

As Difficult as Possible: The National Park Service's Implementation Of Government Shutdown

Lisa Simon, NTA President October 16, 2013



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Joint Hearing of House Committees on Oversight & Government Reform and Natural Resources

"As Difficult As Possible: The National Park Service's Implementation of the Government Shutdown"

Full Testimonial Statement

Lisa Simon, President
National Tour Association (NTA)
Lexington, Kentucky

October 16, 2013, 9:30 a.m.

Thank you Chairmen Issa and Hastings, Ranking Members Cummings and DeFazio, and Committee Members for the opportunity to testify on behalf of National Tour Association members related to the shutdown of the National Park Service.

The National Tour Association is a nonprofit trade association representing the packaged travel industry, and membership includes 700 tour operators who package and sell travel and tours to, from and within North America. They move about 10 million travelers annually and represent \$6 billion in annual sales. Our members bring visitors to every jurisdiction in the United States, including every state and U.S. territory represented on these two committees.

We have about 3,000 members in total, the balance of which are suppliers of travel components (hotels, attractions, restaurants, retail, and transportation companies) and destination organizations (national, state and city tourism boards and convention and visitors bureaus).

While NTA is an international organization with members in 44 countries, the majority of our members are in the U.S. Additionally, 74 percent of our tour operators work domestically and 36 percent serve international visitors to the U.S. They serve both groups and individuals and travelers of all age groups, from students to seniors and various special interest and ethnic markets. Finally, the majority of our members are small businesses.

Tour operators and their customers plan their trips between six and 18 months in advance, so an abrupt shutdown of 401 national park units – some of the most attractive destinations to visit throughout the country – cannot come without significant

disruptions and costs. Beginning October 1, tour operators and their supplier partners have been scrambling to reroute itineraries and find alternative destinations and activities on a daily basis. And given the uncertainty of when the shutdown will end, they continue to redesign future tours.

NTA has had a long-standing relationship with the National Park Service, given its importance to the American tour product. In fact, NPS recognizes the planning cycle and needs of the packaged travel industry and for more than two decades has committed to providing NTA and tour operators at least 18-months advance notice to fee increases.

In the case of this comprehensive shutdown, neither NTA nor its tour operator members were advised about what park units would be closed during the shutdown. Upon closure, it was difficult to locate information on what was closed, including roads through and around federal lands. In many cases, our members and their customers discovered closures upon arrival or had to send a colleague to the site in advance. Our association and members incorrectly speculated that some of the units would remain open, particularly those that had no limited hours, no admission desk, no security checkpoint, and generally speaking, no specific point of entry.

As a result, our tour operators have spent the last two weeks constantly dealing with myriad challenges. This inventory of issues includes refunds demanded by customers, cancelled departures, alternative activity selection and bookings, displacement from national park-based hotels and restaurants and postponed trips. Businesses have had to handle requests relating to all of these matters around the clock.

Many groups and individuals purchased their tours based on the National Parks. From one of our tour operator members in Utah:

"We are experiencing mass cancellations. It's been tough as we've decided to run the tours and substitute attractions and reroute some of the itineraries. It's still a beautiful time of year to see the 'Canyonlands' area regardless of getting in the National Parks. And we really wanted to support our suppliers and their communities, who also must be hit hard with financial obligations in this shutdown. However, our customers booked a "National Parks Tour of the West" —and they're closed." (Michele Michalewicz, Western Leisure)

NTA surveyed its members about the shutdown, and 82 percent reported an impact from the shutdown; 85 percent reported rerouting and changes to itineraries. Another 46 percent reported cancellations, and 57 percent reported refunding fees and deposits. Some of our members are the suppliers and destinations that are dependent on the national parks in their areas, and they experienced an immediate decline in business: 91

percent reported cancelled or postponed tours, and 56 percent were already seeing fewer visitors in their areas.

Here are some excerpts from the survey:

"We laid off employees and closed for the year a month early."

"These (international) visitors will return to China, Japan, Korea, France, Italy, Germany, and the UK with bad feelings towards U.S. tourism and towards our tour operators and bus companies for not accommodating them (at our national parks)."

"Our business as a tour operator revolves around national parks, sites, etc. Not having access to these items has crippled us."

"We are dying."

"This shutdown has made it very difficult for us to operate tours. We could easily lose present or future clients."

In addition to the immediate losses, the shutdown will have lasting effects on both the U.S. travel industry and international visitation. The closure of the national parks is a big part of the reason that countries such as the United Kingdom, Germany, and Australia have issued travel warnings about travel to the United States. The U.S. Travel Association estimates that we are losing \$152 million daily.

And then there's the China market. NTA plays a role in facilitating the Memorandum of Understanding signed in 2007 between the United States and China by the U.S. Department of Commerce and the China National Tourism Administration, because we volunteered to certify inbound receptive tour operators handling group leisure visitors from China. I offer this information to help establish a frame of reference for my testimony and following comments.

The beginning of October was "Golden Week" in China, which is a major vacation week, and the U.S. is a major "dream" destination for the Chinese. NTA tour operators serving this rapidly growing inbound market have reported disappointed and angry Chinese customers who were unable to visit the national parks during their once-in-a-lifetime trip to the U.S. Many of these inbound China operators were not familiar with what parks and attractions were federal versus state and local, and thus had an even greater challenge finding information about their planned tours.

We recognize that it's impossible to predict whether or not there will be an actual government shutdown, as negotiations can go into the final moments as they did in this case. However, we recommend that there be a communications plan that pushes out

information to the travel trade and the public. NTA would be happy to serve as a conduit for such information to ensure that tour operators and visitors within and to the U.S. receive timely and accurate information.

This is a summary of the issues facing the tour operator community, the travel sector of our economy and our customers, both domestic and international, as a result of the closure of the national parks system with no specific notice, which resulted in some unanticipated decisions at open-air sites. Thank you for allowing me to testify today, and we appreciate the committees' efforts in understanding the needs of the travel and tourism industry and the millions of travelers that visit the National Parks each year. I look forward to your questions.



Lisa Simon, CTP President

Lisa Simon, CTP, is the president of NTA, the premier travel and tourism association in North America. NTA has a global membership of 3,000 tourism professionals involved in the growth and development of the packaged travel industry. NTA tour operators package group and independent travel to, from and within North America.

Simon began her tenure with NTA in 1985 and served as its senior vice president from 1998 to 2004. She has managed NTA's education, certification and marketing activities, as well as serving as the director of the National Tourism Foundation (now Tourism Cares). Prior to her position as NTA's president, Simon was the executive director of the International Coach Federation, a professional association for business and life coaches.

Simon's expertise is in organizational change and strategic planning. With more than 25 years' experience in association management, her facilitation skills and analytical abilities have proven effective in leadership development, strategic planning, organizational structure and change management.

She has spoken on global and domestic travel—and tourism marketing and trends—throughout the United States, and on the North American market in Canada, China, Egypt, India, Italy, Jordan, Mexico, Scotland, Senegal, Spain, Tanzania and the UK.

Simon serves on the boards of the Caribbean Tourism Organization and Tourism Cares; and she is a member of the American Society of Association Executives. She previously served on the board of the U.S. Travel Association and the Association for Coach Training Organizations. She received the Certified Tour Professional designation from NTA.

Committee on Oversight and Government Reform Witness Disclosure Requirement - "Truth in Testimony" Required by House Rule XI, Clause 2(g)(5)

Name: Lisa Simon
I. Please list any federal grants or contracts (including subgrants or subcontracts) you have received since October I, 20 I 0. Include the source and amount of each grant or contract.
N/A
2. Please list any entity.you are testifying on behalf of and briefly describe your relationship with these entities.
I am testifying on behalf of the National Tour Association, Inc. and its members which include tour operators, suppliers of travel components (hotels, attractions, transportation companies, restaurants, retail, etc.) and destinations (national, state and local tourism entities and convention and visitors bureaus). I serve as the NTA President, which is the chief staff officer of the 501(c)(6) trade association.
3. Please list any federal grants or contracts (including subgrants or subcontracts) received since October 1, 2010, by the entity(ies) you listed above. Include the source and amount of each grant or contract.
N/A
I certify that the above information is true and correct.

Signature:

Date: 10/14/13

COMMITTEE ON NATURAL RESOURCES

1324 Longworth House Office Building Washington, D.C. 20515 (202) 225-2761

113th CONGRESS DISCLOSURE FORM

As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Joint Oversight Hearing with the Committee on Oversight and Government Reform on "As Difficult As Possible: The National Park Service's Implementation of the Government Shutdown",

For Individuals:									
1. Name:									
2. Address:									
3. Email Address:									
4. Phone Number:									
* * * *									
For Witnesses Representing Organizations:									
I. Name: Lisa Simon									
 Name of Organization(s) You are Representing at the Hearing: National Tour Association, Inc. 									
3. Business Address: 101 Prosperous Place, Suite 350, Lexington, KY 40509									
4. Business Email Address: lisa.simon@ntastaff.com									
5. Business Phone Number: 859-264-6552									

All Witnesses								
Name/Organization LISA SIMON / National Tour Association Title/Date of Hearing "As Difficult as Possible: NPS's Implementation of Govt. Shatdown." 10/10/13 a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.								
N/A								
b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.								
N/A								
c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing. I am the president of the National Tour Association, a 501(c)(6) trade association representing tour operators packaging travel to the National Parks, monuments and memorials and other federal lands, as well as suppliers of travel components and destinations, including those communities with federal lands closed by the government shutdown.								

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

N/A

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

N/A

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

N/A

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Witnesses Representing Organizations

Name/Organization Lisa Somon Mational Tour Association
Title/Date of Hearing " As Difficult as Possible: MBG to of emerchation
of Govt. Shutdown 10/16/13
h. Any offices, elected positions, or representational capacity held in the organization(s) on whose
behalf you are testifying.

Employed as president by the National Tour Association, Inc.

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

N/A

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against or with the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

N/A

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

N/A

1. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Attached.

OMB No. 1645-1878 IRS e-file Signature Authorization Form 8879-EO for an Exempt Organization For calendar year 2009, or fiscal year beginning ________, 2009, and ending ______ Do not send to the IRS. Keep for your records. Department of the Treasury See instructions. Internal Revenue Service Employer Identification number Name of exempt organization NATIONAL TOUR ASSOCIATION, INC. 31-1049903 Name and title of officer LISA SIMON PRESIDENT Part Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return, if you check the box on line 1a, 2a, 3a, 4a, or lia, below, and the amount on that line for the return for which you are filling this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter 0.). But, if you entered 0. on the return, then enter 0. on the applicable line below. Do not complete more than 1 line in Part I. ta Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b _____ 2a Form 990-EZ oheck here b Total revenue, if any (Form 990-EZ, line 9) ______ 2b _____ 3a Form 1120-POL check here b Tax based on Investment income (Form 990-PF, Part VI, Ilne 5) 4b 4a Form 990-PF check here 5a Form 8868 check here 🕨 🔲 **Declaration and Signature Authorization of Officer** Part II Under penalties of periory, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to Initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X lauthorize MOUNTJOY CHILTON MEDLEY LLP 49903 Enter five numbers, but ERO litm name do not enter all zeros as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agencyfles) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have Officer's signature 🕨 · Certification and Authentication 61481107770 ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) information for Authorized IRS e-file Providers for Business Returns, ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

Form **8879-EO** (2009)

47310 1

Form **990**

Depailment of the Treasury Internal Revenue Sorvice

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)

