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Form **990**

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

2012

Open to Public Inspection

| A Fo | or the | 2012 ca | lendar year, or tax year beginni | ng 01-01-2012 , 2012, and en | ding 12-31 | -2012 | | | |
|--------------------------------|-----------|---------------|---|---|---------------|-------------------|----------------------------------|-------------------|----------------------------|
| | eck if a | applicable | C Name of organization VISITORS CENTER INC | | | | · · | • | ntification number |
| _ | me cha | _ | Doing Business As | | | | 35-19 | 1882 | 2 |
| ┌ Ini | tıal retu | urn | Number and street (or D.O. boy if | mail is not delivered to street address | N Doom / gust | | | | |
| _ | mınate | | 506 FIFTH STREET | mail is not delivered to street address | , Room, Suit | .e | E Telepho | | |
| ┌ An | nended | return | City or town, state or country, and | i ZIP + 4 | | | (812) | 378-2 | 1622 |
| ┌ Ap | plicatio | n pending | COLUMBUS, IN 47201 | | | | G Gross re | eceipts s | \$ 1,587,219 |
| | | | F Name and address of pr | incipal officer | | H(a) Is | this a group | return | for |
| | | | LYNN LUCAS 506 FIFTH STREET | | | | filiates? | | ┌ Yes 🗸 No |
| | | | COLUMBUS, IN 47201 | | | Н(Ь) д | re all affiliate: | s inclu | ded? |
| | | | | | | | | | (see instructions) |
| | | npt status | | (insert no) | 527 | H(c) ^G | roup exempt | ıon nur | mber ► |
| | | | WW COLUMBUS IN US | | | | | | |
| _ | m of or | | Corporation Trust Associat | ion Other 🕨 | | L Year o | of formation 19 | 94 M | State of legal domicile IN |
| Pa | | | nmary | | | | | | |
| | | | describe the organization's miss RGANIZATION IS ENGAGED I | | | OFTOUR | ISM IN BAR | THOL | DMEW COUNTY, IN |
| 9 | | | | | | | | | |
| Ē | | | | | | | | | |
| Ē | 2 | Check t | his box 🛏 if the organization o | discontinued its operations or d | isposed of | f more tha | n 25% of its | net as | sets |
| Governance | | | · | | | | | | ı |
| 26 | | | of voting members of the gover | | | | | 3 | 19 |
| Activities & | | | of independent voting members | | | | | 4 | 19 |
| <u>₹</u> | | | umber of individuals employed in umber of volunteers (estimate if | | | | | 5 6 | 24 |
| ₫ | | | nrelated business revenue from | | | | | 7a | 0 |
| | | | elated business taxable income | , , ,, | | | | 7b | 0 |
| | | | | | | | Prior Year | | Current Year |
| _ | 8 | Contr | ributions and grants (Part VIII, | line 1 h) | | | 1,147,8 | 372 | 1,187,720 |
| anue | 9 | Progr | am service revenue (Part VIII, | line 2g) | | | 177,8 | 343 | 208,316 |
| Revenue | 10 | | tment income (Part VIII, colum | | | | | 081 | 9,070 |
| | 11 | | revenue (Part VIII, column (A revenue—add lines 8 through 1 | | | | 69,5 | 591 | 75,060 |
| | 12 | | revenue—add lines 8 through 1 | • • | | | 1,396,3 | 387 | 1,480,166 |
| | 13 | Grant | s and similar amounts paid (Pai | rt IX, column (A), lines 1-3) | | | 12,2 | 281 | 93,438 |
| | 14 | | its paid to or for members (Part | | | | | 0 | 0 |
| 8 | 15 | Saları 10) | ies, other compensation, employ | yee benefits (Part IX, column (A | A), lines 5 | _ | 617,4 | 440 | 591,581 |
| Expenses | 16a | • | ssional fundraising fees (Part I) | (, column (A), line 11e) | | | , | 0 | 0 |
| ÷. | ь | | undraising expenses (Part IX, column (| | | | | | |
| ш | 17 | | expenses (Part IX, column (A) | •• | . | | 555,8 | 399 | 563,085 |
| | 18 | Total | expenses Add lines 13-17 (m | ust equal Part IX, column (A), l | line 25) | | 1,185,6 | 520 | 1,248,104 |
| | 19 | Rever | nue less expenses Subtract line | e 18 from line 12 | | - | 210,7 | 767 | 232,062 |
| Not Assets or Fund Balances | | | | | | Begin | ning of Curre Year | nt | End of Year |
| Seet Page | 20 | Total | assets (Part X, line 16) | | | | 1,397,8 | 370 | 1,655,678 |
| 2 A B | 21 | | liabilities (Part X, line 26) . | | | | · · · | 992 | 29,738 |
| | 22 | | ssets or fund balances Subtrac | t line 21 from line 20 | <u> </u> | | 1,393,8 | 378 | 1,625,940 |
| | rt II | | nature Block | | | | | | |
| my k | nowle | dge and | perjury, I declare that I have e belief, it is true, correct, and co nowledge | | | | | | |
| | | *** | *** | | | | 2013-07-01 | | |
| Sigi | | Sign | ature of officer | | | | Date | | |
| Her | е | | N LUCAS EXECUTIVE DIRECTOR e or print name and title | | | | | | |
| | | 1 | Print/Type preparer's name | Preparer's signature | | | Check If | PTIN | 227 |
| Pai | d | - | KANDY L WISCHMEIER CPA Firm's name | | 20 | | self-employed Firm's EIN 🕨 35 | P00118 5-11786 | |
| Pre | pare | er L | | | | | | | |
| Use | On | ıly | Firm's address ► 106 COMMUNITY DR | | | | Phone no (812 |) 522-84 | 416 |
| | | | SEYMOUR, IN 47274 | 1 | | | | | |

