 6 a | | | - | 1 | | | |
| | b | • | | | 1 | | | |
| | c | , , | | | | | | |
| | | Net rental income or (loss) | () Carrinton | (v) Other | | | | |
| | / a | Gross amount from sales of | (i) Securities | (II) Other | - | | | |
| | | assets other than inventory | | | _ | | | |
| | D | Less cost or other basis | | | | | | |
| | _ | and sales expenses Gain or (loss) | | | | | | |
| | | Net gain or (loss) | | <u> </u> | | | | |
| | | Gross income from fundraisin | a events (not | | | | | |
| Other Revenue | 0 4 | including \$ | * | | | | | |
| 9.6 | | contributions reported on line | | | | | | i |
| Ę. | | Part IV, line 18 | а | | | | | • |
| ફ | b | Less: direct expenses | b | | | | | |
| 0 | | Net income or (loss) from fund | draising events | • | | | | |
| ŀ | | Gross income from gaming ad | | | | | | |
| 1 | | Part IV, line 19 | а | | | | | • |
| - 1 | b | Less direct expenses | b | | | | | |
| | С | Net income or (loss) from gan | ning activities | | | | | |
| | 10 a | Gross sales of inventory, less | returns | | | | | |
| | | and allowances | а | | | | | |
| | b | Less: cost of goods sold | b | | | | | |
| | С | Net income or (loss) from sale | es of inventory | <u> </u> | | | | |
| | | Miscellaneous Revenu | ie | Business Code | 9 | | | |
| | 11 a | | _ | | | | | ļ |
| | b | | | | | | | |
| | C | | | 000000 | 10 004 | 10 004 | | ļ |
| | d | All other revenue | | 900099 | 10,094. | 10,094. | | · · · |
| | e 12 | Total. Add lines 11a-11d Total revenue See instructions. | | | 1.115.484 | 1,115,484. | 0. | 0. |
| 23200 12-10- | | TOTAL TOVOLING COO INSTITUTIONS. | | | | | | Form 990 (2012) |

Form 990 (2012) Visit Topeka, Inc. Part IX | Statement of Functional Expenses

| Do | Check if Schedule O contains a responsion include amounts reported on lines 6b, | (A) | (B) | (C) | (D) Fundraising |
|----------|---|----------------|--------------------------|---------------------------------|-----------------------|
| | 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 | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | 1 | | | |
| | organizations, and individuals outside the | | | | |
| | United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | · |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 107,249. | | 107,249. | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 224 277 | | 004 055 | |
| 7 | Other salaries and wages | 291,875. | | 291,875. | |
| 8 | Pension plan accruals and contributions (include | | | 6 500 | |
| | section 401(k) and 403(b) employer contributions) | 6,599. | | 6,599. | |
| 9 | Other employee benefits | 30,543. | | 30,543. | |
| 10 | Payroll taxes | 35,385. | | 35,385. | |
| 11 | Fees for services (non-employees) | 22 625 | | 22 (25 | |
| а | Management | 22,635. | <u>.</u> | 22,635. | |
| b | Legal | 2,540. | | 2,540. 16,200. | |
| C | Accounting | 16,200. | | 10,200. | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| Ţ | Investment management fees | | | | |
| 9 | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) | | | | |
| 40 | | 137,160. | 129,069. | 8,091. | <u></u> |
| 12 | Advertising and promotion Office expenses | 5,936. | 129,009. | 5,936. | |
| 13 14 | Information technology | 7,658. | | 7,658. | |
| 15 | Royalties | 7,050. | | 7,030. | |
| 16 | Occupancy | 53,084. | | 53.084. | |
| 17 | Travel | 29,387. | 29,387. | 33/0011 | |
| 18 | Payments of travel or entertainment expenses | 23,0011 | 23/30/10 | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 44,858. | 34,640. | 10,218. | |
| 20 | Interest | , | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 4,430. | | | |
| 23 | Insurance | 4,864. | | 4,864. | |
| 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 | Sports Council | 80,929. | 72,544. | 8,385. | |
| b | 011 | 34,410. | | 34,410. | |
| C | Tourism Development | 23,554. | 22,148. | 1,406. | |
| d | Printing | 18,086. | 18,086. | | |
| е | All other expenses | 49,095. | 15,420. | 33,675. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,006,477. | 321,294. | 680,753. | 0 |
| 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 if following SOP 98-2 (ASC 958-720) | | | | Form 990 (201) |