OMB No. 1645-0047

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

A	For t	he 2009 calendar year, or tex year beginning and endin	g	
В	Check applica	if Please Use IRS C Name of organization	D Employer identifi	cation number
	Aod oha Nam oha	ress lebel of MATIONAL TOUR ASSOCIATION, INC.	31-1	049903
F	initia Linitia Linitia	Doing Business As See Number and street (or P.O. box if mail is not delivered to street address) Room/	sulte E Telephone numbe	,,,,,,
	Tem ated	Pin- Specific 546 EAST MAIN STREET	(859) 226-4219
Ļ	re(vi	City or town, state or country, and ZIP + 4	G Gross receipts \$	4,643,195.
L	qqA nou		H(8) is this a group re	eturn
	(-411)	E Name and address of buncibal offices: TTPH PTMON	for affillates?	Yes X No
_		SAME AS C ABOVE	H(b) Are all affiliates inc	
		xempt status: X 501(c) (6) ◀ (Insert no.) ☐ 4947(a)(1) or ☐ 527		list. (see instructions)
*******		ite: ► N/A	H(c) Group exemptio	
K	form o	Summary	Year of formation: 1951 A	
	1	Briefly describe the organization's mission or most significant activities: TO ADVAL	ICE THE INTERE	STS OF NTA
ĕ		MEMBERS AND THE PACKAGED TRAVEL INDUSTRY		
Ē	2	Check this box If the organization discontinued its operations or disposed of	more than 25% of its net as	seis.
8	3	Number of yoting members of the governing body (Part VI, line 1a)		17
Ø SV	4	Number of independent voting members of the governing body (Part Vi, line 1b)		17
ĸ	5	Total number of employees (Part V, Ilne 2a)		0
ŧ	6	Total number of volunteers (estimate if necessary)		407
Activities & Governance	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
စ္	8	Contributions and grants (Part VIII, line 1h)	1,097,353.	1,070,877.
Revenue	9	Program service revenue (Part VIII, line 2g)	3,759,296.	3,177,317.
Š	10	Investment Income (Part VIII, column (A), lines 3, 4, and 7d)	21,712.	8,562.
11.	11	Other revenue (Part Vill, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	366,897.	386,439.
	12	Total revenue • add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,245,258.	4,643,195.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		***************************************
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses		Professional fundralsing fees (Part IX, column (A), line 11e)		
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)		
ITI		Other expenses (Part IX, column (A), ilnes 11e-11d, 11f-24f)	4,980,827.	4,604,148.
	18	Total expanses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,980,827.	4,604,148.
र क	19	Revenue less expenses, Subtract line 18 from line 12	264,431.	39,047.
95			Beginning of Current Year	End of Year
Net Assets Fund Balan		Total assets (Part X, line 16)	3,328,715.	3,367,307.
장		Total flabilities (Part X, line 28)	1,628,974.	1,628,519.
湿		Net assets or fund balances. Subtract line 21 from line 20	1,699,741.	1,738,788.
		Signature Block	nto and to the best of aut broadeds	a god halles fit to take Advanced
		Under penelties of perjury, I declare that I have examined this return, including accompanying schedules and statement and complete. Declaration of which preparer (other han officer) is based on all information of which preparer has any knowle	eq8e: ura: err: co mo naaz és sult urassradit.	a being more of ur to a cond. Annoust
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Sign		Signature of officer	Date	7.0
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Form 8868 (Rev. 4-2009) If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Name of Exempt Organization **Employer Identification number** Type or print NATIONAL TOUR ASSOCIATION, INC. 31-1049903 File by the Number, street, and room or suite no. If a P.O. box, see instructions. For IRS use only due date for 564 EAST MAIN STREET filled the City, town or post office, state, and ZIP code. For a foreign address, see instructions, Instructions. LEXINGTON, KY 40508 Check type of return to be filed (File a separate application for each return): X Form 990 J Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) J Form 1041-A Form 5227 Form 8870 Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. AGNES RANKIN The books are in the care of ▶ 2365 HARRODSBURG ROAD - LEXINGTON, KY 40504 Telephone No. ► (859) 226-4219 FAX No. > If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this <u>box</u> ▶ . If it is for part of the group, check this box 🕨 🔝 and attach a list with the names and EINs of all members the extension is for. I request an additional 3-month extension of time until NOVEMBER 15, 2010. 4 For calendar year 2009, or other tax year beginning 5 , and ending 6 If this tax year is for less than 12 months, check reason: _ Initial return Final return Change in accounting period State in detail why you need the extension TAXPAYER IS REQUESTING ADDITIONAL TIME TO FILE IN ORDER TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated b tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8ь Balance Due. Subtract line 8b from line 8a. include your payment with this form, or, if required, deposit N/Awith FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form. Signature > Deborah Smith Form 8868 (Rev. 4-2009) Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you ar				
_	re filling for an Automatic 3-Month Extension, complete only Part I and check this box			➤ X
	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of thi			
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corporat	lon required to file Form 990-T and requesting an automatic 6-month extension - check this box and co	mplete		
irt I only	NINONE NATIONAL AND			▶
	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a me tax returns.	an extension	of time	
ted belo ot autom u must s	e Filing (e-file). Generally, you can electronically file Form 8868 If you want a 3-month automatic extension (6 months for a corporation required to file Form 990·T). However, you cannot file Form 8868 electroniatic) 3-month extension or (2) you file Forms 990·BL, 6069, or 8870, group returns, or a composite or count the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic to by felle and click on e-file for Charities & Nonprofits.	nically if (1) onsolidated	you want the Form 990-T.	additional
pe or	Name of Exempt Organization	Employe	r identification	number
nt	NATIONAL TOUR ASSOCIATION, INC.	31-	1049903	}
by the date for gyour	Number, street, and room or sulte no. If a P.O. box, see instructions. 564 EAST MAIN STREET			
m, See ructions,	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LEXINGTON, KY 40508			
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	m 990 (2009) NATIONAL TOUR ASSOCIATION, INC. NATIONAL TOUR ASSOCIATION, INC.	31-1049903 Page
i I	Briefly describe the organization's mission:	
•	TO ADVANCE THE INTERESTS OF NTA MEMBERS AND THE PACKAGI	ED TRAVEL
	INDUSTRY	
	Did the expendential production on distribute and distribute and the distribute of the control o	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes XI
	If "Yes," describe these new services on Schedule Q.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services	?Yes XI
	If "Yes," describe these changes on Schedule O.	
Ļ	Describe the exempt purpose achievements for each of the organization's three largest program services by e	expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount o	of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
21	(Code:) (Expenses \$ 2,280,780 • Including grants of \$)(F	Dave-us &
Д	CONVENTION AND MEETING EXPENSES: ANNUAL CONVENTION AND	Revenue \$ OTHER MEETINGS
	AND EVENTS ARE HELD FOR THE PURPOSE OF PROVIDING MEMBER	
	OPPORTUNITY TO EXCHANGE IDEAS AND INFORMATION.	10 71 4 411 41111
	·	
		, , , , , , , , , , , , , , , , , , ,
	(Code:) (Expenses \$ 645,397 • including grants of \$) (F	
_		
•	TOOLS. (Expenses 0.4070) including grains of \$ (CAPTOLIC COMMITTERS AND CAMPATCING DEGICATED TO	Revenue \$
b	TOURISM: VARIOUS COMMITTEES AND CAMPAIGNS DESIGNED TO	PROMOTE
•	TOURISM: VARIOUS COMMITTEES AND CAMPAIGNS DESIGNED TO PROFESSIONALISM, INCREASED COMMUNICATION, AND EFFICIENCE	PROMOTE Y IN THE TRAVEL
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	m 990 (2009) NATIONAL TOUR ASSOCIATION, INC. 31-10	1990	3 1	Page							
2	Checklist of Required Schedules										
		^	Yes	No							
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1								
	If "Yes," complete Schedule A	. 1	-	Х							
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	1							
3											
	public office? If "Yes," complete Schedule C, Part I	. 3		X							
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		+								
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	·		1							
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	X	•							
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	1 6		X							
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	' `	1								
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X							
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	·	+	1							
-	Schedule D, Part III	8		X							
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	· •		- <u>*</u> `							
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			x							
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	. 9	 	A							
10				v							
11	If "Yes," complete Schedule D, Part V	. 10		X							
••			v	1							
	as applicable	. 11	X								
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.										
•											
•	and the administration taken an enterior to the population of the total and the total total										
_	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII.										
•	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 167 If "Yes," complete Schedule D, Part VIII.										
•	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.										
•	and a Samuel to the state of a state and a state of the state of t										
•	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? If "Yes," complete Schedule D, Part X.										
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete										
	Schedule D, Parts XI, XII, and XIII.	12	X	*********							
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No										
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X										
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X							
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X							
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		l l								
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X								
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization										
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>							
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	-									
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X							
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX,			_							
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	Х							
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines										
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X							
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"										

Form 990 (2009)

complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the X United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, X 22 column (A), line 27 If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 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 Х Schedule K. If "No", go to line 25 245 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 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 25b Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X 26 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part !! Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete X Schedule L, Pert III 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): 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was 28c an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? X 34 If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? X 35 If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal Income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? X 38 Note. All Form 990 filers are required to complete Schedule O. Form 990 (2009)

Page 5

90000	attended to several se				1	Т
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1			Yes	No
	U.S. Information Returns. Enter -0- if not applicable	1a	2	4		
b		1b	 	ō		
c			able gaming	1		
-	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	28		ol		
b				2b	} ~~~~	*******
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year cover		•	3a		X
		_		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
-	financial account in a foreign country (such as a bank account, securities account, or other financial			48		Х
ь	If "Yes," enter the name of the foreign country:▶	40000	***************************************			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank	and			
	Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg.					
	Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he ora	anization solicit	1		
	any contributions that were not tax deductible?	-		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	and services			
	provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?	4	*************************	7c		
đ	If "Yes," Indicate the number of Forms 8282 filed during the year	7d_				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	oerson	al			
	benefit contract?		********************************	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f		
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	·	***************************************	7 g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as re	quired?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	ganiza	tions. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess bu	siness holdings			
	at any time during the year?			8		laranananananananananananananananananana
9	Sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?			9a		
þ	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		3333333
D	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	10b				
	Section 501(c)(12) organizations. Enter:	, ,				
	Gross Income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b	· · · · · · · · · · · · · · · · · · ·			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	' 1		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
				Form !	990 (2	2009)

Form 990 (2009) NATIONAL TOUR ASSOCIATION, INC. 31–1049903 Page

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

<u>Se</u>	ction A. Governing Body and Management								
	t 1		Yes	No					
18	Enter the number of voting members of the governing body1a1	7							
_	Enter the number of voting members that are independent	7							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
_	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		х						
	of officers, directors or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u> .					
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X					
6	Does the organization have members or stockholders?	6	Х						
7e	and a second state of the								
t.	governing body?	7a_	X						
- E	and an interest of the government of the state of the sta	7b	Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
_	by the following:								
a	V	8a	X						
9 9	and the state of the Salating	. 8b	X						
0	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		l	v					
Sec	organization's malling address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>					
-	LIGHT D. 1 Offices (This Section & requests information about policies not required by the Internal Revenue Code.)	···	I	<u></u>					
វ ពិធ	Does the organization have local chapters, branches, or affiliates?	40-	Yes	No X					
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a	-						
~	and branches to ensure their operations are consistent with those of the organization?	404	f						
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	10b	Х						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			****					
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	*****					
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	120	-21						
	to conflicte?	12b	х						
¢	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120							
	in Schedule O how this is done	120	х						
13	Does the organization have a written whistleblower policy?	13		X					
14	Does the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	00000000	X					
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)								
f6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a	*******	X					
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
<u>ec</u>	tion C. Disclosure		1.00						
7	List the states with which a copy of this Form 990 is required to be filed ▶KY	<u>.</u>							
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	or							
	public inspection. Indicate how you make these available. Check all that apply.								
	Own website Another's website X Upon request								
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, an	d finan	cial						
	statements available to the public.								
0	State the name, physical address, and telephone number of the person who possesses the books and records of the organizati	on: 🕨							
	AGNES RANKIN - (859) 226-4219								
	2365 HARRODSBURG ROAD, LEXINGTON, KY 40504								
			****	- 					

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

X Check this box if the organization did not compensate any current officer, director, or trustee.