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

✓ Yes No

| | 990 (2012) | | | | Page 2 |
|------------|-------------------|---|--|---|--|
| Par | | n ent of Program Servi Schedule O contains a resp | ce Accomplishments onse to any question in this Part III | | |
| 1 | Briefly describe | e the organization's mission | | | |
| | | | OVANTAGES OF THE COLUMBUS/E | | MUNITY WHILE |
| <u>ENG</u> | AGING AND ED | UCATING VISITORS, OVE | RNIGHT GUESTS AND RESIDENTS | | |
| | | | | | |
| | | | | | |
| 2 | | | nt program services during the year | | ┌ Yes ┌ No |
| | If "Yes," descril | be these new services on Sc | hedule O | | |
| 3 | | | ake significant changes in how it co | | ┌ Yes ┌ No |
| | If "Yes," descril | be these changes on Schedu | le O | | |
| 4 | expenses Sect | ion 501(c)(3) and 501(c)(4) | e accomplishments for each of its thr organizations are required to report each program service reported | | |
| 4a | (Code |) (Expenses \$ | 1,113,777 including grants of \$ | 93,438) (Revenue \$ | 279,681) |
| | PROMOTION AND | DEVELOPMENT OF TOURISM IN BA AL NOT-FOR-PROFIT ORGANIZATIO | RTHOLOMEW COUNTY MAINTAINS A VISITO | , | • • |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | - | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | _ | | | | |
| 4c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Other program | n services (Describe in Sche | dule O) | | |
| Tu | (Expenses \$ | • | iding grants of \$ |) (Revenue \$ |) |
| 4е | | service expenses 🕒 | 1,113,777 | · · · · · · · · · · · · · · · · · · · | <u>, </u> |
| | rocai program | SCITICO CAPCIISES F | ±,±±0,/// | | |

| Part IV | Che | cklist | of Re | auire | d Sch | redules |
|---------|------|--------|-------|-------|-------|---------|
| 4:11714 | CIIC | LKIISL | OI NO | uune | u sci | icuuics |

| | | | 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 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? * | 2 | Yes | |
| 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 | | Νο |
| 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 | | Νο |
| 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 | | Νο |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | Νο |
| 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 | | 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 $\sqrt[4]{2}$ | 10 | | Νο |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable | | | |
| 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 | 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 | | Νο |
| 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 | | No |
| 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? If "Yes," complete Schedule D, Parts XI and XII | 12a | Yes | |
| 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 | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E | 13 | | Νo |
| 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 | 14b | | No |
| 15 | valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I 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 United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | Νο |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | Νο |
| 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 hospital facilities? If "Yes," complete Schedule H | 20a | | Νο |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|----------------|--------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 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 | | N o |
| 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 | | N o |
| 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 | | N o |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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, 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 | | Νο |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | 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 IV | 28a | | Νο |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | N o |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \cdot . | 29 | | Νο |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | N o |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | 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? <i>If</i> "Yes," complete Schedule R, Part I | 33 | | N o |
| 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 | | N o |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Νο |
| b | 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 | | |
| 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 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| | | F | orm 990 | (2012) |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| ГСП | Check if Schedule O contains a response to any question in this Part V | | | _ |
|-----|---|------------|-----|-----|
| | Check it schedule of contains a response to any question in this part v | • | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 10 | | | |
| ь | 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 | 1 | | |
| | gaming (gambling) winnings to prize winners? | 1 c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Νo |
| | 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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Νo |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Νo |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Νo |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| | | 5c | | |
| | 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 as charitable contributions? | 6a | | Νο |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 7a | | Νo |
| | 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 7b | | 110 |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to | | | |
| _ | file Form 8282? | 7c | | Νo |
| 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 | | Νo |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Νo |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | _ | | |
| _ | Did the organization make any taxable distributions under section 4966? | 9a | | |
| ь | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | 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 facilities | - | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| L3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| c | Enter the amount of reserves on hand | [| | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Νo |
| | If "Vec " has it filed a Form 720 to report these payments? If "No " provide an explanation in Cabadula O | | | |

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 | | | | | | | | | | | | | | | . ~ |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|

| <u> </u> | 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 | 19 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 19 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship we other officer, director, trustee, or key employee? | vith any | 2 | | Νο |
| 3 | Did the organization delegate control over management duties customarily performed by or under the dir supervision of officers, directors or trustees, or key employees to a management company or other pers | | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 filed? | was | 4 | | Νο |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets | ? | 5 | | Νo |
| 6 | Did the organization have members or stockholders? | | 6 | | Νo |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoin more members of the governing body? | | 7a | | Νο |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stoc or persons other than the governing body? | kholders, | 7b | | Νo |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during year by the following | ng the | | | |
| а | The governing body? | | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | 9 | | Νο |
| | | | | | |
| Se | ection B. Policies (This Section B requests information about policies not required by the In | nternal Re | venu | ie Cod | e.) |
| Se | ection B. Policies (This Section B requests information about policies not required by the In | nternal Re | venu | ie Cod Yes | e.) No |
| | ection B. Policies (This Section B requests information about policies not required by the In | | venu 10a | | |
| 10a | | ters, | | | No |
| 10a b | Did the organization have local chapters, branches, or affiliates? | ters, es? | 10a | | No |
| 10a b 11a | Did the organization have local chapters, branches, or affiliates? | ters, es? | 10a 10b | Yes | No |
| 10a b 11a b | Did the organization have local chapters, branches, or affiliates? | ters, es? efore filing | 10a 10b | Yes | No |
| 10a b 11a b | Did the organization have local chapters, branches, or affiliates? | ters, es? efore filing | 10a 10b | Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | ters, es? efore filing | 10a 10b 11a | Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | ters, es? efore filing indigent in the second in the secon | 10a 10b 11a 12a | Yes Yes Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapt affiliates, and branches to ensure their operations are consistent with the organization's exempt purpose. Has the organization provided a complete copy of this Form 990 to all members of its governing body be the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that courise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," in Schedule O how this was done | ters, es? efore filing ild give " describe | 10a 10b 11a 12a 12b | Yes Yes Yes | No No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | ters, es? efore filing | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes | No No |
| 10a b 11a b 12a b c | Did the organization have local chapters, branches, or affiliates? | ters, es? efore filing ild give "describe ecision? | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes | No No |
| 10a b 11a b 12a b c | Did the organization have local chapters, branches, or affiliates? | ters, es? efore filing | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes | No No |
| 10a b 11a b 12a b c | Did the organization have local chapters, branches, or affiliates? | ters, es? efore filing | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes | No No |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? | ters, es? ifore filing ild give if describe if descri | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes | No No |
| 10a b 11a b 12a b c 13 14 15 a b | If "Yes," did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapt affiliates, and branches to ensure their operations are consistent with the organization's exempt purpose. Has the organization provided a complete copy of this Form 990 to all members of its governing body be the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that courise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," in Schedule O how this was done Did the organization have a written whistleblower policy? 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 d The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | ters, es? efore filing ild give "describe ecision? et with a s I the | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes | No No |