| Pa | rt X | Balance Sheet | | | | |
|-----------------------------|------|--|---------------------------------|---------------------------------|-----|--------------------|
| | | Check if Schedule O contains a response to any | question in this Part X | | | |
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 25,000. | 1 | 25,001. |
| | 2 | Savings and temporary cash investments | | 316,048. | 2 | 404,733. |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 241,225. | 4 | 264,265. |
| | 5 | Loans and other receivables from current and fo | ormer officers, directors, | | | |
| | | trustees, key employees, and highest compensations | ated employees. Complete | | | |
| | | Part II of Schedule L | | | 5 | |
| | 6 | Loans and other receivables from other disquali | fied persons (as defined under | | | |
| | | section 4958(f)(1)), persons described in section | 4958(c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of sections | | | | |
| | | employees' beneficiary organizations (see instr). | . Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | 7 | |
| Ass | 8 | Inventories for sale or use | | 8 | | |
| - | 9 | Prepaid expenses and deferred charges | | | 9 | |
| | 10a | Land, buildings, and equipment, cost or other | | | | |
| | | basis Complete Part VI of Schedule D | 10a 167,935. | | | |
| | b | Less. accumulated depreciation | 106 138,493. | 17,506. | 10c | 29,442. |
| | 11 | Investments - publicly traded securities | | 11 | | |
| | 12 | Investments - other securities. See Part IV, line | | 12 | | |
| | 13 | Investments - program-related. See Part IV, line | | 13 | | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets See Part IV, line 11 | | 4,310. | 15 | 4,169. |
| | 16 | Total assets. Add lines 1 through 15 (must equ | al line 34) | 604,089. | 16 | 727,610. |
| | 17 | Accounts payable and accrued expenses | | 7,117. | 17 | 24,001. |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| es | 21 | Escrow or custodial account liability Complete | | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former | | | | |
| <u>ia</u> | | key employees, highest compensated employee | es, and disqualified persons. | | | |
| _ | | Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrela | • | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | · | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | į | | |
| | | parties, and other liabilities not included on lines | s 17-24). Complete Part X of | 32,884. | 25 | 40,147. |
| | ne | Schedule D | | 40,001. | 26 | 64,148. |
| | 26 | Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958 | 3), check here | 40,001. | 20 | 04,140. |
| (A | | complete lines 27 through 29, and lines 33 ar | •• | | | |
| ğ | 27 | Unrestricted net assets | iu 04. | 564,088. | 27 | 663,462. |
| alar | 28 | Temporarily restricted net assets | | | 28 | |
| ã | 29 | Permanently restricted net assets | | | 29 | |
| Š | | Organizations that do not follow SFAS 117 (A | SC 958), check here ▶ | | | |
| 2 F | | and complete lines 30 through 34. | ,, | | | |
| ţ | 30 | Capital stock or trust principal, or current funds | | 30 | | |
| SSE | 31 | Paid-in or capital surplus, or land, building, or ed | | 31 | | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated in | | | 32 | |
| ž | 33 | Total net assets or fund balances | | 564,088. | 33 | 663,462. |
| | 34 | Total liabilities and net assets/fund balances | | 604,089. | 34 | 727,610. |

727,610. Form **990** (2012)

| orm | 990 (2012) Visit Topeka, Inc. | 32-017 | 6144 | Pag | _{je} 12 |
|-----|--|-------------|--------------|--------------|------------------|
| Pai | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | <u>1,115</u> | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,006 | , 4' | <u>77.</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | <u> </u> | ,0 | 07. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 564 | .,0 | 88. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | _9 | , 6 | <u>35.</u> |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 663 | , 4 | <u>60.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | _ |
| | Check if Schedule O contains a response to any question in this Part XII | | | | <u> </u> |
| | | | ' | 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. | | l | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | <u> </u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | |
| | separate basis, consolidated basis, or both | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | i |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | <u>X</u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | 1 1 | | |
| | consolidated basis, or both. | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | l | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audıt | | | |
| | Act and OMB Circular A-133? | | 3a | | <u>X</u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | iired audit | | | İ |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | Ш |
| | | | Form | 990 (| (2012) |

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.

OMB No 1545-0047

Name of the organization Visit Topeka, Inc.