- 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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Name and Title	(A)	(B)	(C)					(D)	(E)	(F)	
Nour Per Per Week Per Per Week Per Per Week Per Per Week Per		Average				Reportable	Reportable				
BOB HOELSCHER			(cl	(check all that apply)							
BOB HOELSCHER			ş					į			
BOB HOELSCHER		week	g g				器		organization		
BOB HOELSCHER			agg	SEE			25.25		(W-2/1099-M(SC)	(11 El 1000 Miles)	
BOB HOELSCHER			Ed fr	ag tag		Pg.	8 B		(,, _ , , , , , , , , , , , , , , , , ,		and related
BOB HOELSCHER			dykidi		ag g	E5	Sales To log	E			organizations
IMMEDIATE PAST CHAIRMAN 1.00 X	DOD HOET COUED			<u> </u>	-	*	Τ. 60				
MICHELE MICHALEWICZ CHAIRMAN AND CEO CHAIRMAN AND CEO CATHERINE M. GRETEMAN VICE CHAIRMAN 1.00 X X X 0. 0. 0. 0. GREG ECKHART DIRECTOR 1.00 X 0. 0. 0. 0. LAURIE LINCOLN DIRECTOR 1.00 X 0. 0. 0. 0. CAROLYN CHRZAN DIRECTOR 1.00 X 0. 0. 0. 0. LUCA ARIOLI DIRECTOR 1.00 X 0. 0. 0. 0. EDIRECTOR 1.00 X 0. 0. 0. 0. ANNE DAVIS DIRECTOR 1.00 X 0. 0. 0. 0. SHERRI GUIBORAT DIRECTOR 1.00 X 0. 0. 0. 0. SHERRI GUIBORAT DIRECTOR 1.00 X 0. 0. 0. 0. SHERRI GUIBORAT DIRECTOR 1.00 X 0. 0. 0. 0. SHERRI GUIBORAT DIRECTOR 1.00 X 0. 0. 0. 0. SHERRI GUIBORAT DIRECTOR 1.00 X 0. 0. 0. 0. ED HALL DIRECTOR 1.00 X 0. 0. 0. 0. ED HALL DIRECTOR 1.00 X 0. 0. 0. 0. ED HALL DIRECTOR 1.00 X 0. 0. 0. 0. ED HALL DIRECTOR 1.00 X 0. 0. 0. 0. ED HALL DIRECTOR 1.00 X 0. 0. 0. 0. ENAMNE A. CHANDLER DIRECTOR 1.00 X 0. 0. 0. 0. ENAMNE A. CHANDLER DIRECTOR 1.00 X 0. 0. 0. 0. ENAMNE A. CHANDLER DIRECTOR 1.00 X 0. 0. 0. 0. ENAMNE A. CHANDLER DIRECTOR 1.00 X 0. 0. 0. 0. ENAMNE A. CHANDLER DIRECTOR 1.00 X 0. 0. 0. 0. ENAMNE A. CHANDLER DIRECTOR 1.00 X 0. 0. 0. 0. ENAMNE A. CHANDLER DIRECTOR 1.00 X 0. 0. 0. 0. ENAMNE A. CHANDLER DIRECTOR 1.00 X 0. 0. 0. 0. ENAMNE A. CHANDLER DIRECTOR 1.00 X 0. 0. 0. 0. ENAMNE A. CHANDLER DIRECTOR 1.00 X 0. 0. 0. 0. 0. ENAMNE A. CHANDLER DIRECTOR 1.00 X 0. 0. 0. 0. 0. ENAMNE A. CHANDLER DIRECTOR 1.00 X 0. 0. 0. 0. 0. ENAMNE A. CHANDLER DIRECTOR 1.00 X 0. 0. 0. 0. 0. ENAMNE A. CHANDLER DIRECTOR 1.00 X 0. 0. 0. 0. 0. ENAMNE A. CHANDLER DIRECTOR 1.00 X 0. 0. 0. 0. 0. ENAMNE A. CHANDLER DIRECTOR 1.00 X 0. 0. 0. 0. 0. ENAMNE A. CHANDLER DIRECTOR 1.00 X 0. 0. 0. 0. 0. ENAMNE A. CHANDLER DIRECTOR 1.00 X 0. 0. 0. 0. 0. 0. ENAMNE A. CHANDLER DIRECTOR 1.00 X 0. 0. 0. 0. 0. 0. 0. ENAMNE A. CHANDLER DIRECTOR 1.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		1.00	x						0.	0.	0.
CHAIRMAN AND CEO			-								
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GREG ECKHART DIRECTOR 1.00 X 0. 0. 0. 0.											
DIRECTOR	VICE CHAIRMAN	1.00	X		X			<u> </u>	0.	0.	0.
DAURIE LINCOLN DIRECTOR DIR	GREG ECKHART										_
DIRECTOR 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		1.00	Х					L	0.	0.	0.
CAROLYN CHRZAN DIRECTOR 1.00 x 0. 0. 0. 0.											•
DIRECTOR		1.00	X					ļ	0.	0.	0.
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DIRECTOR 1.00 X 0. 0. 0. 0.		1.00	X			<u> </u>	<u> </u>	ļ	0.	0.	0.
DETER GRUNWALDT										,	^
DIRECTOR 1.00 X 0. 0. 0.		1.00	X			ļ	<u> </u>	ļ,	U •	υ.	<u> </u>
DIRECTOR		1 00							^	^	0
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SHERRI GUIBORAT 1.00 X 0. 0. 0. 0. 0. 0. 0.			4,5		<u> </u>			<u> </u>	ļ <u>.</u>		
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DIRECTOR		1 1 00	. ,						n	ก.	0.
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JIM WARREN DIRECTOR 1.00 X 0. 0. 0. 0. ED HALL DIRECTOR 1.00 X 0. 0. 0. 0. WAYNE A. CHANDLER DIRECTOR 1.00 X 0. 0. 0. 0. BRONWYN WILSON DIRECTOR 1.00 X 0. 0. 0. 0. SUSAN IRIS DIRECTOR 1.00 X 0. 0. 0. 0. JIM REDDEKOPP JR. 1.00 X X 0. 0. 0. 0. 0.		1 00	,,						0.	0.	0.
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ED HALL DIRECTOR MAYNE A. CHANDLER DIRECTOR BRONWYN WILSON DIRECTOR DIRECTOR 1.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. JIM REDDEKOPP JR. TREASURER 1.00 X X X 0. 0. 0. 0.		1.00	x					İ	0.	0.	0.
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WAYNE A. CHANDLER 1.00 X 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. BRONWYN WILSON 0. 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. SUSAN IRIS 0. 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. JIM REDDEKOPP JR. 1.00 X 0. 0. 0. TREASURER 1.00 X 0. 0. 0.		1.00	x						0.	0.	0.
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SUSAN IRIS DIRECTOR 1.00 X 0. 0. 0. TREASURER 1.00 X X 0. 0. 0.		1.00	Х						0.	0.	0.
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JIM REDDEKOPP JR. TREASURER 1.00 X X 0. 0. 0.	DIRECTOR	1.00	Х					L	0.	0.	0.
									. 7 / 1		
	TREASURER	1.00	X		Х			L_	0.	0.	

932007 02-04-10

Form 990 (2009)

47310

Par VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A)	(B)			(C)			(D)	(E)	(F)
	Name and title	Average	/~	Position (check all that apply)		J. A.	Reportable	Reportable	Estimated amount of		
		hours per	H.	liac:	(an	Па	. app	iy)	compensation from	compensation from related	other
		week	individual trustee or director				- F		the	organizations	compensation
			8	83 25 25			200 A		organization (W-2/1099-MISC)	(W-2/1099-MISC) from the organization
			E SE	l E	l	1 8 E	8 R		(44-27 1099-141100)		and related
			Ş	institutional truster	je G	Keyemployee	Highest compensati employee	SCINE			organizations
٠			-			*	X 85	ш.			
								İ			
						-	-	<u> </u>			
					Г						
					<u> </u>	_					
											
	• • •					-					
									·		
	Total						<u> </u>		0.		0.
2	Total number of individuals (including but no	ot limited to the	ose	liste	d at	OVE) wh	o re	eceived more than \$100	,000 in reportable	0
	compensation from the organization							•			Yes No
3	Did the organization list any former officer,	director or trus	stee	. kev	em	rola	ee.	or h	idhest compensated en	no eevolar	
	line 1a? If "Yes," complete Schedule J for st										. з Х
4	For any individual listed on line 1a, is the su	m of reportable	в со	mpe	nsa	tion	and	oth	her compensation from t	he organization	
	and related organizations greater than \$150										. 4 X
5	Did any person listed on line 1a receive or a	•				-			•		. 5 X
Sect	the organization? If "Yes," complete Schedulion B. Independent Contractors	ile J for such p	erse	<u></u>	<u> </u>			****	******	***************************************	5 X
1	Complete this table for your five highest cor	npensated ind	epe	nde	nt co	ontra	acto	rs t	hat received more than !	\$100,000 of compe	nsation from
	the organization.										
	(A)								(B)		(C)
7140	Name and business		773	7 7	<u> </u>			1	Description of se	ervices	Compensation
	, 2365 HARRODSBURG ROAINGTON, KY 40504	D, SULT	E	AS	23	7		l	MANAGEMENT FI	2 E	1,380,436.
	PHEN RICHER, CTP, 1101	KING S	πR	माम	m .				SOVERNMENT RI		1,300,430.
	TE 370, ALEXANDRIA, VA				- /				AND PUBLIC AI		250,000.
	, 2365 HARRODSBURG ROA		E	A3	25	,		T			
LEX	INGTON, KY 40504								PUBLISHING		196,100.
								ı			
								+			
2	Total number of independent contractors (in	cluding but no	t lin	ited	to i	hos	e list	ed	above) who received mo	ore than	
	\$100,000 in compensation from the organiza									· · · · · · · · · · · · · · · · · · ·	
		-,,,									Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501 (c)(3) and 501 (c)(4) organizations must complete all columns.

D-	All other organizations must comp not include amounts reported on lines 6b,	(A)	e not required to com	(C)	
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	ame (m) 1. 6. 6/4 4. 14 4 1			
7	Other salaries and wages	,			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
0	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	1,380,436.			Park of Alice
b	Legal	361,861.			
¢	Accounting	9,620.			***
þ	Lobbying	, 			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				**********
8	Other	38,761.			
2	Advertising and promotion	13,193.			
3	Office expenses	7,847.			······································
4	Information technology	114,544.			
5	Royalties				
6	Occupancy				
7	Travel	65,142.			
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	2,280,780.			
0	Interest	u			
1	Payments to affiliates				in the second se
2	Depreciation, depletion, and amortization	1.0 4.0 7			
3	Insurance	16,131.			
4	Other expenses. Itemize expenses not covered				
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)				
a	DUES & SUBSCRIPTIONS	213,487.			
b	MISCELLANEOUS	30,641.			
¢	PRINTING	21,687.			
đ	BANK CHARGES	21,462.			
e	SPECIAL APPROPRIATION	17,095.			
f	All other expenses	11,461.			
5	Total functional expenses. Add lines 1 through 24f	4,604,148.			
6	Joint costs. Check here 🕨 🔲 if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (8) Joint costs from a combined		******** * * * * * * * * * * * * * * * *		
	educational campaign and fundraising solicitation			1	

P	it X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	1,593,745.	1	1,497,348.
	2	Savings and temporary cash investments		2	754,980.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,547,539.	4	931,329.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	1	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	
Assets	В	Inventories for sale or use	01 115	8	47 710
*	9	Prepaid expenses and deferred charges	81,115.	9	47,713.
	10a				
		basis. Complete Part VI of Schedule D 10a	_		
	b	Less: accumulated depreciation10b		10c	
	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	76,719.	14	116,437.
	15	Other assets, See Part IV, line 11	29,597.	15	19,500.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	3,367,307.
	17	Accounts payable and accrued expenses	303,004.	17	248,935.
	18	Grants payable		18	
	19	Deferred revenue	1,297,785.	19	1,364,254.
	20	Tax-exempt bond liabilities		20	
Š	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ij	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L.		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	15 220
	25	Other liabilities. Complete Part X of Schedule D		25	15,330.
	26	Total liabilities, Add lines 17 through 25	1,628,974.	26	1,628,519.
	Į	Organizations that follow SFAS 117, check here X and complete			
Š		lines 27 through 29, and lines 33 and 34.	1 600 741		1 720 700
<u> </u>	27	Unrestricted net assets	· · · · · · · · · · · · · · · · · · ·	27	1,738,788.
83	28	Temporarily restricted net assets	, 	28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
亞		Organizations that do not follow SFAS 117, check here			
ō		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid in or capital surplus, or land, building, or equipment fund		31	
TE	32	Retained earnings, endowment, accumulated income, or other funds		32	
~	33	Total net assets or fund balances		33	1,738,788. 3,367,307.
	34	Total liabilities and net assets/fund balances	3,328,715.	34	3,367,307.

Form **990** (2009)

	rt 🔣 Financial Statements and Reporting			×
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a		2a	*********	X
b		2b	Х	H
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		ļ	
	review, or compilation of its financial statements and selection of an independent accountant?	20	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	2500320000	222000	2022202
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		7.7	990 c	20091

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Tressury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Name of the organization	n .	Employer identification number
N	NATIONAL TOUR ASSOCIATION, INC.	31-1049903
Organization type (check	cone):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(6) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	•
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Chack if your organization	is covered by the General Rule or a Special Rule .	
	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	iule. See instructions.
General Rule		
	on filling Form 990, 990·EZ, or 990·PF that received, during the year, \$5,000 or more (in r plete Parts I and II.	noney or property) from any one
Special Rules		
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990·EZ that met the 33 1/3% support test of the re I(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h or (ii) Form 990·EZ, line 1. Complete Parts I and II.	
aggregate contrib	(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one cont outlons of more than \$1,000 for use exclusively for religious, charitable, scientific, literary cruelty to children or animals. Complete Parts I, II, and III.	
contributions for If this box is chec purpose. Do not c	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribuse exclusively for religious, charitable, etc., purposes, but these contributions did not acked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Pule applies to this organization because lie, etc., contributions of \$5,000 or more during the year.	ggregate to more than \$1,000. ely religious, charitable, etc., it received nonexclusively
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule n Part IV, line 2 of its Form 990, or check the box on line H of its Form 990·EZ, or on line ling requirements of Schedule B (Form 990, 990·EZ, or 990·PF).	
LHA For Privacy Act and for Form 990, 990-E		B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

NATIONAL	TOUR	ASSOCIA!	rion,	INC.

MATI	ONAL TOUR ASSOCIATION, INC.	3	1-1049903
Part	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BEST WESTERN INTERNATIONAL, INC 6201 NORTH 24TH PARKWAY PHOENIX, AZ 85016	\$18,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	NEBRASKA TRAVEL & TOURISM 301 CENTENNIAL MALL SOUTH LINCOLN, NE 68509	\$\$11,960.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
3	PHOTOVISION, INC. 1819 SARDIS RD N, SUITE 330 CHARLOTTE, NC 28270	\$ 5,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	TEAM TEXAS 700 N GRANT, SUITE 200 ODESSA, TX 79761	\$\$.	Person Payroli Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	THEATRE DIRECT 729 7TH AVENUE, 6TH FLOOR NEW YORK, NY 10019	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	WILLIAMS SOUND CORP. 10321 W. 70TH STREET EDEN PRAIRIE, MN 55344		Person Payroll Noncash X
		<u></u>	s a noncash contribution.)