- 17 List the States with which a copy of this Form 990 is required to be filed►IN
- 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 🔽 Upon request 🗆 Other (explain in Schedule O)
- 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 during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►LYNN LUCAS 506 FIFTH STREET COLUMBUS, IN (812) 378-2622

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 organization nor any related organization compensated any current officer, director, or trustee

| | | <u> </u> | | | | | | | | |
|---------------------------------|---|-----------------------------------|-----------------------|--------------------|-----------------------------|------------------------------|-----------|---|--|---|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | more pers and | than on is | one bot ecto | not box h ar or/tr | ustee | ess er | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | MISC) | MISC) | organization and related organizations |
| (1) CHUCK WILT | 2 00 | x | | | | | | 0 | 0 | 0 |
| BOARD MEMBER | | | | | | | | Ţ. | | |
| (2) BETH BOOTH POOR TREASURER | 2 00 | x | | х | | | | 0 | 0 | 0 |
| (3) CINDY WADDLE | 2 00 | | | | | | | | | |
| SECRETARY | | × | | х | | | | 0 | 0 | 0 |
| (4) KIM DECLUE | 2 00 | | | | | | | | | |
| PRESIDENT | | X | | × | | | | 0 | 0 | 0 |
| (5) AL DEGNER | 2 00 | x | | x | | | | 0 | 0 | 0 |
| VICE PRESIDENT | | _ ^ | | | | | | 9 | 9 | |
| (6) SPENCER DELL | 2 00 | × | | | | | | 0 | 0 | 0 |
| BOARD MEMBER (7) DENISE GLESING | 2 00 | | | | | | | | | |
| | 2 00 | x | | | | | | 0 | 0 | 0 |
| BOARD MEMBER (8) JASON HESTER | 2 00 | | | | | | | | | |
| | 2 00 | x | | | | | | 0 | 0 | 0 |
| BOARD MEMBER (9) AMIT PATEL | 2 00 | | | | | | | | | |
| • • | 2 00 | x | | | | | | 0 | 0 | 0 |
| EXECUTIVE COMMITTEE | | | | | | | | | | |
| (10) LYNNE HYATT | 2 00 | x | | | | | | 0 | 0 | 0 |
| BOARD MEMBER | | | | | | | | | | |
| (11) PICA SADDLER | 2 00 | l x | | | | | | 0 | 0 | 0 |
| BOARD MEMBER | | | | | | | | | | |
| (12) BEN WAGNER | 2 00 | l x | | | | | | 0 | 0 | 0 |
| EXECUTIVE COMMITTEE | | | | | | | | | _ | |
| (13) CHARLIE FARBER | 2 00 | × | | | | | | 0 | 0 | 0 |
| BOARD MEMBER | | | | | | | | | 0 | |
| (14) JENNY KIM | 2 00 | × | | | | | | 0 | 0 | 0 |
| BOARD MEMBER | | L^ | | L | L | | | | | |
| (15) LISA SHAFRAN | 2 00 | | | | | | | 0 | 0 | 0 |
| BOARD MEMBER | | X | | L_ | L | | | | | |
| (16) JILL FORSTER | 2 00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0 | 0 | 0 |
| (17) TONY MORAVEC | 2 00 | l | | | | | | | | |
| EXECUTIVE COMMITTEE | | X | | | | | | 0 | 0 | 0 |
| | | | | | | | | | | Form 990 (2012) |

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

| (A) Name and Title | (B) A verage hours per week (list any hours | more pers | than on is | one bot | not box thar | checl (, unle n office | ss er | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F Estim amount o compen from | ated of other sation the |
|---|---|-----------------------------------|-----------------------|------------|--------------------|------------------------------|-----------|---|--|---|-----------------------------------|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organiz | lated |
| (18) KAREN SHRODE | 2 00 | × | | | | | | o | C | ı | 0 |
| EXECUTIVE COMMITTEE | | | | | | | | | | | |
| (19) BRENDA VOGEL | 2 00 | x | | | | | | О | C | ı | 0 |
| BOARD MEMBER (20) LYNN LUCAS | 40 00 | | | | - | | | | | | |
| ` ' | 40 00 | | | х | | | | 88,484 | C | ı | 13,480 |
| EXECUTIVE DIRECTOR | | | | | - | | | | | | |
| | | | | | | | _ | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | - | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1b Sub-Total | | | | | • | ▶ | | | | | |
| c Total from continuation sheets to Part | VII, Section A | | | | | ▶ [| | | | | |
| d Total (add lines 1b and 1c) | | | | | | P | | 88,484 | 0 | | 13,480 |
| Total number of individuals (including b \$100,000 of reportable compensation | | | | ed al | bove | e) who | rec | eived more than | | | |
| | | | | | | | | | | Yes | No |
| 3 Did the organization list any former offi | • | | | | | /ee, o | r hıg | hest compensate | d employee | | |
| on line 1a? <i>If "Yes," complete Schedule J</i> | for such individ | ual . | • | • | • | | • | | 3 | | Νο |
| 4 For any individual listed on line 1a, is the organization and related organizations of individual | | | | | | | | | | | NI - |
| 5 Did any person listed on line 1a receive | • • • | nencat | ion f | rom | anı. | unral | - atoo | organization or : | dividual for | | N o |
| services rendered to the organization? | | | | | | | | | 5 | | No |
| Section B. Independent Contracto | ors | | | | | | | | | | |
| Complete this table for your five highes compensation from the organization. Re | t compensated | | | | | | | | | s tax year | |
| | (A) usiness address | | | | | <u>'</u> | | | (B) on of services | (C Compen |) |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | <u> </u> | | | | | | | | - | | |
| 2 Total number of independent contractors \$100,000 of compensation from the orga | | not lim | ıted t | o th | nose | listed | ab | l ove) who received | more than | | |

