(Rev January 2020)

Return of Organization Exempt From Income Tax OMB No. 1545

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. Open to Public Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information.

A	For the	2019 calen	dar year, or tax year beginning ${ m Jul} \ 1$, 2019, and ending	ປັນ	n 30	, 20 20				
В	Check if	fapplicable	C Name of organization Pocahontas County Tourism Commissi	on	D Empl	oyer identification number				
	Address	change	Doing business as Pocahontas County Convention & Visitor	rs Center	55-0	678800				
\Box	Name c	hange			E Telep	hone number				
\Box	Initial re	turn		(304	799-4636					
ñ		urn/terminated	P.O. Box 275 City or town, state or province, country, and ZIP or foreign postal code							
Ħ		ed return	Marlinton, WV 24954		G Gross	receipts \$ 869,304.				
님		tion pending	F Name and address of principal officer			or subordinates? Yes No				
ب	прриса	non penang	George Murphy, 51 Back Draft Road, Green Bank, WV 2494							
	Tax-exe	mpt status.	□ 501(c)(3) 🔀 501(c)(6) ◀ (insert no) □ 4947(a)(1) or □ \$\$\frac{1}{2}\$\$\frac{1}{2	_		st. (see instructions)				
<u>-</u> -			ocahontascountywy.com	H(c) Group ex		·				
<u>-</u> -			Corporation ☐ Trust ☐ Association ☐ Other ►			of legal domicile WV				
	art I	Summa		1907	M State	or legal domicile wv				
										
202	1		cribe the organization's mission or most significant activities: Promot	e tourism	, co	nferences,				
AY 0 4 2 3 overnance	1	convent	ions, and special events in Pocahontas County							
0 E	1_									
>- \$	2		box ► ☐ If the organization discontinued its operations or disposed of		1	its net assets.				
MAY & Gov	1		voting members of the governing body (Part VI, line 1a)		3	12				
_ &	4		independent voting members of the governing body (Part VI, line 1b)		4	12				
H	5		per of individuals employed in calendar year 2019 (Part V, line 2a) .		5	10				
茎纹	6		per of volunteers (estimate if necessary)		6	12				
₹₹	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12		7a	0.				
೭_	b	Net unrelat	ted business taxable income from Form 990-T, line 39	<u> </u>	7b	0.				
SCANNED Activities	1			Prior Year		Current Year				
	IΩ	Contribution	ons and grants (Part VIII, line 1h)			10,000.				
Revenue	9	Program s	ervice revenue (Part VIII, line 2g)	1,011,	378.	858,966.				
eve	10	Investment	t income (Part VIII, column (A), lines 3, 4, and 7d)		337.	_ 338.				
α.	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,011,	715.	869,304.				
	13	Grants and	I similar amounts paid (Part IX, column (A), lines 1-3)	64,		57,211.				
	14		aid to or for members (Part IX, column (A), line 4)							
v	15	-	her compensation, employee benefits (Part IX, column (A), lines 5-10)	301,	720.	248,223.				
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)							
þe	ь		raising expenses (Part IX, column (D), line 25)			-				
ŭ	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	495,	120.	542,223.				
	18		nses. Add lines 13-17 (must equal Part IX, con to	861,	$\overline{}$	847,657.				
	19		ess expenses. Subtract line 18 from line 12	150,		21,647.				
- 2			1261 HAV 6.4 2024 10 11B	eginning of Curre		End of Year				
ets	20	Total asset	ts (Part X, line 16)	715,		717,578.				
Assets or	21		ties (Part X, line 26)	24,		5,021.				
Net A	22	Net assets	or fund balances. Subtract line 21 from line OGDEN, UT	690,		712,557.				
	art II	Signatu	re Block		7101	7127007.				
			I declare that I have examined this return, including accompanying schedules and statem	ents and to the l	nest of r	ny knowledge and belief it is				
			e Declaration of preparer (other than officer) is based on all information of which preparer			ny kilomoago ana sonon kilo				
_		1	antose		<u> </u>	M 2021				
Si	gn	Signati	re of officer	l Date	Wy I	U, avail				
	ere	'								
110	<i>.</i> 10		a Rose, Eexcutive Director	 ;						
_				<u></u>		PTIN \				
Pa	aid	1 "	chan D. Rica		Check self-emp	의 "၂				
Pr	epare	; r				1 1200303210				
U	se On	ly Firm's nar				55-0769134				
		Firm's add	dress ► PO BOX 269, UNION, WV 24983	Phone	no (3	04)772-4406				
_	<u> </u>		this return with the preparer shown above? (see instructions)	<u> </u>	<u>···</u>	. ⊠Yes □No				
E-1	- Dance	and Dadad	ion Act Notice see the separate instructions DAA PEV	06/02/20 PRO		Form QQ () (2010)				