Employer identification number

NATIONAL TOUR ASSOCIATION, INC.

31-1049903

NATI	ONAL TOUR ASSOCIATION, INC.	3	1-1049903
Part I	Contributors (see Instructions)		-
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	WYNDHAM HOTEL GROUP 22 SYLVAN WAY PARSIPPANY, NJ 07054	\$ <u>8,693.</u>	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	P.O. BOX 837 RENO, NV 89504	\$ 437,900.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	P.O. BOX 837 RENO, NV 89504	\$ 155,000.	Person Payroll Noncash X (Complete Part II if there Is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	P.O. BOX 837 RENO, NV 89504	\$115,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11	RENO-SPARKS CVA P.O. BOX 837 RENO, NV 89504	\$ 50,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12	RHODE ISLAND TOURISM DIVISION 315 IRON HORSE WAY, SUITE 101 PROVIDENCE, RI 02908	\$5,300.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
923452 02-01	-10	Schodula P /Form O	00 000.57 0+000.851/0000

Employer identification number

NATIONAL TOUR ASSOCIATION, INC.

31-1049903

No. Name, address, and ZiP + 4 Aggregate contributions Type of column	art II if there contribution.) d) ontribution X art II if there contribution.)
No. Name, address, and ZIP + 4 13 VALLEY FORGE CVB Person Payroll Noncash (Complete Pais a noncash (Complete Pais	art II if there contribution X
1000 1ST AVENUE, SUITE 101 \$ 5,000.	art II if there contribution.) d) ontribution X art II if there contribution.)
No. Name, address, and ZIP + 4 GEORGIA TOURISM 75 FIFTH STREET, NW, SUITE 1200 ATLANTA, GA 30308 (a) (b) (c) Aggregate contributions (b) No. Name, address, and ZIP + 4 Aggregate contributions Type of contributions Type of contributions Type of contributions Type of contributions Type of contributions Type of contributions Type of contributions Type of contributions Type of contributions	x art II if there contribution.)
75 FIFTH STREET, NW, SUITE 1200 \$ 5,000. ATLANTA, GA 30308 (a) (b) (c) (c) (c) Name, address, and ZIP + 4 Aggregate contributions Type of co	art II if there contribution.)
No. Name, address, and ZIP + 4 Aggregate contributions Type of co	-
	i) entribution
MONTANA TOURISM DIVISION 301 SOUTH PARK HELENA , MT 59601 Person Payroll Noncash (Complete Pais a noncash series a noncash series a noncash series and series are series and series and series and series are series and series and series and series are series and series and series are series and series and series are series and series and series are series and series and series are series and series are series and series and series are series and series are series and series are series and series are series and series are series and series and series are series and series are series and series are series and series are series and series are series and series are series and series are series and series are series and series are series and series are series and series are series and series are series and series are series and series are series and series are series are series and series are series and series are series are series and series are series are series and series are series are series and series are series and series are series are series and series are series are series are series and series are	
(a) (b) (c) (d) No. Name, address, and ZtP + 4 Aggregate contributions Type of co	
HILMAR CHEESE COMPANY VISITOR CENTER 9001 N. LANDER AVENUE HILMAR, CA 95324 Person Payroll Noncash (Complete Pa is a noncash of	X It II if there
(a) No. Name, address, and ZIP + 4 Aggregate contributions Type of column TOURISME MONTREAL, TOURISME QUEBEC AND CANADIAN TOURISM COMMISSION 17 CANADIAN TOURISM COMMISSION 1555 PEEL STREET, SUITE 600 MONTREAL, QUEBEC, CANADA (c) (d) Aggregate contributions Type of column Payroll Person Payroll Noncash (Complete Palis a noncash of the column Payroll Noncash (Complete Palis a noncash of the column Payroll Noncash (Complete Palis a noncash of the column Payroll Noncash (Complete Palis a noncash of the column Payroll Noncash (Complete Palis a noncash of the column Payroll Noncash of the column Payro	ntribution X It Il if there
(a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contributions	
18 ALASKA TRAVEL INDUSTRY ASSOCIATION 2600 CORDOVA STREET, SUITE 201 \$ 33,993. Complete Par	X
ANCHORAGE , AK 99503 Schedule B (Form 990, 990-EZ, or 9	

Employer Identification number

NATIONAL TOUR ASSOCIATION

NATIO	NAL TOUR ASSOCIATION, INC.	3:	L-1049903
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	HISTORIC TEMPLE SQUARE 15 EAST SOUTH TEMPLE BOULEVARD SALT LAKE CITY, UT 84150	\$ 5,000.	Person Payroli Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	ATLANTIS CASINO RESORT SPA 3800 S. VIRGINIA STREET RENO, NV 89502	\$ 6,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
21	MADISON SQUARE GARDEN SPORTS & ENTERTAINMENT 2 PENN PLAZA, 15TH FLOOR NEW YORK, NY 10121	\$ 15,410.	Person Payroll Noncash X (Complete Part II if there Is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
22	CALIFORNIA TRAVEL & TOURISM COMMISSION 980 9TH STREET, SUITE 480 SACRAMENTO, CA 95814	\$ 20,830.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	MONTERAY CVB 765 WAVE STREET MONTERAY, CA 93940	\$ 27,016.	Person Payroli Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24	SAVANNAH CVB 101 E. BAY STREET	\$ <u>17,431.</u>	Person Payroll Noncash X
923452 02-01-	SAVANNAH, GA 31401		(Complete Part II if there is a noncash contribution.) 00, 990-EZ, or 990-PF) (2009)

923452 02-01-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Employer identification number

NATIONAL TOUR ASSOCIATION, INC.

31-1049903

HIT	NAL TOUR ASSOCIATION, INC.	<u> 31</u>	-1049903
art II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
т	REGISTRATION BAGS		
		\$ 18,000.	11/14/09
(a) No.	(b)	(c)	(.1)
from	Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
Part I	NOTEBOOKS	(add managedna)	
2	HOLDBOOM		
		11 060	11/14/00
		\$ 11,960.	11/14/09
(a) No.	1	(c)	
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	COMMERMORATIVE DELEGATE PHOTOS	(see instructions)	
3	COMMERMORATIVE DELEGATE PHOTOS		
			77 /5 5 / 0 0
		\$\$	11/14/09
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d)
Part I	Description of Horicash property given	(see instructions)	Date received
4	REFRESHMENTS; SOFT DRINKS		
$\frac{4}{}$			
		\$ 5,196.	11/14/09
(a) No.	(6)	(c)	f.15
from	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
art I	MONDAY LUNCHEON	/ace morracingia)	
5	MONDAL HONCILLON		
			11/11/00
		\$ 40,598.	11/14/09
(a) No.	4.3	(0)	
rom	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
	CONVENTION TOUR HEADSETS		
6		.	
		9,805.	11/14/09
53 02-01-1	10		990-F7 or 990-PF) (20)

Name of organization

Employer identification number

NATIONAL TOUR ASSOCIATION, INC.

31-1049903

WIT	MAL TOUR ASSUCIATION, INC.	31	-1049903
Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	REFRESHMENTS; ICECREAM		
		\$ 8,693.	11/14/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	CONVENTION CENTER RENTAL	~~~~	
8	-	-	
		\$ 437,900.	11/14/09
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part i	ICEBREAKER	(See man denoted)	
9	ICEBREAKER		
		<u> </u>	11/14/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
GIL;	FINAL GALA		
10		**************************************	
		\$ 115,000.	11/14/09
(e) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	TRANSPORTATION		· · · · · · · · · · · · · · · · · · ·
11			
		\$ 50,000.	11/14/09
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	BADGE HOLDERS		
12			
		\$ 5,300.	11/14/09
		\$5,300.	TT/ TA/ 03

4 of Part II

Name of organization

Employer Identification number

NATIONAL TOUR ASSOCIATION

ITAV	ONAL TOUR ASSOCIATION, INC.	3	1-1049903
Part II	Noncash Property (see Instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
13	BOARD OF DIRECTORS/PAST PRESIDENTS/CHAIRMEN DINNER		
		\$5,000.	11/14/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
14	REFRESHMENTS: GEORGIA TREATS	, , , , , , , , , , , , , , , , , , ,	
		\$\$.	11/14/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
15	REFRESHMENTS: JERKEY		
10		<u> </u>	11/14/09
(a) No. from Part·l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
16	SUNDAY & MONDAY RECEPTIONS: CHEESE SPONSOR		
		\$ 5,600.	11/14/09
(a) No. irom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
17	WEDNESDAY LUNCHEON	_	
		\$ 32,278.	_11/14/09
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
18	SUNDAY BUSINESS MEETING LUNCHEON		
		\$33,993.	11/14/09
53 02-01-	-10	Schedule R / Form Of	0 990-F7 or 990-PF) (201

Employer identification number

NATIONAL TOUR ASSOCIATION, INC.

31-1049903

irt II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
19	REFRESHMENTS: LION HOUSE TREATS	F 00/	11/14/00
		\$ 5,000	11/14/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
20	GALA RECEPTION		
20		\$ 6,000	11/14/09
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
21	REFRESHEMENTS: COFFEE & TEA		
<u> </u>		\$15,410	. 11/14/09
(a) No. rom art i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
22	SATURDAY DINNER AND EVENING EVENTS		
		\$18,335	. 06/04/09
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
23	GIFTS, TRANSPORTATION, EVENTS, ETC.		
		\$ 27,016	06/04/09
a) lo. om ort l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
24	AIRPORT TRANSFERS, RECEPTIONS, DINNER, MUSICAL TICKETS		
		1 4	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 601(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury internal Revenue Service

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate Instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I·A and C below. Do not complete Part I·B.
- Section 527 organizations: Complete Part i-A only.

If the organization answered "Yes," to Form 990, Part IV, fine 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization enswered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.	,,									
Name of organization	Emp	nployer identification number									
NATIONA		31-1049903									
Part I-A Complete if the or	ganization is exempt und	ler section 501(c	o) or is a section 527 o	rganization.							
1 Provide a description of the organic	zation's direct and indirect politic	al campalan activitie	s in Part IV.	A STATE OF THE STA							
2 Political expenditures				3							
3 Volunteer hours											
	ganization is exempt und										
1 Enter the amount of any excise tax	incurred by the organization und	der section 4955	> \$								
2 Enter the amount of any excise tax	Incurred by organization manage	ers under section 498	55 🟲 \$								
3 If the organization incurred a section											
4a Was a correction made?),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes No							
b If "Yes," describe in Part IV.		12 5046	11. 504	1/01							
Part I-C Complete if the org	janization is exempt und	er section 501(c), except section 501(c)(3).							
1 Enter the amount directly expended											
	2 Enter the amount of the filing organization's funds contributed to other organizations for section 527										
exempt function activities >\$											
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b											
line 1/b	4400 POL 7-113-1-10	***************************************									
	4 Did the filing organization file Form 1120-POL for this year?										
	5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received										
that were promptly and directly deli											
(PAC). If additional space is needed			abuldit 119.19 after init of r	Partition dollars postulation							
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political							
(a) starrio	(b) Addioss	(0) = (1)	filing organization's	contributions received and							
			funds. If none, enter -0	promptly and directly							
				delivered to a separate political organization.							
				If none, enter 0.							
	·										
				,							
For Privacy Act and Paperwork Reduct	ion Act Notice, see the Instruc	tions for Form 990 c	or 990-EZ.	(Form 990 or 990-EZ) 2009							