| Part V | 1111 | Statement of Revenue | | | | |
|---|--------|--|-------------------|--|--------------------------------|--|
| | | Check if Schedule O contains a response to any question | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512,513, or 514 |
| 0 | 1a | Federated campaigns 1a | | | | |
| ants | ь | Membership dues 1b | | | | |
| tributions, Gifts, Grants Other Similar Amounts | С | Fundraising events 1c | | | | |
| ffs, ir A | d | Related organizations 1d | | | | |
| , Gi nila | e | Government grants (contributions) 1e 1,181,468 | | | | |
| ons Sir | | All other contributions, gifts, grants, and 1f 6,252 | | | | |
| uti her | • | sımılar amounts not ıncluded above | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | g | Noncash contributions included in lines 1a-1f \$ | | | | |
| Cont and | h | Total. Add lines 1a-1f | 1,187,720 | | | |
| | | Business Code | | | | |
| enne | 2a | BUS TOURS 900099 | 208,316 | 208,316 | | |
| Pæv | Ь | | | | | |
| ACe | С | | | | | |
| Seri | d | | | | | |
| E E | e | Allahaman | | | | |
| Program Serwce Revenue | f | All other program service revenue | | | | |
| _ ь | g | Total. Add lines 2a-2f | 208,316 | | | |
| | 3 | Investment income (including dividends, interest, and other similar amounts) | 9,606 | | | 9,606 |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | |
| | 5 | Royalties | | | | |
| | 6a | (1) Real (11) Personal Gross rents | | | | |
| | ь | Less rental | | | | |
| | c | expenses Rental income | | | | |
| | d | or (loss) Net rental income or (loss) | | | | |
| | | (i) Securities (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | | | | |
| | ь | Less cost or | | | | |
| | | other basis and sales expenses 536 | | | | |
| | c d | Gain or (loss) -536 Net gain or (loss) | -536 | | | -536 |
| | | Ret gain or (loss) | 555 | | | 550 |
| Other Revenue | | events (not including \$ of contributions reported on line 1c) | | | | |
| Re | | See Part IV , line 18 a | | | | |
| her | ь | Less direct expenses b | | | | |
| ₹ | с | Net income or (loss) from fundraising events 🛌 | | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 | | | | |
| | ь | Less direct expenses b | | | | |
| | с | Net income or (loss) from gaming activities | | | | |
| | 10a | Gross sales of inventory, less returns and allowances | | | | |
| | | a 177,882 | | | | |
| | ь | Less cost of goods sold b 106,517 | | | | |
| | С | Net income or (loss) from sales of inventory | 71,365 | 71,365 | | |
| | | Miscellaneous Revenue Business Code | 3.605 | | | 3.005 |
| | | OTHER 900099 | 3,695 | | | 3,695 |
| | b c | | | | | |
| | d | All other revenue | | | | |
| | e | Total. Add lines 11a-11d | 3.665 | | | |
| | 12 | Total revenue. See Instructions | 3,695 | | | |
| | J | • | 1,480,166 | 279,681 | 0 | 12,765 |

| | Statement of Eurotional Expenses | | | | Page |
|------|--|-----------------------|------------------------|-----------------------|-----------------------------|
| | Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns. All | other organizati | ons must comp | lete column (A) | |
| | Check if Schedule O contains a response to any question in this Pa | | | | |
| | t include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
| , 81 | o, 9b, and 10b of Part VIII. | Total expenses | expenses | general expenses | expenses |
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 93,438 | 93,438 | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 101,964 | 82,033 | 19,931 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 364,928 | 309,414 | 55,514 | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 17,079 | 13,493 | 3,586 | |
| 9 | Other employee benefits | 107,610 | 89,156 | 18,454 | |
|) | Payroll taxes | | | | |
| 1 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 12,652 | 10,273 | 2,379 | |
| С | Accounting | 2,831 | 1,960 | 871 | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | |
| 2 | Advertising and promotion | 127,498 | 124,087 | 3,411 | |
| ; | Office expenses | 32,246 | 28,326 | 3,920 | |
| | Information technology | 6,864 | 6,521 | 343 | |
| ; | Royalties | , | , | | |
| , | Occupancy | 23,447 | 19,227 | 4,220 | |
| , | Travel | 22,300 | 20,516 | | |
| 3 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 22,223 | 23,222 | 2,7.2.1 | |
|) | Conferences, conventions, and meetings | 69,319 | 67,006 | 2,313 | |
|) | Interest | 379 | 379 | | |
| | Payments to affiliates | | | | |
| 2 | Depreciation, depletion, and amortization | 71,007 | 58,226 | 12,781 | |
| 3 | Insurance | 9,627 | 7,894 | 1,733 | |
| ı | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | SPORTS TOURISM | 78,006 | 78,006 | | |
| ь | IMA TOUR EXPENSES | 48,220 | 48,220 | | |
| c | REPAIRS AND MAINTENANCE | 27,324 | 27,324 | | |
| d | DUES | 15,329 | 14,103 | 1,226 | |
| e | All other expenses | 16,036 | 14,175 | 1,861 | |
| 5 | Total functional expenses. Add lines 1 through 24e | 1,248,104 | 1,113,777 | 134,327 | |
| 6 | 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 | | . , . | | |

Part X Balance Sheet

| | | | | | (A) Beginning of year | | (B) End of year |
|----------------------|-----|--|----------------|-----------|--------------------------|-----|--------------------|
| | 1 | Cash—non-interest-bearing | | | 2,358 | 1 | 2,325 |
| | 2 | Savings and temporary cash investments | | | 1,183,168 | 2 | 1,269,242 |
| | 3 | Pledges and grants receivable, net | | 3 | | | |
| | 4 | Accounts receivable, net | | 4 | | | |
| 4ssets | 5 | Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L | | 5 | | | |
| | 6 | Loans and other receivables from other disqualified persons (a: 4958(f)(1)), persons described in section 4958(c)(3)(B), and cand sponsoring organizations of section 501(c)(9) voluntary errorganizations (see instructions) Complete Part II of Schedule | | 6 | | | |
| 88. | 7 | Notes and loans receivable, net | | | | 7 | |
| ₹ | 8 | Inventories for sale or use | | | 73,265 | 8 | 53,855 |
| | 9 | | | | 11,889 | 9 | 39,676 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | | | | | 22,124 |
| | ь | Less accumulated depreciation | 10b | 1,089,297 | 127,190 | 10c | 290,580 |
| | 11 | Investments—publicly traded securities | | | 11 | | |
| | 12 | Investments—other securities See Part IV, line 11 | | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | • | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 15 | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) . | | | 1,397,870 | 16 | 1,655,678 |
| | 17 | Accounts payable and accrued expenses | | | 3,992 | 17 | 9,738 |
| | 18 | Grants payable | | 18 | 20,000 | | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| ø | 21 | Escrow or custodial account liability Complete Part IV of Sche | edule D | | | 21 | |
| <u>, av</u> | 22 | Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqualif | | | | | |
| Liabilit | | persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third partie | s | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Pa | • | | | | |
| | | D | | | 25 | | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 3,992 | 26 | 29,738 |
| у Ф | | Organizations that follow SFAS 117 (ASC 958), check here | ✓ and co | omplet e | | | |
| ĕ | 27 | lines 27 through 29, and lines 33 and 34. Unrestricted net assets | | | 1,255,050 | 27 | 1,493,675 |
| <u>ଟ</u> | 27 | | | • | 138,828 | 28 | 132,265 |
| <u></u> | 28 | Temporarily restricted net assets | | • | 130,020 | 29 | 132,203 |
| ₹ | 29 | Permanently restricted net assets | - - | | | 29 | |
| sets or Fund Balance | | Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34. | ere 🗲 | апа | | | |
| 0 | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| φ | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| A S | 32 | Retained earnings, endowment, accumulated income, or other f | | | | 32 | |
| ¥ĕ | 33 | Total net assets or fund balances | | | 1,393,878 | 33 | 1,625,940 |
| Ž | 34 | Total liabilities and net assets/fund balances | | | 1,397,870 | 34 | 1,655,678 |
| | 1 | . Staasincles and net assets/falla balances | | • | 1,007,070 | J-7 | 1,000,070 |