di l	Checklist of nequired schedules			
, 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
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		×
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 "Yes," complete Schedule C, Part II</i>	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		×
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	_	×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	×	, <u></u>
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		×
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		×
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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
	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		×
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_^ ×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		_ <u>``</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
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		×
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		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	×	L

Part	Checklist of Required Schedules (Continued)			
•			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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		×
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			
L	through 24d and complete Schedule K. If "No," go to line 25a	24a	├—	×
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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		×
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		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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		
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		×
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	×	
Part				
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-i		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

, all L	Statements Regarding Other INS Filings and Tax Compliance (continued)			
•			Yes	No
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 2a 10			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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)?	10		v
b	If "Yes," enter the name of the foreign country	4a		×
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	i i		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Vu	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
ь	and services provided to the payor?	7a 7b		X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	 "		
Ŭ	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g_		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	- <u>-</u> -		<u> </u>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring 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	•		
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	İ	ļ	
11	Section 501(c)(12) organizations. Enter:		İ	
	Gross income from members or shareholders	[i	1
ь	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		_
L	Note: See the instructions for additional information the organization must report on Schedule O.			
Ь	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		ĺ	
С	Enter the amount of reserves on hand		1	ٔ .
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
-	excess parachute payment(s) during the year?	15	1	
	If "Yes," see instructions and file Form 4720, Schedule N.			'
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule 0. Check if Schedule 0 contains a response or note to any line in this Part VI	See in	nstruc	tions.
Secti	on 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 12	1		
	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 on Schedule O.	1	•	
b	Enter the number of voting members included on line 1a, above, who are independent . 12	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	_	ode)	
0001	on bit dides (This decitor b requests information about policies not required by the internal never	ue Cl	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		ئـــــ	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
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	×	
ь	Other officers or key employees of the organization	15b	×	
•	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	IVA		×
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	١. ١		1
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-			
	(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 on Schedule O)	(000		/O 1(O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	finter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	corde	•	
	Linda Adams, Office Manager, 301 Eighth Street, Marlinton, WV 24954 (304)7			

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, 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		- <u> 9</u>		(C)					
(A) Name and title	(B) Average hours per week	box,	unles er an	neck ss pe d a c	morerson direct	e than is both tor/trus	n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) George Murphy	5.00									
President		<u> </u>	-	×		<u> </u>	<u> </u>	0.	0.	0.
(2) Connie Carr Secretary	5.00			×				0.	0.	0.
(3) Erica Engguist Treasurer	5.00			×				0.	0.	0.
(4) Mary Snyder Vice President	2.00			×				0.	0.	0.
(5) Jessie Groseclose _ Director	2.00	×						0.	0.	0.
(6) Sarah Guyette Director	2.00	×						0.	0.	0.
(7)Gil Willis Director	2.00	×						0.	0.	0.
(8) Bill Jordan Director	2.00	×						0.	0.	0.
(9) Tom Bryant Director	2.00	×						0.	0.	0.
(10) Paula Zorn Director	2.00	×						0.	0.	0.
(11) Marshall Markely Director	2.00	×						0.	0.	0.
(12) Delsie Swearingen Director	2.00	×						0.	0.	0.
(13) Cara Rose Exec. Director	45.00				×			60,890.	0.	0.
(14)								,		