932041 02-04-10

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Schedule C (Form 990 or 990-EZ) 2009	NATI	ONAL T	TOUR ASSOCIA	ATION, INC.	31-1	049903 Page 2
Part II-A Complete if the or (election under se			mpt under sectio	on sur(c)(s) and ti	lea Form 5/68	
A Check If the filing organiz			fillated group			
. =		-	and "limited control" pr	ovisions apply.		
Lin (The term ⁿ expe	(a) Filing organization's totals	(b) Affiliated group totals				
1a Total lobbying expenditures to in	fluence pub	olic opinion	(arass roots lobbying)			
b Total lobbying expenditures to in						
c Total lobbying expenditures (add						
d Other exempt purpose expenditu	ires					
e Total exempt purpose expenditu						
f Lobbying nontexable amount. En	ter the amo	unt from th	e following table in bo	th columns.		
If the amount on line 1e, column (a)	or (b) is:	The lot	obying nontaxable am	ount is:		
Not over \$500,000			<u>f the amount on line 1e</u>			
Over \$500,000 but not over \$1,0			00 plus 15% of the exc			
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.					
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.					
Over \$17,000,000		\$1,000	,000.			
	-10700	f B., 4.6				
g Grassroots nontaxable amount (e						
h Subtract line 1g from line 1a. If ze i Subtract line 1f from line 1c. If ze						
If there is an amount other than z	otion file Form 4720	<u></u>				
reporting section 4911 tax for this			mie ii, dio tre organiz		Γ	Yes No
TOROLLING CONTOUR TO I TOUT OF THE			eraging Period Under			
	zations tha	it made a s	section 501(h) election se instructions for line	n do not have to com		
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period	- · · ·	
Calendar year (or fiscal year beginning in)	(a) 2	2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount						
 b Lobbying celling amount 						
(150% of line 2a, column(e))						
c Total lobbying expenditures		• • • • • • • • • • • • • • • • • • • •			NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE	
d Grassroots nontaxable amount						
Grassroots nontaxable amount Grassroots celling amount						•• • • • • • • • • • • • • • • • • • • •
(150% of line 2d, column (e))						

f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 NATIONAL TOUR ASSOCIATION, INC. 31-104990 Part II B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 	Yes			(b)
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	An	ount
or referendum, through the use of: a Volunteers? b Paid staff or management (Include compensation in expenses reported on lines 1c through 1i)?				
a Volunteers? b Paid staff or management (Include compensation in expenses reported on lines 1c through 1i)?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	3.00330 3030 11			
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				-
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		····		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), or se	ction	
			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1	***************************************	X
2 Did the organization make only in house lobbying expenditures of \$2,000 or less?		2		X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	*************	3	**************************************	X
"Yes." 1 Dues, assessments and similar amounts from members		1	1,444	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	···	,	989
				,989
				,989
expenses for which the section 527(f) tax was paid).		2a	80	
expenses for which the section 527(f) tax was paid). a Current year		2a	80	,085
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	**********	2b		,085
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	*****	2b	80	,085
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	*************	2b	80	,085
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds		2b 2c 3	80	,085
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	ss litical	2b 2c 3	80 28	,085 ,085 ,900
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	ss litical	2b 2c 3	80 28	,085

Schedule D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

Employer identification number

31-1049903

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

NATIONAL TOUR ASSOCIATION, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the 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) 2 Aggregate grants from (during year) а 4 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? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete If the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d If the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 26 b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 💲 🔠 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) In Part XIV, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b if the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

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 relating to these items:

a Revenues included in Form 990, Part Vill, line 1 b Assets included in Form 990, Part X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Schedule D (Form 990) 2009

Sch	edule D (Form 990) 2009 NATIONA	L TOUR ASS	OCI	MOITE,	INC.		3.	1-104990	3 Page 2
Ra	rt III Organizations Maintaining	Collections of A	rt, His	torical 1	reasures	or Othe	r Similar	Assets (con	inued)
3	Using the organization's acquisition, access								
	(check all that apply):								
а	Public exhibition	•	; 🗀	Loan or ex	change prog	grams			
þ	Scholarly research	•	• 🔲	Other					
c	Preservation for future generations							•	
4	Provide a description of the organization's	ollections and expla	in how t	hey further	the organize	ation's exen	not purpose	e in Part XIV.	
5	During the year, did the organization solicit			_					
	to be sold to raise funds rather than to be n							Yes	No_
Pa	Escrow and Custodial Arrar reported an amount on Form 990, Pa		lete if or	ganization	answered "Y	es' to Form	990, Part	IV, line 9, or	
1a	ls the organization an agent, trustee, custod on Form 990, Part X?							Yes	□ No
h	If "Yes," explain the arrangement in Part XIV				*************		*****************		
~	ii 165, explain the analysment in all All	and complete the n)IIO WIII IŞ	(dDio.				Amoun	1
^	Beginning balance						10	Allouit	
4	Additions during the year								
e	Distributions during the year							,	
4	Ending balance								
90	Did the organization include an amount on F							Yes	No
	If "Yes," explain the arrangement in Part XIV						************	103	140
	1 Y Endowment Funds. Complete		restored	"Ves" to F	orm GGO Pai	t IV line 10		·	
220.00	Literation in the first complete	(a) Current year		Prior year				rs back (e) Four	waare bank
4.	Declaring of your holongs		(0) (years Dack
	Beginning of year balance	,			-				
b	Contributions				-				
	Net investment earnings, gains, and losses				-		•••••		
ď	Grants or scholarships				-				
e	Other expenditures for facilities								
	and programs				-				
	Administrative expenses				-				
9	End of year balance								
2	Provide the estimated percentage of the year		is:						
а	Board designated or quasi-endowment		%						
þ	Permanent endowment >								
	had been been been been been been been bee	%							
За	Are there endowment funds not in the posse	ession of the organiz	ation the	at are held	and administ	ered for the	organizati		
	by:					•		1	Yes No
	(i) unrelated organizations								
	(ii) related organizations								
	If "Yes" to 3a(ii), are the related organization	*						3b	<u> </u>
	Describe in Part XIV the intended uses of the								
Per	[VI Investments - Land, Building	s, and Equipme	ent. Se	e Form 990), Part X, line				
***	Description of investment	(a) Cost or o basis (investr		,	t or other (other)		umulated sciation	(d) Book	value
ta	Land								
b	Buildings								
¢	Leasehold improvements		,						
d	Equipment								
е	Other	•••							
Total.	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line	10(c).)		>	-	0.
								edule D (Form	990) 2009
								•	
	···				· · · · · · · · · · · · · · · · · · ·				

Schedule D (Form 990) 2009

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	edule D (Form 990) 2009 NATIONAL TOUR ASSOCIATION,	INC	•		31-3	1049903	Page 4
F	Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Finan	cial S	tatement	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4,643	195.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	·	4,604	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	,		047
4	Net unrealized gains (losses) on investments			4		,	
5	Donated services and use of facilities		************	5			
6	Investment expenses			6			
7	Prior period adjustments	*****		7			
8	Other (Describe in Part XIV.)		***********	8			
9	Total adjustments (net). Add lines 4 through 8		**********	9	 •		0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10		39	047.
	KII Reconciliation of Revenue per Audited Financial Statemen	nts Wi	th Rever	ILIA N	er Return		
	Total revenue, gains, and other support per audited financial statements					4,643,	195.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		**************	*********	····	-, , , , , ,	7,704
а	Net unrealized gains on investments	2a					
ь	Donated services and use of facilities	2b	,				
C	Recoveries of prior year grants						
d	Other (Describe in Part XIV.)	2d		-			
	Add fines 2a through 2d	LU	•		2e		n
3	Subtract line 2e from line 1	*******	*************	*********	3	4,643,	105
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	********		**********		4,043,	170.
a	Investment expenses not included on Form 990, Part VIII, line 7b	امها					
b	Other (Describe in Part XIV.)						
-	Add lines 4a and 4b				4c		۸
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		************		5	4,643,	195
	**************************************	nte Wi	th Evne	1000	ner Detur	4,043,	T30+
1	Total expenses and losses per audited financial statements					4,604,	1/10
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•••••	• • • • • • • • • • • • • • • • • • • •	*********	••••		1401
a	Donated services and use of facilities	2a					
b	Prior year adjustments			_	\dashv		
	The state of the s						
ų	Other (Describe in Part XIV.)	20		•			
	Add lines 2a through 2d						Λ
3	Subtract line 2e from line 1	***********	************	******	2e	4,604,	1/2
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		************	••		4,004,	140.
	Investment expenses not included on Form 990, Part VIII, line 7b						
	Other (Describe in Part XIV.)						
~	Add lines 4a and 4h	40		•			0.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		*************		4c	4,604,	148.
Ď	XIX Supplemental Information		************	*********	5	4,004,	140.
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	linen de	and de David	. 11 8	- 46 106	- D - 3 1 / V - 4	<u> </u>
line	2: Part Yi line 8: Part Yii lines 2d and 4h; and Dart Yiii lines 2d and 4h. Also servels	iines ia	ano 4; Pan	IV, NOE	95 10 and 20	; Part V, line 4	; Part
) III IO	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple	re this p	an to provi	de any	additional in	formation.	
			, , , , , , , , , , , , , , , , , , ,	***************************************	************		
					· · · · · · · · · · · · · · · · · · ·		,,,
	/ / / / / / / / / / / / / / / / / / / /	,,					
					,		
		· · · · · · · · · · · · · · · · · · ·					

Schedule F (Form 990)

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

NATIONAL TOUR	ASSOCIATI	ON. INC.			31-104990	13
Part I General Info	rmation on A		tside the United States. Comp	olete if the organ		
to Form 990, Pa			ds to substantiate the amount of the		41	
_	-		selection criteria used to award the gr	•		Yes No
2 For grantmakers. Des	cribe in Part IV th	e organization's	procedures for monitoring the use of	grant funds out	side the United Sta	ites.
		· · · · · · · · · · · · · · · · · · ·	iditional space is needed.)	1 (2) (6 - 16	A. 1. 4. 4. 1. 5. N	40 T-1-1
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a prop describe	vity listed in (d) gram service, specific type se(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING						
ICELAND AND GREENELAND)		0	PROGRAM SERVICES	TRADE SHOWS	, CONVENTIONS	10,362.
GRZBNEDAND)		·	FROGRAM DERVICES	X MEDITINGS		10,302,
EAST ASIA AND THE	0	0	PROGRAM SERVICES	TRADE SHOWS	, CONVENTIONS	3 AE1
PACIFIC		<u>. </u>	PROGRAM SERVICES	REMITSAN S		3,451.
NORTH AMERICA	0	0	PROGRAM SERVICES	TRADE SHOWS	, CONVENTIONS	3,307.
ATTOMATICAL TO A STATE OF THE S	<u>~</u>		211001121	<u> </u>		3,307.

		,,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			****	
		,	**************************************			
		•				

Totals	n	0				17,120.
	perwork Reduct		see the Instructions for Form 990.		Schedule F (F	orm 990) 2009

(i) Method of valuation (book, FMV, appraisal, other) Page 2 Schedule F (Form 990) 2009 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance (g) Amount of non-cash assistance 31-1049903 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by oash disbursement (f) Manner of of cash grant (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter NATIONAL TOUR ASSOCIATION, INC. (d) Purpose of grant Use Schedule F-1 (Form 990) if additional space is needed. (c) Region Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) Schedule F (Form 990) 2009 (a) Name of organization

\$32072 02-01-10

31-1049903	Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.	
Schedule F (Form 990) 2009 NATIONAL TOUR ASSOCIATION, INC.	Remit Grants and Other Assistance to Individuals Outside the United States. Complete if the organ	Use Schedule F-1 (Form 990) if additional space is needed.

Page 3

Schedule F (Form 990) 2009 NATIONAL TOUR ASSOCIATION, INC.	31-1049903	Page 4
Part V Supplemental Information		
Complete this part to provide the information required in Part I, line 2, and any additional information		
PART I, LINE 3, COLUMN (F)		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************
THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING TO) <u>እ</u> ሮሮሊፒ፤እ፤ጠ	
	ACCOUNT FOR	
EXPENDITURES IN REGIONS OUTSIDE THE UNITED STATES.		

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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of ti	ne organization			· · · · · · · · · · · · · · · · · · ·	***************************************		•			Employe		fication	numbei
asadaadaaana	NA NA	TIONAL	TOUR	ASSOC:	IATION	INC	•		1	31-1			
Part I	Excess Benefit).	· · · · · · · · · · · · · · · · · · ·			
	Complete If the org	anization ans	wered "Ye	s' on Form	990, Part IV	, line 25a	or 25b, or Fo	m 990-	EZ, Par	V, line 4	l0b.		
1	(a) Name of di	squalified pe	rson			li:) Description	of trans	action			(c) Co	rected?
							,		4011011			Yes	No
			·									-	<u> </u>
······································		, ,										-	
													· · ·
			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										 -
			.,	,:									
2 Entert	he amount of tax imp	osed on the	organizatio	n manager	s or disquali	fied perso	ons during the	e year un	der				
section	***************************************	*****************		**********	***************		*****************		********	🕨 \$			
3 Entert	he amount of tax, if a	ny, on line 2,	above, rein	nbursed by	the organiz	ation	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • • • • • • • • • • • • • • • • • • •	,	🕨 \$			
Part II	Loans to and/o	r Erom In	tarastad	Ромория									
										_			
(a) Na	Complete if the orga me of interested		wered fres to or from		990, Part IV, tal principal	1					proved	4.334	
	on and purpose		nization?	an	nount	(a) B	alance due	defa	in uit?	by bo	proved pard or nittee?		ritten ment?
		То	From	1				Yes	No	Yes	No	Yes	No
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Part III	Grants or Assis	tance Rer	efiting l	ntarasta	d Person		7133						
	Complete if the orga		-		•	•							
(a)	Name of Interested		rored res				sted person	and	7	(a) Am	allat an	d trops of	
	· ·			(-) / (0/02/2	the or	ganizatio	istou person.	anu		(c) Aiti	ount and assistan	oe Oe	
[ICHEL]	E MICHALEWI	CZ	BOI	RD CH	AIRMAN	***************************************		**************************************	ST	IPEN	D 29	870.	
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ert IV	Business Transa	actions in	volvina l	ntereste	d Darson				<u> </u>		<u> </u>		
***************************************	Complete if the organ		_				705 DO -						
	Name of Interested p		5		between in		(c) Amor	int of	(40.1	Jaconi-ti		(e) Shar	ing of
, ,					the organiza		transac			Descripti ransactik		organiza revent	ition's
											ŀ	Yes	No
									1				110
·													
					V/								
	***								<u> </u>				
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the

Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE M (Form 990)

Noncash Contributions

Attach to Form 990.