| Par | t XI Reconcilliation of Net Assets | | | | |
|-----|--|--------------|-------------|-----|----------|
| | Check if Schedule O contains a response to any question in this Part XI | | | | <u>୮</u> |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | ₁ | | 4 | 100 166 |
| , | Total evaposes (must equal Bart IV, column (A), line 35) | H-1 | | 1,2 | 180,166 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 1,2 | 248,104 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | | | | |
| | | 3 | | - 2 | 232,062 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 1.3 | 393,878 |
| 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) | , | | | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | • | | | |
| 10 | column (B)) | 10 | | 1,6 | 525,940 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | . ᅜ |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash 🗸 Accrual Cother | | | | |
| _ | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | |
| | Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revious a separate basis, consolidated basis, or both | ewed or | ו | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| ь | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| _ | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep | arate | | | |
| | basis, consolidated basis, or both | | | | |
| | ▼ Separate basis | | | | |
| C | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant? | ht of th | e 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain Schedule O | ın | | | |
| 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? | he | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | require | d 3b | | |

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As Filed Data -

DLN: 93493192012073

Employer identification number

OMB No. 1545-0047

OMB No 1545-0047

2012

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Total

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization VISITORS CENTER INC

| 115110 | OKS CEI | ITTER ITTE | | | | | | | 35-19188 | 22 | | | |
|--|----------|---|----------------------------|---|------------------------|---------------------|------------------------|---------------------|-----------------|---------------------------|------------|--------|-------------|
| Pa | rt I 🛭 | Reas | on for Pu | blic Charity Sta | tus (All org | janizations | must comp | lete this p | art.) See ın | struct | ions. | | |
| The o | organi | zatıon ıs | not a privat | e foundation becaus | eıtıs (Forl | ınes 1 throu | gh 11, check | only one bo | x) | | | | |
| 1 | Γ | A churc | h, conventi | on of churches, or as | ssociation of | churches de | escribed in s e | ection 170(b |)(1)(A)(i). | | | | |
| 2 | Г | A scho | ol described | in section 170(b)(1 | .)(A)(ii). (At | tach Schedu | ıle E) | | | | | | |
| 3 | Г | | | perative hospital se | | | | n 170(b)(1) | (A)(iii). | | | | |
| 4 | Г | A medi | cal research | n organization operat | ted in conjun | ction with a | hospital desc | ribed in sec | tion 170(b)(: | 1)(A)(i | iii). Ente | rthe | |
| | | | | ty, and state | - | | | | | | - | | |
| 5 | Γ | Anorga | anızatıon op | erated for the benefit | t of a college | or universit | y owned or o | perated by a | government | al unıt | describe | ed in | |
| | | section | 170(b)(1)(| A)(iv). (Complete P | art II) | | | | | | | | |
| 6 | Γ | A feder | al, state, or | local government or | government | al unit desci | rıbed in secti | on 170(b)(1 |)(A)(v). | | | | |
| 7 | 굣 | Anorga | anızatıon tha | at normally receives | a substantia | I part of its : | support from | a governme | ntal unit or fr | om the | general | public | : |
| | _ | | | n 170(b)(1)(A)(vi). | | • | | _ | | | | | |
| 8 | <u> </u> | | • | described in section | | | • | • | | | | | |
| 9 | ı | _ | | at normally receives | • • | | • • | | • | • | • | - | SS |
| | | receipt | s from activ | ities related to its ex | xempt function | ons—subject | to certain ex | xceptions, a | nd (2) no mo | re than | 331/3% | of | |
| | | ıts sup _l | oort from gro | oss investment inco | me and unrel | ated busine: | ss taxable ın | come (less s | section 511 t | ax) fro | m busın | esses | |
| | | acquire | d by the org | janization after June | 30,1975 S | ee section 5 | 09(a)(2). (C | omplete Par | t III) | | | | |
| 10 | Γ | Anorga | anızatıon org | ganized and operated | d exclusively | to test for p | ublic safety | See section | 509(a)(4). | | | | |
| 11 | Γ | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated | | | | | | | | | | | |
| e | Γ | other th | - | ox, I certify that the on managers and otl | • | | • | | | | • | • | |
| f | | checkt | his box | received a written de | | | | | , | III sup | porting | organı | zation, |
| g | | | | 2006, has the organi | zation accep | ted any gift | or contribution | on from any | of the | | | | |
| | | | g persons? erson who di | rectly or indirectly o | ontrols eith | eralone ort | ogether with | nersons des | cribed in (ii) | | | Yes | No |
| | | | | governing body of th | • | | - | p 0.000 a 0.0 | | | 11g(i) | 103 | 110 |
| | | | • | er of a person descri | | - | • | | | | 11g(ii) | | |
| | | • • | • | lled entity of a perso | | | hove? | | | | 11g(iii) | | |
| h | | | | ng information about | | ., ., | | | | | 119(/ | | <u> </u> |
| " | | Flovide | tile lollowii | ig illioilliation about | the supporte | u organizati | on(s) | | | | | | |
| (i) Name of supported organization | | organization organization in the organization organization in | | | | | | | mone | nount of etary port | | | |
| | | | | instructions)) | Yes | No | Yes | No | Yes | No | | | |
| | | | 1 | 1 | | ı | 1 | 1 | | ı | 1 | | |