Par	VII Section A. Officers, Directors, 1	Γrustees,	Key I	Em	<u>plo</u>	yee	s, an	d F	lighest Compe	ensated E	mplo	yees (cont	inued
•	(A) Name and title	(B) Average hours per week (list any	box,	(do not check more the box, unless person is to officer and a director/to program of the property of the prope			is both or/trus	ı an	(D) Reportable compensation from the organization	(E) Reportab compensa from relat organizatio	able sation lated ations	(F) Estimated ai of othe compensa from th	er ation ie
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)	(W-2/1099-	MISC)	organizatioi related organi	
(15)													
(16)			<u> </u>			_							
(17)			ļ —						ļ. -				
(18)													
(19)											·		
(20)								_					
(21)										-			
(22)													
(23)													
(24)													
(25)													
1b c	Subtotal	VII, Section		•				A	60,890.		0.		0.
d 2	Total (add lines 1b and 1c)	t not limited						e) w	60,890. ho received more	e than \$10	0,000	of	0.
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	officer, dire						•	oyee, or highes	st comper	sated	Yes	No ×
4	For any individual listed on line 1a, is the organization and related organizations individual												×
5	Did any person listed on line 1a receive of for services rendered to the organization?									tion or indi		5	×
	on B. Independent Contractors											h \$100.6	200 -4
1	Complete this table for your five high compensation from the organization. Repo												
	(A) Name and business add	ress							(B) Description of serv	rices		(C) Compensation	
	Total number of independent posture.			• =				11	and hotel star	a) who			
2	Total number of independent contractor received more than \$100,000 of compensations.) (n	ose listed above	e) wno		k .	

Part VIII	Statement	of Revenue
-----------	-----------	------------

		Check if Schedule O contains a response or note to	any line in this Pa	art VIII		· · <u>· · </u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
s s	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b	7			į
اع کی	С	Fundraising events 1c	7			
r A	d	Related organizations 1d	7			
ا≣ٍ يَ	е	Government grants (contributions) 1e				
Sir	f	All other contributions, gifts, grants,]
e tio		and similar amounts not included above 1f 10,000				
들된	g	Noncash contributions included in				
털	-	lines 1a-1f 1g \$				<u> </u>
ق_ٽ اھ_ٽ	h	Total. Add lines 1a–1f	10,000.			
		Business Code				
<u>8</u>	2a	Hotel/motel taxes 900099	857,931.	857,931.	0.	0.
Program Service Revenue	b	Map sales 900099	1,035.	1,035.	0.	0.
gram Ser Revenue	C					
ev	d					
9	е					
ا تة	f	All other program service revenue				
	<u>g</u>	Total. Add lines 2a–2f ▶	858,966.			
	3	Investment income (including dividends, interest, and				
		other similar amounts)		0.	0.	338.
	4	Income from investment of tax-exempt bond proceeds ▶	•			
	5	Royalties	·			
Ì		(i) Real (ii) Personal		1]
	6a	Gross rents 6a	_			
	ь	Less: rental expenses 6b				
	C	Rental income or (loss) 6c				
	d	Net rental income or (loss)	<u> </u>			
	7a	Gross amount from (i) Securities (ii) Other				1
		sales of assets		t l		
_		other than inventory 7a	_			
Revenue	b	Less cost or other basis				
Ş	_	and sales expenses . 7b	_	1		1
8	c	Gain or (loss) [7c]				
ē	d	Net gain or (loss)	<u> </u>			
Other	8a	Gross income from fundraising events (not including \$				
		of contributions reported on line				
		1c). See Part IV, line 18 8a				
	b	Less: direct expenses 8b				
	c	Net income or (loss) from fundraising events			·	·
	9a	Gross income from gaming	 			
		activities. See Part IV, line 19 . 9a				
	b	Less: direct expenses 9b				
}	С	Net income or (loss) from gaming activities	-			
	10a					
		returns and allowances 10a		[]		i
	b	Less: cost of goods sold 10b	\neg	, !		l l
	С	Net income or (loss) from sales of inventory	·			
SI		Business Code				
او چ	11a					
Miscellaneous Revenue	b					
<u>≅ ≅</u>	C					
<u>iš</u> æ	d	All other revenue				
	е	Total. Add lines 11a-11d	•			
	12	Total revenue. See instructions	869,304.	858,966.	0.	338.