Open to Public Inspection **Employer identification number** 32-0176144 (b) Funds and other accounts

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

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

Schedule D (Form 990) 2012

| Sche | dule D (Form: 990) 2012 Visit T | <u>opeka, Inc</u> | | | | | 32 | -0176 | 144 | 1 Pa | ıge 2 |
|-------------------------|---|-----------------------|--------------------------------------|---------------------|---------------|-------------|-----------------|-----------|-------------------|----------------|--|
| Par | Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) | | | | | | | | | | |
| 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 excl | hange progra | ams | | | | | |
| b | Scholarly research | e | | Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| | to be sold to raise funds rather than to be maintained as part of the organization's collection? | | | | | | | | | | |
| 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, custod | an or other intermed | diary for | contribution | s or other as | sets not | ıncluded | | | | _ |
| | on Form 990, Part X? | | | | | | | Y | 'es | L | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing | tabie: | | | | | | | |
| | | | | | | | | Ar | nount | | |
| C | Beginning balance | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | 1d | | | | |
| е | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | | _1f | | | | |
| 2 a | Did the organization include an amount on F | orm 990, Part X, line | 21? | | | | | Y | 'es | | No |
| | If "Yes," explain the arrangement in Part XIII | | | | | | | | | | <u>] </u> |
| Paı | t V Endowment Funds. Complete | f the organization ar | swered | "Yes" to Fo | rm 990, Part | IV, line 1 | 0 | | | | |
| | | (a) Current year | (b) P | rior year | (c) Two yea | rs back | (d) Three year: | s back (e |) Four | years | back |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| đ | 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 cur | rent year end baland | ce (line 1 | g, column (a | i)) held as. | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| C | Temporarily restricted endowment ▶ | % | | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c show | uld equal 100%. | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiz | ation tha | at are held a | nd administe | ered for th | ne organizatio | on | - | | |
| | by: | | | | | | | r- | | Yes | No |
| | (i) unrelated organizations | | | | | | | <u> </u> | 3a(i) | | |
| | (ii) related organizations | | | | | | | 3 | Ba(ii) | | |
| b | If "Yes" to 3a(II), are the related organizations | • | | | | | | L | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | | |
| Pai | Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. | | | | | | | | | | |
| Description of property | | ', | (a) Cost or other basis (investment) | | | | | | (d) Book value | | |
| | Land | D6313 (111V65t) | Honly | Dasis | (Striet) | Get | preciation | | | | |
| 1a | Land | | | | - | | | - | | | |
| b | Buildings | | | 2 | 6 036 | | 1 121 | + | 21 | 5 5 | 12 |
| C | Leasehold improvements | | | 26,936. 140,999. | | 1 | 1,424. | | 25,512. 3,930. | | |
| d | Equipment Other | | | T. 47 | U, 333 • | | LJ / , UUJ | + | | <u>, 7</u> | <u>. v .</u> |
| | . Add lines 1a through 1e (Column (d) must e | aual Form 990 Part | X colur | nn (R) line 1 | 0(c)) | | | | 20 | 9,4 | 42 |
| | er was misse ta ambagni to joulumin jujimust e | quarronni ogo, ran | A, GOIGI | راها I | <u>~1~//</u> | | | | <u> </u> | <i>,</i> , = ' | <u> </u> |

Schedule D (Form 990) 2012

32-0176144 Page 3

| che | dule D (Form 990) 2012 Visit Topeka, Inc. | | 32-0176144 Page 4 |
|--------|--|----------------------|---------------------------|
| ar | t XI Reconciliation of Revenue per Audited Financial Statem | ents With Reve | enue per Return |
| 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 | 2a | |
| ь | Donated services and use of facilities | 2b | |
| С | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | |
| 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 XIII) | 4b | |
| С | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 |
| Par | t XII Reconciliation of Expenses per Audited Financial Stater | ments With Exp | enses per Return |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | 1 1 | |
| а | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| C | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | |
| е | 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 XIII) | 4b | |
| C | Add lines 4a and 4b | | 4c |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | 5 |
| Par | t XIII Supplemental Information | | |
| , line | e 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part | to provide any addit | tional information. |
| | | | |
| | | | |
| | | | |
| _ | | | Schedule D (Form 990) 201 |

232054 12-10-12

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

| Name of the organization Visit Topeka, Inc. | Employer identification number 32-0176144 |
|---|---|
| Form 990, Part VI, Section B, line 11: No review is perfo | ormed. |
| Form 990, Part VI, Section C, Line 19: Available upon reg | quest at the |
| Form 990, Part XI, line 9, Changes in Net Assets: Impairment loss - abandoned property improvments | -9,635. |
| | 3,7000 |
| | |
| | |
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