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NATIONAL GOLD ASSOCIATION

Employer identification number

100000	NATIONAL IO	T TOOO	CIMITONA	TIAC •	-	77-1043303	
	ift I Types of Property	· (a)	fl.\	(4)	т		
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1ç		(d) d of determining revenues	
1	Art · Works of art						
2	Art - Historical treasures					,	
3	Art - Fractional Interests		-				
4	Books and publications						
5	Clothing and household goods					A	
6	Cars and other vehicles			1			
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock			, , , , , , , , , , , , , , , , , , , ,			
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -		,				
	Historic structures			·			
14	Qualified conservation contribution - Other						
15	Real estate • Residential						
16	Real estate • Commercial	*					
17	Real estate - Other					• •	
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies			,			
21	Taxidermy					,	
22	Historical artifacts	,,,,,,,		***************************************	1		
23	Scientific specimens				,		
24	Archeological artifacts					-	
25	Other (HOSPITALITY)	X	38	1,070,877.	SEE STAT	EMENT 1.	
26	Other						
27	Other > ()			, , , , , , , , , , , , , , , , , , ,			~ ~~~
28	Other (, ,, <u>-</u> ,, -,				
29	Number of Forms 8283 received by the organiz	ration during	the tax year for co	ontributions	L	, ,	
-•	for Which the organization completed Form 828					, , , , , , , , , , , , , , , , , , , ,	
3Da	During the year, dld the organization receive by	, contribution	any property rep	orted in Part I lines 1-29 th	at it must hold for	Yes	No
	at least three years from the date of the initial of						
	the entire holding period?					30a	X
h	If "Yes," describe the arrangement in Part II.			***************************************		304	***
31	Does the organization have a gift acceptance p	olicy that rec	mires the review o	of any non-standard contribu	utlone?	31	**** X
	Does the organization hire or use third parties of				uuviis: ,,,,,,,,,,,		
	contributions?	-		• •	***************************************	32a	X
	If "Yes," describe in Part II.						#
33	If the organization did not report revenues in co	lumn (c) for a	a type of property	for which column (a) is che-	cked,		
	describe in Part II.	•	· ·				
.HA	For Privacy Act and Paperwork Reduction	Act Notice,	see the Instruction	ons for Form 990.	Sched	ule M (Form 990) 2	009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL TOUR ASSOCIATION, INC.

Employer Identification number 31–1049903

FORM 990, PART VI, SECTION A, LINE 3: NATIONAL TOUR ASSOCIATION DELEGATED

CONTROL OVER MANAGEMENT DUTIES TO IMG AND THEY INCLUDE, BUT ARE NOT LIMITED

TO: HIRING, FIRING, SUPERVISING PERSONNEL, PLANNING OR EXECUTING BUDGETS

OR FINANCIAL OPERATIONS, AND SUPERVISING EXEMPT OPERATIONS OR UNRELATED

TRADES OR BUSINESSES OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS APPROXIMATELY 2,800 MEMBERS THAT PAY ANNUAL DUES TO BELONG TO THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A: ALL BOARD POSITIONS ARE ELECTED BY THE MEMBERS, WITH THE EXCEPTION OF 3 AT-LARGE POSITIONS APPOINTED BY THE CHAIRMAN.

FORM 990, PART VI, SECTION A, LINE 7B: BYLAW AMENDMENTS MUST BE APPROVED

BY THE MEMBERS, WHICH INCLUDES DEFINITION OF MEMBERSHIP CATEGORIES,

GOVERNANCE STRUCTURE, VOTING ELIGIBILITY, ORGANIZATIONAL NAME AND PURPOSE,

AND ANNUAL BUSINESS MEETING REQUIREMENTS.

FORM 990, PART VI, SECTION B, LINE 11: ORGANIZATION PROVIDED COPIES TO ITS GOVERNING BODY FOR REVIEW OF DRAFT FORM 990 BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS MUST DISCLOSE ANY

POTENTIAL CONFLICTS TO THE EXECUTIVE COMMITTEE. IF THE EXECUTIVE COMMITTEE

SEES A CONFLICT THEY REPORT SUCH TO THE BOARD. BOARD MEMBERS MAY BE

REQUIRED TO REFRAIN FROM VOTING OR DISCUSSION AS DIRECTED.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.



Name of the organization NATIONAL TOUR ASSOCIATION, INC.	Employer identification number 31-1049903
THE ORGANIZATION DOES NOT PAY A	
COMPENSATION BUT DOES PAY A STIPEND TO THE CHAIRMAN.	
FORM 990, PART VI, SECTION C, LINE 19: THE BYLAWS AND COI	DE OF ETHICS ARE
ON THE ORGANIZATION'S WEBSITE. THE ARTICLES OF INCORPORA	ATION, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS/ANNUAL AUDIT A	RE AVAILABLE UPON
REQUEST.	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

SCHEDULER Form 990 Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.

INC

TOUR ASSOCIATION,

NATIONAL

2009 Open to Public Inspection OMB No. 1545-0047

Schedule R (Form 990) 2009 Employer identification number 31-1049903 Direct controlling Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) VATIONAL TOUR O - ASSOCIATION End-of-year assets status (if section Public charity 501(c)(3)) <u>e</u> 0 Exempt Code Total income section Ŧ Ī Parti Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) KENTUCKY LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Primary activity Primary activity æ Ð MARKETING 61-1109975, 546 BAST MAIN STREET, LEXINGTON INC. NATIONAL TOUR MARKETING SERVICES, Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 40508 #####

31-1049903 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule R (Form 990) 2009 NATIONAL TOUR ASSOCIATION, INC.

Page 2

General or managing partner? Yes No	re related (h) Percentage		0) 2009
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	thad one or more ref (g) Share of Percend-of-year own		Schedule R (Form 990) 2009
(h) Disproportion- ate allocations? Yes No	/, line 34 because it h		Sch
(g) Share of end-of-year assets	to Form 990, Part IV, ling (e) Type of entity (C corp., S corp.) or trust)		
(f) The Share of total income der	answered "Yes" to Fo (d) Direct controlling Tyrentity (C C	-	
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	he organization ansi (c) (c) (state or (state or foreign county)		
(d) Direct controlling entity	or Trust (Complete if the (b)		38
Legal domicile (state or foreign country)	orporation or ax year.) Prir		
(b) Primary activity	nizations Taxable as a Co oration or trust during the t		
(a) (b) Name, address, and EIN Primary activity of related organization	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organization or trust during the tax year.) (a) (b) (c) (d) (d) (d) (e) (f) (f) (f) (f) (f) (f) (f		01:
			932162 07-21-10

Schedule R (Form 990) 2009 NATIONAL TOUR ASSOCIATION, INC.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Page 3

Note:	Mote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Voc. No.
- °	Description of the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	- 1920
	Officered (ii) annumes (iii) royantes of (iv) rent from a controlled entity	1a
	olit, grant, or depital contribution to other organization(s)	17
	olit, gliant, of depital contribution from other organization(s)	10
	Localis of Ioan Sudial (tees to 0 Tor Other Organization(s)	14
	Logis of India guarantees by other organization(s)	4
ù		91
	ode of assets to other organization(s)	-14
្រី ប៉ ពេធ	Purchase of assets from other organization(s)	10
	Excitatige of assets	±
<u>"</u>	Lease of facilities, equipment, or other assets to other organization(s)	10.7
	المراق ال	
ני ני	Lease of racinues, equipment, or other assets from other organization(s)	-
	renormance of services or membership or functaising solicitations for other organization(s)	**
. 67 - E	m Sharing of facilities or increasing or functions by other organization(s)	-
් ප	Sharing of baid employees	
		- L
0	Reimbursement paid to other organization for expanses	
	embirement and the short angeliance of the short and the s	10
	Annual Par Dy Viller Uganzaton Tot expenses	αL
5 E	Chief Italiate of cash of property to other organization(s)	10
- 0	Called Lightship to Cash of Dioperty from other organization(s)	ı
	we asswer to any or the accidents. See the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	iolds.
	(a) (b) Name of other organization(s)	(c) Amount involved
	(ype (a-r)	
Θ		
Q		
2		
3		
<u>6</u>		The proposition of the control of th
9		
982163 02-04-10	THE PRINCESS OF THE PRINCESS O	
!	3.5	Schedule R (Form 990) 2009

Page 4

40

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a)	Asian to certain investment partition		-	- J	5		
		(E)		9		B		
	of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
				Yes No		Yes No		<u>. </u>

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		,						
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					- The state of the			
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	APPA Annual manual manual anguyang manual manual manual manual manual manual manual manual manual manual manual							
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	THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS							
		The state of the s	***************************************					
				-				
							Schedule R (Form 990) 2009	n 990) 2009
	<u> </u>							•

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

A	Fort	the 2010 calendar year, or tax year beginning a	nd ending		· · · · · · · · · · · · · · · · · · ·
В	Check applic			D Employer ide	ntification number
	X	dress NATIONAL TOUR ASSOCIATION, INC.			
Ē	Nar	me Doing Business As		31.	-1049903
	- Initi	Number and street (or P.O. box if mail is not delivered to street address)	Room/su		
Ē	Ten ate	In 101 PROSPEROUS PLACE	350	1 '	59) 264-6540
<u> </u>	I retu	im [Oity of town, state or country, and ZIP + 4		G Gross receipts \$	5,164,173
L	tlőñ pen	dling LEXINGTON, KY 40509		H(a) Is this a grou	
		F Name and address of principal officer:LISA SIMON		for affiliates?	
_	T-1/ -	SAME AS C ABOVE	[] _	1	included? Yes No
		xempt status: 501(c)(3) X 501(c) (6) (insert no.) 4947(a)(· site: ➤ WWW.NTAONLINE.COM	1) or 5	***	h a list. (see instructions)
_		of organization: Corporation Trust X Association Other	[, _V ,	H(c) Group exemp	
		Summary	JL Ye	ar of formation: 190.	M State of legal domicile: KY
	1	Briefly describe the organization's mission or most significant activities: TO	<u>Α ΕΥΛΑΙΟ</u>	ים חוצר ישעות עי	RESTS OF NTA
ခို	'	MEMBERS AND THE PACKAGED TRAVEL INDUSTR		THE THEFT	TEDIO OF MIA
E E	2	Check this box ▶ ☐ if the organization discontinued its operations or disp		era than 250% of its sa	t poorto
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)			3 17
Ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b			4 17
SS	5	Total number of Individuals employed in calendar year 2010 (Part V, line 2a)			5 0
ij	6	Total number of volunteers (estimate if necessary)			6 442
₹	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a 0.
_		Net unrelated business taxable income from Form 990-T, line 34			<i>b</i> 0.
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		1,070,877	
ē	9	Program service revenue (Part VIII, line 2g)		3,177,317	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,562	
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		386,439	
	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,643,195	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	
ë		Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.
Ä	47	Total fundraising expenses (Part IX, column (D), line 25)	0.	1 604 140	E 200 EE0
, .		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		4,604,148 4,604,148	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·····	39,047	. 5,388,558. -224,385.
<u> </u>	13	Revenue less expenses. Subtract line 18 from line 12		eginning of Current Yea	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		3,367,307	
ASS	21	Total liabilities (Part X, line 16)		1,628,519	
ᆵ	22	Net assets or fund balances. Subtract line 21 from line 20		1,738,788	
Pa	rt II	Signature Block			-1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -
Unde	r pena	lities of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of	my knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of w			•
		1 My In			4-11
Sign	1	Signature of officer		Date	
Here	•	LIŠA ŚIMON, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		DEBORAH C. SMITH, CPA Deborah Smith		"/ I+/ I(self-emplo	yed
Prepa		Firm's name MOUNTJOY CHILTON MEDLEY LLP		Firm's EIN ▶	
Use C)nly	Firm's address 175 EAST MAIN STREET, SUITE 200			
		LEXINGTON, KY 40507-1368		Phone no. 8	359-514-7800
May:	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• if you	are filing for an Automatic 3-Month Extension, compl	lete only F	Part I and check this box	•••••	> X
• If you	are filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II (on page 2 of thi	s form).	•
Do not c	omplete Part II unless you have already been granted	an autom	atic 3-month extension on a previously	filed Form 8868.	
Electron	ic filing (e-file). You can electronically file Form 8868 if	f you need	a 3-month automatic extension of time	to file (6 months for a	corporation
required	to file Form 990·T), or an additional (not automatic) 3·m	onth exter	nsion of time. You can electronically file	Form 8868 to request	t an extension
of time to	offile any of the forms listed in Part I or Part II with the e	xception o	of Form 8870, Information Return for Tra	nsfers Associated Wi	th Certain
Personal	Benefit Contracts, which must be sent to the IRS in pa	per forma	t (see Instructions). For more details on	the electronic filing of	this form,
Part I	irs.gov/efile and click on e-file for Charities & Nonprofit Automatic 3-Month Extension of Tim		ubmit original (no copies needed)		
A corpora	ation required to file Form 990-T and requesting an auto	matic 6-m	onth extension : check this box and co	mnlete	
Part i only					
All other of to file inco	corporations (including 1120-C filers), partnerships, REN ome tax returns.	MICs, and	trusts must use Form 7004 to request a	n extension of time	
Type or	Name of exempt organization			Employer identific	ation number
print	NATIONAL TOUR ASSOCIATION,	INC.		31~10499	nα
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 546 EAST MAIN STREET		etions.	1 01 10199	
return, See Instructions.	City, town or post office, state, and ZIP code. For a full LEXINGTON, KY 40508	oreign add	dress, see instructions.		
	EDMINGTONY KI 40000	-1			
Enter the f	Return code for the return that this application is for (file	e a separa	te application for each return)	***************************************	0 1
Applicatio	on .	Return	Application		- Datum
ls For		Code	Is For		Return
Form 990		01	Form 990-T (corporation)	 	Code 07
Form 990-l	BL	02	Form 1041-A		08
Form 990-l	Z	03	Form 4720	· · · · · · · · · · · · · · · · · · ·	09
Form 990-F	PF	04	Form 5227		10
Form 990-1	(sec. 401(a) or 408(a) trust)	05	Form 6069		11
orm 990·1	(trust other than above)	06	Form 8870		12
	CATHY BOYD				
The boo	ks are in the care of > 2365 HARRODSBUF	RG RO	AD - LEXINGTON, KY 4	0504	
	ne No. ► <u>(859) 264–6540</u>		FAX No. ►		
If the org	ganization does not have an office or place of business	in the Uni	ited States, check this box	*************************	. ▶ □
If this is	for a Group Return, enter the organization's four digit of	Group Exe	mption Number (GEN) If this	ls for the whole grou	p, check this
ox 🕨 📙	If it is for part of the group, check this box ▶	and attac	ch a list with the names and EiNs of all n	nembers the extensio	n is for.
1 Irequ	vest an automatic 3-month (6 months for a corporation AUGUST 15, 2011 to file the exempt		o file Form 990-T) extension of time until on return for the organization named ab		
	the organization's return for:	•	the organization flamed de	ATO THE CALCUSON	
► X	calendar year <u>2010</u> or				
> [tax year beginning	, and	ending	·	
2 If the	tax year entered in line 1 is for less than 12 months, ch	eck resec	n: Initial return Final	mat	
	Change in accounting period	ech reaso	iii iiiika returii Finai	return	
a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or	r 6069, ent	ter the tentative tax, less any		
	fundable credits. See instructions.		·	3a \$	0.
	application is for Form 990-PF, 990-T, 4720, or 6069, e				
	ated tax payments made. Include any prior year overpa			3b \$	0.
Balan	ce due. Subtract line 3b from line 3a. Include your pays	ment with	this form, if required,		
by usir	ng EFTPS (Electronic Federal Tax Payment System), Se	e instruct	lons.	3c \$	0.
aution. It y	ou are going to make an electronic fund withdrawal wit	th this Fon	m 8868, see Form 8453-EO and Form 88		
A For	Paperwork Reduction Act Notice, see Instructions.			Form 8868 ((Rev. 1-2011)