	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must comp			must complete colum	nn (A).
	Check if Schedule O contains a response	or note to any line	in this Part IX .		🗆
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	57.011	57.011		
•	-	57,211.	57,211.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	60,890.	30,445.	30,445.	0.
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	120,988.	104,955.	16,033.	. 0.
8	Pension plan accruals and contributions (include		, , , , , ,		
	section 401(k) and 403(b) employer contributions)	3,435.	3,435.	0.	0.
9	Other employee benefits	37,719.	27,202.	10,517.	0.
10	Payroll taxes	25,191.	18,754.	6,437.	0.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.) .		<u>_</u>		
12	Advertising and promotion	434,815.	434,815.	0.	0.
13	Office expenses	24,598.	17,219.	7,379.	0.
14	Information technology				
15	Royalties	27 422	20 575	6.050	
16	Occupancy	27,433. 14,170.	20,575. 12,753.	6,858. 1,417.	0.
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	14,170.	12,753.	1,417.	0.
19	Conferences, conventions, and meetings .	2,774.	2,358.	416.	0.
20	Interest		2,330.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,473.	3,473.	0.	0.
23	Insurance	2,449.	919.	1,530.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column		•		
	(A) amount, list line 24e expenses on Schedule O.)				
а		3,908.	3,908.	0.	0.
b	Dues & subscriptions Education program	19,098.	19,098.	0.	0.
C	Postage	9,505.	8,554.	951.	0.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	847,657.	765,674.	81,983.	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)				

Part X^{*} Balance Sheet

	,,_	Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	394,914.	1	427,748.
	2	Savings and temporary cash investments	150,000.	2	150,377.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	59,422.	4	26,279.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ທ	7	Notes and loans receivable, net		7	
šet	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 154, 437.		9	,
	ь	Less: accumulated depreciation	111,224.	10c	113,174.
	11	Investments—publicly traded securities	111,224.	11	113,174.
	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 33)	715,560.	16	717,578.
_	17	Accounts payable and accrued expenses	24,650.	17	5,021.
	18	Grants payable	21,000.	18	3,021.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
<u>.</u>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			·
	25	parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	24,650.	26	5,021.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.	21,000.		0,021.
<u>ā</u>	27	Net assets without donor restrictions	590,910.	27	612,557.
ĕ	28	Net assets with donor restrictions	100,000.	28	100,000.
Fund		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
j	32	Total net assets or fund balances	690,910.	32	712,557.
ž	33_	Total liabilities and net assets/fund balances	715,560.	33	717,578.

_	4	•
Page	ı	4

Part	XI Reconciliation of Net Assets	
·	Check if Schedule O contains a response or note to any line in this Part XI	<u></u> 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	869,304.
2	Total expenses (must equal Part IX, column (A), line 25)	847,657.
3	Revenue less expenses. Subtract line 2 from line 1	21,647.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	690,910.
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	
	32, column (B))	712,557.
Part	XII Financial Statements and Reporting	
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>
	4 " " " " " " " " " " " " " " " " " " "	Yes No
1	Accounting method used to prepare the Form 990. Cash Accrual Other	_ ^ ^ ^
	If the organization changed its method of accounting from a prior year or checked "Other," explain i Schedule O.	n - ,-
0-		2a ×
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:) ^r • • •
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	
b	Were the organization's financial statements audited by an independent accountant?	2b ×
~	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	
	separate basis, consolidated basis, or both.	
	⊠ Separate basis □ Consolidated basis □ Both consolidated and separate basis	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	
•	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c ×
	If the organization changed either its oversight process or selection process during the tax year, explain o	n
	Schedule O.	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	e
-	Single Audit Act and OMB Circular A-133?	3a ×
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	e T
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	3b
	REV 06/02/20 PRO	Form 990 (2019)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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Inspection