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| S | ection A. Public Support | • | , | | | | | |
|---------|---|---|--|---|---|--|-----------------------------|------------|
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 20 | 12 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 4,587 | 13,755 | 196,556 | 125,872 | | 6,252 | 347,022 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 1,022,000 | 1,010,266 | 1,012,729 | 1,022,000 | 1, | ,133,587 | 5,200,582 |
| 3 | The value of services or facilities furnished by a governmental unit to | 86,400 | 86,400 | 86,400 | 90,300 | | 90,300 | 439,800 |
| 4 | the organization without charge Total. Add lines 1 through 3 | 1,112,987 | 1,110,421 | 1,295,685 | 1,238,172 | 1. | ,230,139 | 5,987,404 |
| 5 | The portion of total contributions | 1,112,507 | 1,110,121 | 1,233,003 | 1,230,172 | | 230,133 | 3,307,101 |
| J | by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column | | | | | | | 57,132 |
| 6 | (f) Public support. Subtract line 5 from | | | | | | -+ | |
| 0 | line 4 | | | | | | | 5,930,272 |
| S | ection B. Total Support | • | | | | | | |
| Cale | endar year (or fiscal year | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 20 | 12 | (f) Total |
| _ | beginning in) | 1,112,987 | · · · | 1,295,685 | 1,238,172 | | | 5,987,404 |
| 7 | A mounts from line 4 | 1,112,967 | 1,110,421 | 1,293,663 | 1,236,172 | 1, | 230,139 | 3,987,404 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar | 16,651 | 8,417 | 3,110 | 5,092 | 9,606 | | 42,876 |
| 9 10 | Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of | | | | | | | |
| | capital assets (Explain in Part IV) | 18,520 | 2,303 | 4,315 | 8,475 | | 3,695 | 37,308 |
| 11 | Total support (Add lines 7 | | | | | | | 6,067,588 |
| 12 | through 10) [Gross receipts from related activiti | es etc (see instr | uctions) | L | | 12 | | 1,219,988 |
| 13 | First five years. If the Form 990 is this box and stop here | for the organization | on's first, second, | | | 501(c)(3 | <u>)</u> organiz | |
| S | ection C. Computation of Pul | olic Support P | ercentage | | | | | |
| 14 | Public support percentage for 2012 | ! (line 6, column (| f) divided by line : | 11, column (f)) | | 14 | | 97 740 % |
| 15 | Public support percentage for 2011 | . Schedule A, Part | t II, line 14 | | | 15 | | 97 170 % |
| 16a | 33 1/3% support test—2012. If the | organızatıon dıd n | ot check the box | on line 13, and li | ne 14 is 33 1/3% | or more, d | heck th | |
| 17a | and stop here. The organization qua 33 1/3% support test—2011. If the box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organiza- in Part IV how the organization mea- organization 10%-facts-and-circumstances test- | organization did n n qualifies as a pu — 2012. If the orga tion meets the "fa ets the "facts-and | ot check a box or blicly supported of nization did not c cts-and-circums -circumstances" | n line 13 or 16a, a organization heck a box on lin tances" test, che test The organiz | e 13, 16a, or 16l ck this box and s ation qualifies as | o, and line s top here. a publicl | : 14 Explain y suppor | ▶ ┌ |
| 18 | 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization Private foundation. If the organizations | nization meets the tion meets the "fa | "facts-and-circu icts-and-circums | mstances" test, tances" test The | check this box ai organization qua | nd stop he alifies as a | ere. a publicly | y ▶⊏ |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se | ction A. Public Support | | | | | | |
|----------|---|--------------------------|--------------------|----------------------|-------------------|------------------|------------------|
| Cale | ndar year (or fiscal year beginning in) 🏲 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| 2 | include any "unusual grants ") Gross receipts from admissions, | | | | | | |
| 2 | merchandise sold or services | | | | | | |
| | performed, or facilities furnished in | | | | | | |
| | any activity that is related to the | | | | | | |
| | organization's tax-exempt | | | | | | |
| _ | purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or | | | | | | |
| | business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either | | | | | | |
| | paid to or expended on its | | | | | | |
| _ | behalf The value of services or facilities | | _ | | | | |
| 5 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | A mounts included on lines 1, 2, | | | | | | |
| | and 3 received from disqualified | | | | | | |
| | persons | | | | | | |
| Ь | A mounts included on lines 2 and 3 received from other than | | | | | | |
| | disqualified persons that exceed | | | | | | |
| | the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| C | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c | | | | | | |
| Sa | rom line 6) ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning | | | | | l | |
| Caic | in) 🟲 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 | A mounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and income from similar | | | | | | |
| | sources | | | | | | |
| ь | Unrelated business taxable | | | | | | |
| _ | income (less section 511 taxes) | | | | | | |
| | from businesses acquired after | | | | | | |
| | June 30, 1975 | | | | | | |
| C | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included | | | | | | |
| | in line 10b, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 12 | Other income Do not include | | | | | | |
| | gain or loss from the sale of | | | | | | |
| | capital assets (Explain in Part IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, | | | | | | |
| | 11, and 12) | | | | | | |
| 14 | First five years. If the Form 990 is | for the organizati | on's first, second | d, third, fourth, or | fifth tax year as | a 501(c)(3) orga | · |
| <u> </u> | check this box and stop here | lia Summant D | orconto a a | | | | <u>► </u> |
| | ction C. Computation of Pub Public support percentage for 2012 | | | 12 column (f)) | | 14-1 | |
| 15 | | | | : 13, COIUIIII (I)) | | 15 | |
| 16 | Public support percentage from 201 | | | | | 16 | |
| | ction D. Computation of Inv | | | | (4) | | |
| 17 | Investment income percentage for | 2012 (line 10c, c | olumn (f) divided | by line 13, colum | nn (f)) | 17 | |
| 18 | Investment income percentage from | n 2011 Schedule | A, Part III, line | 17 | | 18 | |
| | | | | | 1 4 E | h 22 + 120/ | d line 17 is not |
| 19a | 33 1/3% support tests—2012. If the | _ | | • | | · · · | d line 17 is not |