023841

	m 990 (2010) NATIONAL TOUR ASSOCIATION, INC. 31-104	9903	3 F	age 3
	art IV Checklist of Required Schedules		1	
			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
_	If "Yes," complete Schedule A	1	X	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u>^</u>	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		-	<u>^</u>
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	—	1	
•	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
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,		١,,	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			Х
_	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		
Ç	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		Х
ď	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	110		
~	Part X, line 16? If "Yes," complete Schedule D; Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		-	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		,	
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	40		X
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	-+	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		X
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	'	\dashv	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	,	20ь		
	and the state of t	Farm 0	00.00	24.03

Form 990 (2010) NATIONAL TOUR ASSOCIATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1	7		
t)		
c	make a second and a second and a second and a second and a second and a second and a second and a second and a		able gaming			
	(gambling) winnings to prize winners?			10	X	
2a						
	filed for the calendar year ending with or within the year covered by this return	2a	()		
b		ırns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
				3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
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	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions	action?		5b		X
c	• • • • • • • • • • • • • • • • • • • •			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he orga	anization solicit			
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions o	r gifts			
	were not tax deductible?			6b		75500000000000000000000000000000000000
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 and se			7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired	_		
	to file Form 8282?			7c		
ď	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 of			7e	\dashv	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations. Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di			****		
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8	***********	********
9	Sponsoring organizations maintaining donor advised funds.	ully these	o dusing the years			
	Did the organization make any taxable distributions under section 4966?			9a	***********	2000202025
h	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter:	********	:			
	````	10a				
	•	10b				
1	Section 501(c)(12) organizations. Enter:					
		11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
		11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
		12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which the					
	1	13b				
		13c				
4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		
				Form C	190 (20	1101

Page 7

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

  • List all of the organization's current key employees, if any. See instructions for definition of "key employees."

 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.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(4	C)			(D)	(E)	(F)
Name and Title	Average				itio	n		Reportable	Reportable	Estimated
	hours per	(0	hec	k all	that	app	oly)		compensation	amount of
	week	tg						from the	from related organizations	other compensation
	(describe hours for	gla				2		organization	(W-2/1099-MISC)	from the
	related	age Sec	age a			bens		(W-2/1099-MISC)	(,, _, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organization
	organizations	를	Bal		a so	E 8		'		and related
	in Schedule		Institutional trustee	Officer	Keyemployee	Highest compensated employee	Ę			organizations
	0)	르	트	-	2	Ξ. 9	T.			
MICHELE MICHALEWICZ		l				l			_	0
IMMEDIATE PAST CHAIRMAN	1.00	Х	_	<u>                                      </u>	┡	<u> </u>	ļ	0.	0.	0.
CATHERINE M. GRETEMAN										0
CHAIRMAN AND CEO	1.00	Х	ļ	X		<del> </del>	ļ	0.	0.	0.
GREG ECKHART		l	١.							^
DMO DIRECTOR	1.00	X		<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
LAURIE LINCOLN		l	l	ļ					0	n
DIRECTOR	1.00	X	L	ļ	<u> </u>	ļ	<u> </u>	0.	0.	0.
CAROLYN CHRZAN BOSS	1								ا م	٥
TOUR SUPPLIER DIRECTOR	1.00	Х	<u> </u>	ļ	<u> </u>		ļ	0.	0.	0.
ANNE DAVIS										0
DIRECTOR	1.00	X	_		ļ	$oldsymbol{oldsymbol{oldsymbol{eta}}}$	ļ	0.	0.	0.
SHERRI GUIBORAT										۸
DIRECTOR	1.00	X	ļ		ļ	<u> </u>	<u> </u>	0.	0.	0.
JIM WARREN .	1								0.	٥
DIRECTOR	1.00	X	_	ļ		<u> </u>	_	0.	0.	0.
JIM REDDEKOPP JR.	1	١							0.	0.
VICE CHAIRMAN	1.00	Х		X	L	_	_	0.	U •	<u> </u>
JORGE CAZENAVE									0.	0
DIRECTOR	1.00	Х	<u> </u>	_	ļ	<u> </u>	<u> </u>	0.	0.	0.
MAHEN SANGHRAJKA	1	l							^ [	٥
DIRECTOR	1.00	X	<u> </u>		<u> </u>	<u> </u>	ļ	0.	0.	0.
GREG TAKEHARA	1						ŀ		^	0.
DIRECTOR	1.00	X	<u> </u>		<u> </u>	<u> </u>		0.	0.	<u> </u>
CATHLEEN JOHNSON					-				0.	0.
DIRECTOR	1.00	X	_	<u> </u>	ļ	<u> </u>		0.	V •	<u> </u>
PAUL NAKAMOTO	1 00								0	0.
DIRECTOR	1.00	X	_			_	<u> </u>	0.	0.	
NICHOLAS CALDERAZZO	1 00	l							^	٥
SECRETARY/TREASURER	1.00	X	_	X	ļ			0.	0.	0.
FRED DIXON									^	0
DIRECTOR	1.00	Х					_	0.	0.	0.
JENNIFER SUTCLIFFE										^
DIRECTOR	1.00	X				<u> </u>		0.	0.	0.
032007 12-21-10										Form <b>990</b> (2010)

032007 12-21-10

47310 1

					R ASSOCI	ATION, INC		31-104	9903 Page 9
P	art	VI	II Statement of Reve	nue		****			
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sectlons 512, 513, or 514
Contributions, gifts, grants	3	1 a	Federated campaigns	[——-]-···-					
E S	3		Membership dues			_			
ffs,	i		Fundraising events	1 1		_			
<u>.</u> 6			Related organizations			-			
Sin	;		Government grants (contribut			$\dashv$			
buti		1	All other contributions, gifts, gran similar amounts not included abo		406,122				
		a	Noncash contributions included in lines	4	406,122				
S			Total. Add lines 1a-1f			1,406,122			
					Business Cod				
8	2	2 a	DUES AND FEES		721000	3,357,871	.3,357,871		
ie P.		b	· ·						
S S		C	· · · · · · · · · · · · · · · · · · ·			<u> </u>			ļ
E S		d							
Program Service Revenue		e	All alternations						
	١.		All other program service reve <b>Total.</b> Add lines 2a-2f			3,357,871			
	3		Investment income (including						
			other similar amounts)			18,412			18,412.
	4	ļ	Income from investment of tax						
	5	;	Royalties		<b>&gt;</b>	381,768	•		381,768.
				(î) Real	(ii) Personal				
	6	a	Gross Rents						
		b	Less: rental expenses						
		C	Rental Income or (loss)		<u> </u>	-			
	,	d	Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				
	<b>'</b>	a	assets other than inventory	(I) Securities	(ii) Other				
		b	Less: cost or other basis						
			and sales expenses						
		c	Gain or (loss)						
		d	Net gain or (loss)		<u> </u>	,			,
Other Revenue	8	а	Gross income from fundraising including \$						
કુ			contributions reported on line	-					
er.			Part IV, line 18						
ਰ			Less: direct expenses						
	_		Net income or (loss) from fund			_			
	y	а	Gross income from gaming act Part IV, line 19						
İ		h	Less: direct expenses						
			Net income or (loss) from gami						***************************************
	10		Gross sales of inventory, less r						
			and allowances	- 1					
		b	Less: cost of goods sold	ь[					
-		¢	Net income or (loss) from sales						
		. —	Miscellaneous Revenue	1	Business Code				
	11	_	·					<del> </del>	
		b	**************************************	- 1					-
		C C	All other revenue						
			Total. Add lines 11a-11d		•				
	12	~	Total revenue. See instructions		<b>&gt;</b>	5,164,173.	3,357,871.	0.	400,180.
3200: 2-21-	9						·		Form 990 (2010)

Part X Balance Sheet (A) Beginning of year (B) End of year 1,497,348. 1,172,024. 1 Cash · non-interest-bearing 754,980. 758,127. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 990,469. 931,329. 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instructions) 7 7 Notes and loans receivable, net ..... Inventories for sale or use 8 47,713. 67,575. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ........ 10a 34,132. 0. 32,994. b Less: accumulated depreciation ______ 10b 10c 11 11 Investments · publicly traded securities 12 Investments · other securities. See Part IV, line 11 12 13 13 Investments · program-related. See Part IV. line 11 116,437. 19,500. 67,562. Intangible assets ..... 14 14 12,000. 15 15 Other assets. See Part IV, line 11 3,100,751. 323,224. 3,367,307. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 248,935. 17 17 Accounts payable and accrued expenses ..... 18 Grants payable 18 1,364,254. 1,263,124. 19 19 Deferred revenue _____ Tax-exempt bond liabilities ..... 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D ...... iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties ..... 15,330. 25 25 Other liabilities. Complete Part X of Schedule D 1,628,519. 1,586,348. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here 🕨 🗓 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,738,788. 1,514,403. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117, check here | and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund ...... 32 32 Retained earnings, endowment, accumulated income, or other funds 1,738,788. 1,514,403. Total net assets or fund balances 33 3,367,307. 3,100,751. Total liabilities and net assets/fund balances .....

Form 990 (2010)

10531114 756699 47310

# Schedule B (Form 990, 990-EZ, or 990-PF)

**Schedule of Contributors** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990, 990-EZ, or 990-PF.

Employer identification number

NATIONAL TOUR ASSOCIATION, INC. 31-1049903							
Organization type (check	one):	· · · · · · · · · · · · · · · · · · ·					
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 6 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization	•					
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule							
X For an organization contributor. Complete	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo lete Parts I and II.	oney or property) from any one					
Special Rules							
509(a)(1) and 170(t	e)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regularity)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the gold Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
aggregate contribu	)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contrib tions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, o ruelty to children or animals. Complete Parts I, II, and III.						
contributions for us If this box is checked purpose. Do not co	)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribute exclusively for religious, charitable, etc., purposes, but these contributions did not agged, enter here the total contributions that were received during the year for an exclusively implete any of the parts unless the <b>General Rule</b> applies to this organization because it is, etc., contributions of \$5,000 or more during the year.	regate to more than \$1,000. r religious, charitable, etc., received nonexclusively					
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Employer Identification number

## NATIONAL TOUR ASSOCIATION, INC.

9722900000000	W - TOOK ROBOCIMIION, INC.		1 1043303
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	THEATRE DIRECT & BROADWAY.COM/GROUPS  729 7TH AVENUE, FLOOR 6  NEW YORK, NY 10019	\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	ALASKA TRAVEL INDUSTRY ASSOCIATION  2600 CORDOVA STREET, SUITE 201  ANCHORAGE, AK 99503	\$20,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	HISTORIC TEMPLE SQUARE  15 EAST SOUTH TEMPLE SQUARE  SALT LAKE CITY, UT 84150	\$ 5,000.	Person Payroll Occash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 10	RHODE ISLAND TOURISM DIVISION  315 IRON HORSE WAY, SUITE 101  PROVIDENCE, RI 02908	\$7,000.	Person Payroll Noncash X  (Complete Part II if there is a noncash contribution.)
(a) No.	, (b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11	MEXICO TOURISM BOARD  152 MADISON AVENUE, SUITE 1800  NEW YORK, NY 10016	\$ <u>15,000.</u>	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12	LAS VEGAS CVA  3150 PARADISE ROAD  LAS VEGAS, NV 89109		Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
023452 12-23		Schedule 8 (Form 99	30, 990-EZ, or 990-PF) (2010)

Page 1 of 3 of Employer Identification number

## NATIONAL TOUR ASSOCIATION, INC.

VA'I' I	ONAL TOUR ASSOCIATION, INC.			31-1049903
Part I	Noncash Property (see instructions)			,
(a) No. from Part i	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	. (d) Date received
1	GALA EVENT, ICEBREAKER EVENT, TRANSPORTATION, VIP RECEPTION	-	1,010,500	. 12/31/10
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
2	FAM TOURS, VIP RECEPTION			
<u>.</u>		\$.	7,750	. 12/31/10