Name	of the organization		Employer identification number
Poc	ahontas County Tourism Commission		55-0678800
Pai		sed Funds or Other Similar Fu	unds or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line	6
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, are only for charitable purposes and not for the benefit conferring impermissible private benefit?	t of the donor or donor advisor, or	r for any other purpose
Par	t II Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line	7.
1	Purpose(s) of conservation easements held by the c		
	Preservation of land for public use (for example, recre	ation or education) Preservatio	n of a historically important land area
	☐ Protection of natural habitat	☐ Preservatio	n of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribu	ition in the form of a conservation
	easement on the last day of the tax year.	·	Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified hi		
d	Number of conservation easements included in (historic structure listed in the National Register .		
3	Number of conservation easements modified, transtax year ►	ferred, released, extinguished, or t	terminated by the organization during the
4	Number of states where property subject to conserve	vation easement is located ▶	
5	Does the organization have a written policy regional violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforce	cing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting ▶\$	g, handling of violations, and enforci	ng conservation easements during the year
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?		Yes 🗌 No
9	In Part XIII, describe how the organization reports or balance sheet, and include, if applicable, the text of organization's accounting for conservation easemen	the footnote to the organization's this.	financial statements that describes the
Par	Organizations Maintaining Collections Complete if the organization answered "		
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote t	held for public exhibition, educati	ion, or research in furtherance of public
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item (i) Revenue included on Form 990. Part VIII. line 1	for public exhibition, education, or is:	research in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, following amounts required to be reported under FA	historical treasures, or other simil	lar assets for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X		> \$

Page	2

Part	Organizations Maintaining	Collections of A	Art, Historica	l Treasures,	<u>, or Other Similar /</u>	Assets (continued)
3	Using the organization's acquisition, collection items (check all that apply):			•	•	e significant use of its
а	☐ Public exhibition		d 🗌 Lo	an or exchang	e program	
þ	☐ Scholarly research		e 🗌 Otl	ner		
C	☐ Preservation for future generations	;				
4	Provide a description of the organiza XIII.	tion's collections a	ınd explain hov	v they further	the organization's ex	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta				
Part	IV Escrow and Custodial Arra					
	Complete if the organization 990, Part X, line 21.	answered "Yes"	on Form 990), Part IV, line	e 9, or reported an a	amount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?				ions or other assets	not .
b	If "Yes," explain the arrangement in P	art XIII and comple	te the following	g table:	<u> </u>	A
					 	Amount
C	Beginning balance				1c	
d	Additions during the year				1d	
e	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount if "Yes," overlain the agreement in D					•
b Par	If "Yes," explain the arrangement in P Endowment Funds.	art XIII. Check nere	e ir the explana	tion has been	provided on Part XIII	· · · · <u> </u>
F all	Complete if the organization	answered "Ves"	on Form 990) Part IV line	10	
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two year		ack (e) Four years back
1a	Beginning of year balance	(a) Correin year	(b) i noi year	(c) Two year	3 back (b) Times years b	den (e) i dai years back
b	Contributions			- 		
	Net investment earnings, gains, and					
С	losses					
d	Grants or scholarships					
	Other expenditures for facilities and					
e	programs					
f	Administrative expenses				<u> </u>	
g	End of year balance					
2	Provide the estimated percentage of t			1g, column (a))) held as:	
а	Board designated or quasi-endowmer	nt P	_. %			
þ	Permanent endowment ►	%				
C	Term endowment ▶%					
	The percentages on lines 2a, 2b, and	·				
3a	Are there endowment funds not in the	e possession of the	e organization	that are held a	and administered for	
	organization by					Yes No
	(i) Unrelated organizations					. 3a(i)
	(.,,					. 3a(ii)
b	If "Yes" on line 3a(ii), are the related o	•	•			. 3b
4	Describe in Part XIII the intended uses		n's endowmen	t funds.		
Part			F 000	Down IV lima	11a Osa Farra 00	O David V. Brand 10
	Complete if the organization	· ·				
	Description of property	(a) Cost or oth (investme	ent)	st or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		3,278.			18,278.
b	Buildings	. 109	9,988.		22,683.	87,305.
C	Leasehold improvements	·				
d	Equipment	. 26	5,171.		18,580.	7,591.
e_	Other	·				·
Total.	Add lines 1a through 1e. (Column (d) n	าust equal Form 99	iu, Part X, colu	mn (B), line 10	'c.) ▶	113,174.