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

| Schedule A (Fo | rm 990 or 990-E2) 2012 Page |
|----------------|--|
| Part IV | Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). |
| | |
| | Facts And Circumstances Test |
| | |
| | Explanation |
| | |

Schedule A (Form 990 or 990-EZ) 2012

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

DLN: 93493192012073

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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization VISITORS CENTER INC 35-1918822 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 (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 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 land for public use (e.g., recreation or education) Preservation | n of an histori | cally important land area | | | | |
|---|---|------------------|-----------------------------|--|--|--|--|
| | ☐ Protection of natural habitat ☐ Preservation | n of a certified | d historic structure | | | | |
| | Preservation of open space | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribute easement on the last day of the tax year | ion in the form | of a conservation | | | | |
| | | | Held at the End of the Year | | | | |
| а | Total number of conservation easements | 2a | | | | | |
| b | Total acreage restricted by conservation easements | 2b | - | | | | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c | | | | | |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d | | | | | |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during | | | | | | |
| | the tax year F | | | | | | |
| 4 | Number of states where property subject to conservation easement is located 🛌 | | | | | | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection enforcement of the conservation easements it holds? | on, handling of | violations, and Yes N | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation | n easements d | uring the year | | | | |
| _ | <u> </u> | | | | | | |
| 7 | A mount of expenses incurred in monitoring, inspecting, and enforcing conservation eas | ements during | the year | | | | |
| - | ▶ \$ | | | | | | |

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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 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
- 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

□ No

(ii) Assets included in Form 990, Part X

- 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 Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| Part | Organizations Maintaining Co | llections of Art | t, Hist | oric | al Tr | easu | res, or C |)the | r Similar <i>i</i> | <u>Asse</u> | ts (cc | ntınued) |
|---------|---|----------------------|----------|----------|---------|--------------------|-----------------------------------|--------|-----------------------------|-------------|-----------------|-------------|
| 3 | Using the organization's acquisition, access collection items (check all that apply) | ion, and other recoi | rds, ch | eck a | ny of t | he follo | wing that | are a | sıgnıfıcant u | ıse of | ıts | |
| а | Public exhibition | | d | \sqcap | Loan | orexch | ange prog | rams | | | | |
| b | Scholarly research | | e | Γ | Other | | | | | | | |
| c | Preservation for future generations | | | | | | | | | | | |
| 4 | Provide a description of the organization's co Part XIII | ollections and expla | aın how | they | furthe | er the o | rganızatıor | ı's ex | cempt purpos | e in | | |
| 5 | During the year, did the organization solicit of assets to be sold to raise funds rather than t | | | | | | | | nılar | Г, | Yes | □ No |
| Par | t IV Escrow and Custodial Arrang | | | | | | | | es" to Form | | | , |
| | Part IV, line 9, or reported an an | nount on Form 99 | 90, Pa | rt X, | line : | 21 | | | | | | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | ian or other interm | ediary | for co | ntrıbu | itions o | r other ass | etsi | not | Γ, | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XII | I and complete the | follow | ing ta | ble | | г | | | | | |
| | | | | | | | - | _ | , | A mou | nt | |
| C . | Beginning balance | | | | | | - | 1c | | | | |
| d | Additions during the year | | | | | | | 1d | | | | |
| e | Distributions during the year | | | | | | - | 1e | | | | |
| f | Ending balance | | | | | | L | 1f | | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, lin | ie 21? | | | | | | | Γ, | Yes | ☐ No |
| ь | If "Yes," explain the arrangement in Part XII | I Check here if the | explai | natioi | n has l | been pr | ovided in F | art > | XIII | | | |
| Pa | rt V Endowment Funds. Complete | | | | | | | | | | - | |
| 1- | Beginning of year balance | (a)Current year | (b) | Prior y | ear | b (c)IW | o years bacı | ((a) | Three years bad | ck (e) | Four ye | ears back |
| 1a h | Contributions | | | | | | | | | | | |
| b | Net investment earnings, gains, and losses | | | | | | | | | | | |
| С | Net investment earnings, gams, and 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 cur | rent year end balan | ce (lıne | 1g, | colum | n (a)) h | eld as | | | | | |
| а | Board designated or quasi-endowment ► | | | | | | | | | | | |
| b | Permanent endowment ► | | | | | | | | | | | |
| c | Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho | uld equal 100% | | | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organiz | ation t | hat a | re held | d and a | dmınıstere | d for | the | | | |
| | organization by (i) unrelated organizations | | | | | | | | F | Ba(i) | Yes | No |
| | (ii) related organizations | | | • | | | | • | - | Ba(ii) | | |
| ь | If "Yes" to 3a(II), are the related organization | | | hedu | اle R? | ٠ | · . · . · . | ٠. | `. | 3b | | |
| 4 | Describe in Part XIII the intended uses of th | ne organization's er | ndowme | nt fu | nds | | | | | | | <u> </u> |
| Par | t VI Land, Buildings, and Equipme | ent. See Form 99 | 90, Pa | tΧ, | line 1 | LO. | | | _ | | | |
| | Description of property | | | | | r other stment) | (b) Cost or basis (oth | | (c) Accumula depreciatio | | (d) Bo | ook value |
| 1a | Land | | | Ĺ | | | | | | | | |
| b | Buildings | | | | | | | | | | | |
| c | Leasehold improvements | | | | | | 51 | 4,913 | 35 | 8,076 | | 156,837 |
| d | Equipment | | | | | | 53 | 7,966 | 44 | 0,970 | | 96,996 |
| _ | Other | | | | | | | 6,998 | 20 | 0.354 | | 36,747 |
| е | | | • | | | | 32 | 0,990 | 29 | 0,251 | | , |

| Investments—Other Securities. See | | |
|---|----------------|----------------------------------|
| (a) Description of security or category | (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 | | |
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| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | <u>-</u> | |
| | | 12 |
| Part VIII Investments—Program Related. Se | | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation |
| | | Cost or end-of-year market value |
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| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | | |
| Part IX Other Assets. See Form 990, Part X, III | ne 15. | |
| | • | (b) Book value |
| (a) Descrip | otion | |
| (a) Descrip | otion | |
| (a) Descriț | otion | |
| (a) Descri | otion | |
| (a) Descrip | otion | |
| (a) Descri | otion | |
| (a) Descri | otion | |
| (a) Description | otion | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 | 5.) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X | 5.) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 | 5.) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability | 5.) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X | 5.) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability | 5.) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability | 5.) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability | 5.) | |
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| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability | 5.) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability | 5.) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability | 5.) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes | 5.) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability | 5.) | |

| Part | XI Reconciliation of Revenue per Audited Financial Statements With Revenue p | er R | eturn |
|------|---|------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 1,629,638 |
| 2 | A mounts 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 2b 90,300 | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII) | | |
| e | Add lines 2a through 2d | 2e | 196,817 |
| 3 | Subtract line 2e from line 1 | 3 | 1,432,821 |
| 4 | A mounts 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) | | |
| c | Add lines 4a and 4b | 4c | 47,345 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 1,480,166 |
| Part | XII Reconciliation of Expenses per Audited Financial Statements With Expenses | per | Return |
| 1 | Total expenses and losses per audited financial statements | 1 | 1,397,576 |
| 2 | A mounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| С | Other losses | | |
| d | Other (Describe in Part XIII) | | |
| e | Add lines 2a through 2d | 2e | 197,353 |
| 3 | Subtract line 2e from line 1 | 3 | 1,200,223 |
| 4 | A mounts 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 | | |
| ь | Other (Describe in Part XIII) | 1 | |
| c | Add lines 4a and 4b | 4c | 47,881 |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 1,248,104 |

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

| Identifier | Return Reference | Explanation | | | | |
|---|------------------|---|--|--|--|--|
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 | PART X, LINE 2 | ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2012 AND 2011, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS | | | | |
| PART XI, LINE 2D - OTHER ADJUSTMENTS | | COST OF GOODS SOLD 106,517 | | | | |
| PART XI, LINE 4B - OTHER ADJUSTMENTS | | LOSS ON SALE OF ASSETS -536 INNKEEPERS TAX FOR DISTRIBUTION TO HOPE CHAMBER OF COMMERCE 47,881 | | | | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | | COST OF GOODS SOLD 106,517 LOSS ON SALE OF ASSETS 536 | | | | |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | | INNKEEPERS TAX DISTRIBUTED TO HOPE CHAMBER OF COMMERCE 47,881 | | | | |

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DLN: 93493192012073

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Inspect ion Employer identification number

| VISITORS CENTER INC | | | | | | 35-1918822 | |
|---|-----------------------|--|------------------------------|---|---|--|--|
| Part I General Inform | mation on Grants | and Assistance | | | | | |
| Does the organization mathematical the selection criteria use Describe in Part IV the organization | d to award the grants | or assistance? | | | | | ▼ Yes |
| Part II Grants and Ot | | Governments and recipient that receive | | | | | d "Yes" to |
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1) SCOTTISH FESTIVAL PO BOX 2573 COLUMBUS,IN 47202 | 35-2104345 | 501(C)3 | 6,181 | | | | TO SUPPORT THE SCOTTISH FESTIVAL |
| (2) HERITAGE FUND FOR THE COLUMBUS PARK FOUNDATION PO BOX 858 COLUMBUS,IN 47202 | 35-1343903 | 501(C)3 | 30,000 | | | | TO FURTHER THE TAX EXEMPT PURPOSE OF THE FOUNDATION |
| (3) HOPE CHAMBER OF COMMERCE PO BOX 131 HOPE,IN 47246 | 35-1989758 | 501(C)6 | 47,881 | | | | PASSTHROUGH OF INNKEEPERS TAX |
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| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of sec | tion 501(c)(3) and go | overnment organizations l | listed in the line 1 tabl | e | | • | 2 |

Enter total number of other organizations listed in the line 1 table

| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, | Part IV, line 22. |
|----------|---|-------------------|
| | Part III can be duplicated if additional space is needed. | |

| (a) Type | of grant or assistance | (b) Number of recipients | (c) A mount of cash grant | (d) A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|-----------------|------------------------|---------------------------------|-------------------------------------|--|--|---------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Part IV Supplemental Inform | ation. |
|-----------------------------|--------|
|-----------------------------|--------|

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

| | <u> </u> | | | |
|-------------------|------------------|---|--|--|
| Ident if ier | Return Reference | Explanation | | |
| PROCEDURE FOR | PART I, LINE 2 | SCHEDULE I, PART I, LINE 2 THE ORGANIZATION MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF | | |
| MONITORING GRANTS | | GRANTS THEY ALSO INSURE THAT THE CRITERIA IS MET | | |
| IN THE U S | | | | |

Schedule I (Form 990) 2012

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As Filed Data -

DLN: 93493192012073

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 to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

| Name | of the | organizatioi | n |
|---------|---------|--------------|---|
| VISITOF | RS CENT | TER INC | |

Employer identification number

35-1918822

| ldentifier | Return Reference | Explanation |
|---|--|---|
| | FORM 990, PART VI, SECTION B, LINE 11 | THE EXECUTIVE COMMITTEE, ALONG WITH THE EXECUTIVE DIRECTOR, REVIEW THE FORM 990 BEFORE IT IS FILED |
| | FORM 990, PART VI, SECTION B, LINE 12C | BOARD MEMBERS ARE ASKED TO UPDATE AND COMPLETE ANNUALLY |
| | FORM 990, PART VI, SECTION B, LINE 15 | THE EXECUTIVE COMMITTEE REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE ANNUALLY VIA A WRITTEN REVIEW THEY DETERMINE ANNUAL INCREASE THE BOARD APPROVES AVERAGE SALARY WAGE INCREASE PERCENTAGE FOR TOTAL STAFF THEN THE EXECUTIVE DIRECTOR DETERMINES AMOUNTS OF INCREASES FOR INDIVIDUAL STAFF MEMBERS, WITH TOTAL INCREASES AVERAGING THE PERCENT APPROVED BY THE BOARD |
| | FORM 990, PART VI, SECTION C, LINE 19 | THESE DOCUMENTS ARE PROVIDED TO THE BOARD AND MADE AVAILABLE TO THE PUBLIC ON REQUEST |
| REVIEW OF FORM 990 PRIOR TO FILING | FORM 990, PART XII, LINE 2C | THERE WAS NO CHANGE IN THE CURRENT YEAR IN THE PROCESS OF REVIEWING THE 990 PRIOR TO FILING |