Rart VII'	Investments—Other Securities.		
<u> </u>	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial			
	neld equity interests		
(3) Other			
(A)			
	•		
			<u> </u>
(F) (G)			
(H)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" on For	m 990. Part IV. line	e 11c. See Form 990. Part X. line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)		-	
(4)			· · · · · · · · · · · · · · · · · · ·
(5)			
(6)			· · ·
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 13) . ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)		· · · · · · · · · · · · · · · · · · ·	
(3)			
(4)			
(5)			
(6) (7)		- · · ·	
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.) . Other Liabilities.		•
	Complete if the organization answered "Yes" on Forline 25.	m 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability		(b) Book value
(1) Federal in			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footnotes	ote to the organization	's financial statements that reports the
organization's	s liability for uncertain tax positions under FASB ASC 740. Check	here if the text of the	footnote has been provided in Part XIII . 🔲

Page	4

Part		•	er Return.	
•	Complete if the organization answered "Yes" on Form 99			_
1	Total revenue, gains, and other support per audited financial statemer	nts	· 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants		 	
d	Other (Describe in Part XIII.)			
е	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 .			
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b			_
5 Dow	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, I			_
Part	XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 99		per neturn.	
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		. 1	_
	Donated services and use of facilities	. 2a		
a b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	_
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,			
Part :	XIII Supplemental Information.			
Provid	e 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, lin	е
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	art to provide any additiona	ıl ınformation.	
 .				
			•••••	
			••••••	-

Schedulø D (For		Page 5
Part XIII	Supplemental Information (continued)	
•		
••••••	•••••••••••••••••••••••••••••••••••••••	
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SCHEDULE 1 (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

▶ Attach to Form 990.

2019	Open to Pub Inspection

OMB No. 1545-0947

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number 55-0678800

ē	Soft assistance	lures for monitoring the use of grant funds in the United States.	Zit II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990.
Does the organization maintain records to substantiate the amount	the selection criteria used to award the grants of assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	art II Grants and Other Assistance to Domestic Organiza

General Information on Grants and Assistance

Partl

Pocahontas County Tourism Commission

Department of the Treasury Internal Revenue Service Name of the organization

3 -	Part IV, line 21, for an	y recipient that	received more th	an \$5,000. Part I	I can be duplica	ted if additional s	pace is needed.	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
-	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- cash assistance (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) S. P. O.	(1) Snowshoe Resort P.O. Box 10 Snowshoe WV 26209	55-0745486		30,004.	0.	0	0	Marketing for various events
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n	Enter total number of other organizations listed in the line 1 table	organizations listed	In the line 1 table					

Schedule I (Form 990) (2019)

REV 06/02/20 PRO

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

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Schedule I (Form 990) (2019)

Part

Schedule I (Form 990) (2019) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant REV 06/02/20 PRO (b) Number of recipients (a) Type of grant or assistance ₽¥ N ß က 4 9

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2019

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Inspection Name of the organization Employer identification number Pocahontas County Tourism Commission 55-0678800 Pt VI, Line 11b: Form 990 is reviewed by Exec. Director and Office Manager prior to filing. Pt VI, Line 12c: BOD signs conflict of interst policy through the accredidation process. Pt VI, Line 15a: Executive committee oversees Exec. Director compensation. Pt VI, Line 15b: Executive committee oversees other officer & key employee compensation.