(a) No. from Part I	(b) Descríption of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
3	REGISTRATION BAGS			
<del></del>		\$_	15,040	. 12/31/10
(a) No. rom	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
4	CONVENTION TOUR HEADSETS			
		\$_	9,805.	12/31/10
(a) Vo. om art I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
5	REFRESHMENTS: GEORGIA TREATS (COOKIES, REFRESHMENTS)			
		\$_	5,000.	12/31/10
a) o. om rt i	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
6	CAFE CALIFORNIA (WINE TASTING)			
		\$	12,000.	12/31/10
- 10.5			Cabadula D /F	000 000 E7 ar 000 DE) (00

Employer Identification number

# NATIONAL TOUR ASSOCIATION, INC.

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1.2	TOUR OPERATOR CALENDARS	_	Ě
13		\$	_12/31/10_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
14	NOTEPADS		
		\$\$	12/31/10
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
15	THURSDAY LUNCH (FOOD, BEVERAGE, ENTERTAINMENT)	-	-
	ENTERTATIVITE (	\$\$.	04/15/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
16	THURSDAY DINNER, TEAM BUILDING, ICEBREAKER, CITY TOUR, TAPAS DINE AROUND, SIGHTSEEING TOURS, DINNER	\$ 94,222.	05/10/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
17	FRIDAY RECEPTION & DINNER (FOOD, BEVERAGE, ENTERTAINMENT)		
		\$10,000.	04/16/10
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

## SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

See separate instructions.

2010

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

<ul> <li>Section 501(c)(4), (5), or (6) organiz</li> </ul>	ations: Complete Part III.		Emn	loyer identification number
Name of organization	TO HOUR RESOURTED	TON THE	cruh	31-1049903
NATION	AL TOUR ASSOCIAT	IUN, INC.	or is a coation 527 a	
Part I-A Complete if the or	ganization is exempt un	der section aut(c)	or is a section 527 o	rganizativn.
Provide a description of the organ Political expenditures Volunteer hours	***********************************		<b>&gt;</b> \$	
Part I-B Complete if the or	ganization is exempt un	der section 501(c)	(3).	
1 Enter the amount of any excise ta	x incurred by the organization ur	nder section 4955	▶\$	
2 Enter the amount of any excise ta	x incurred by organization mana	gers under section 4955	<u> </u>	
3 If the organization incurred a secti	ion 4955 tax, did it file Form 472	o for this year?		Yes No
4a Was a correction made?				
C IC BYC - B standard to Dark 31/				
Part I-C Complete if the or	ganization is exempt un	der section 501(c),	except section 501(	c)(3).
1 Enter the amount directly expende	ed by the filing organization for s	ection 527 exempt func	ion activities 🟲 \$	
2 Enter the amount of the filing orga	inization's funds contributed to c	other organizations for se	ection 527	
exempt function activities			<b>&gt;</b> \$	
3 Total exempt function expenditure	es. Add lines 1 and 2. Enter here	and on Form 1120-POL		
line 17b			📂 \$	
4 Dld the filling organization file Form	n 1120-POL for this year?			Yes No
5 Enter the names, addresses and a made payments. For each organiz contributions received that were political action committee (PAC).	ation listed, enter the amount pa promptly and directly delivered to	aid from the filing organiz a separate political org	ation's funds. Also enter th anization, such as a separa	e amount of political
	T		(d) Amount paid from	(e) Amount of political
(a) Name	(b) Address	(o) EIN	filing organization's funds. If none, enter 0.	contributions received and promptly and directly delivered to a separate political organization.  If none, enter ·0
		,		
			.,	
			,	
			,	
			,	

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

Schedule C (Form 990 or 990-EZ) 2010

LHA

# Schedule C (Form 990 or 990-EZ) 2010 NATIONAL TOUR ASSOCIATION, INC. 31-104990 Part II B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)		
		Yes	No	Am	ount	
1 During the year, did the filing organization attempt to influence foreign, national, state	or					
local legislation, including any attempt to influence public opinion on a legislative matt	ter					
or referendum, through the use of:						
a Volunteers?						
b Paid staff or management (include compensation in expenses reported on lines 1c three.)	rough 1i)?					
c Media advertisements?						
d Mailings to members, legislators, or the public?						
e Publications, or published or broadcast statements?			·-			
f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, government officials, or a legislative body?						
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar mea						
i Other activities? if "Yes," describe in Part IV					~ <del>~</del>	
j Total. Add lines 1c through 1l						
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(c)						
b If "Yes," enter the amount of any tax incurred under section 4912						
c If "Yes," enter the amount of any tax incurred by organization managers under section				~~~		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Part III-A Complete if the organization is exempt under section 501(c)(6).	c)(4), sectio	n 501(c)(	5), or se	ection		
				Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?			1		Х	
				<del> </del>	Х	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	Ì	Δ.	
3 Did the organization agree to carryover lobbying and political expenditures from the pri- Part III-B Complete if the organization is exempt under section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No	or year? c)(4), sectio	n 501(c)(	3 5), or se		Х	
3 Did the organization agree to carryover lobbying and political expenditures from the pri- Part III-B Complete if the organization is exempt under section 501(c) 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No "Yes."	or year? c)(4), sectio " OR if Part	n 501(c)( : III-A, lin	3 5), or se e 3 is a		Х	
3 Did the organization agree to carryover lobbying and political expenditures from the pri- Part III-B Complete if the organization is exempt under section 501(c) 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No "Yes."	or year? c)(4), sectio " OR if Pari	n 501(c)( : III-A, lin	3 5), or se e 3 is a	nswered	Х	
3 Did the organization agree to carryover lobbying and political expenditures from the pri- Part III-B Complete if the organization is exempt under section 501(c) 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No "Yes."  1 Dues, assessments and similar amounts from members	or year? c)(4), sectio " OR if Pari	n 501(c)( : III-A, lin	3 5), or se e 3 is a	nswered	Х	
Did the organization agree to carryover lobbying and political expenditures from the price of the organization is exempt under section 501(c) 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts)	or year? c)(4), section or OR if Part unts of politica	n 501(c)( : III-A, lin	3 5), or se e 3 is a	1,522	X 2,640	
3 Did the organization agree to carryover lobbying and political expenditures from the price of the organization is exempt under section 501(c) 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amone expenses for which the section 527(f) tax was paid).	or year? c)(4), section " OR if Part unts of politica	n 501(c)( : III-A, lin	3 5), or se e 3 is a 1	1,522 71 51	X 2,640 .,250	
Did the organization agree to carryover lobbying and political expenditures from the pricar III-B Complete if the organization is exempt under section 501(c) 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amore expenses for which the section 527(f) tax was paid).  a Current year	or year? c)(4), section or OR if Part unts of politica	n 501(c)( : III-A, lin	3 5), or se e 3 is a 1 2a 2b	1,522 71 51	X 2,640 .,250	
3 Did the organization agree to carryover lobbying and political expenditures from the pri- Part III-B Complete if the organization is exempt under section 501(a 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amore expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year	or year? c)(4), section or OR if Part unts of politica	n 501(c)( : III-A, lin	3 5), or see e 3 is a 1 2a 2b 2c	71 71 51	Х	
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Schedule D (Form 990) 2010

Page 2 (i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance (g) Amount of non-cash assistance 31-1049903 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax exempt by cash disbursement (f) Manner of of cash grant (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 INC. the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of grant NATIONAL TOUR ASSOCIATION, (c) Region Part II can be duplicated if additional space is needed. (b) IRS code section and EIN (if applicable) (a) Name of organization Part Q

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010

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Enter total number of other organizations or entities

SCHEU	die F (Folili 990) 2010 MAI FONAMI TOUR ABBOOTHEFON THE .	<u></u>	101000	7 raye =
Part	V Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the			
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign			<del></del> 1
	Corporation (see Instructions for Form 926)		Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization			
	may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and			
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With			
	a U.S. Owner (see Instructions for Forms 3520 and 3520-A)		Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"	•		
	the organization may be required to file Form 5471, information Return of U.S. Persons with respect to			
	Certain Foreign Corporations. (see Instructions for Form 5471)		Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a			
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,			
	Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see			
	Instructions for Form 8621)	· <b>····</b>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"			
	the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain			
•	Foreign Partnerships. (see Instructions for Form 8865)		Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		•	
	"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions			
	for Form 5713)	•••••	Yes	X No
-		Sch	edule F (For	n 990) 2010

### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization								Employe	r identi	lication r	number
	IATION, INC. 31-10499				) 3						
					on 501(c)(4) organizati						
	organization answ	ered "Yes	on Form	990, Part IV	, line 25a or 25b, or Fo	rm 990-l	EZ, Par	t V, line 4	0b.		
1 (a) Name of disqualified person				(b) Description of transaction						(c) Corrected?	
										Yes	No
										┼	<u> </u>
										-	
		~		- <b>-</b>				······		1	
				·····							
2 Enter the amount of tax is	•	-	-	•		•					
3 Enter the amount of tax,	ir any, on line 2, at	oove, reim	bursea by	tne organiza	ацол		•••••	🍑 🕏			
Part II Loans to and	/or From Inte	rested l	Persons					·····			
(a)					line 26, or Form 990-E	Z. Part \	/. line 3	8a.			
(a) Name of Interested	(b) Loan to	or from		nal principal		(e) in		(f) App	oroved ard or	(g) Written	
person and purpose	the organi	zation?	an	nount		default?		comm	ittee?	agreement?	
T	То	From				Yes	No	Yes	No	Yes	No
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Total				<b>&gt;</b> \$							
Part III Grants or Ass		-									
Complete if the or							1				
(a) Name of intereste	onship between interested person and type the organization (c) Amount and type assistance				i type of ce						
CATHY GRETEMAN CHAIRMAN				·			SI	STIPEND 30,766.			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

## SCHEDULE M (Form 990)

# **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

2010

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

NATIONAL TOUR ASSOCIATION. IN

Employer identification number 31–1049903

Pe	If I Types of Property	11000		TILO	
10000000		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications			1.	
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock	•			
11	Securities · Partnership, LLC, or				
	trust interests				
12	Securities · Miscellaneous				
13	Qualified conservation contribution ·				
	Historic structures				
14	Qualified conservation contribution · Other				
15	Real estate - Residential				
16	Real estate · Commercial				
17	Real estate · Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy	<u>-</u>			
22	Historical artifacts				
23	Scientific specimens	. ,			
24	Archeological artifacts				
25	Other (HOSPITALITY)	Х	46	1,406,122.	FAIR MARKET VALUE
26	Other ()				
27	Other • ()				
28	Other ► (				
29	Number of Forms 8283 received by the organization completed Form 828				Yes No
30a	During the year, did the organization receive by at least three years from the date of the initial c				at it must hold for
	the entire holding period?				1 57
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance p	ollcy that re	quires the review o	of any non-standard contribu	ıtions?
32a	Does the organization hire or use third parties of contributions?	r related org	janizations to solic	it, process, or sell noncash	
b	If "Yes," describe in Part II.				
33	If the organization did not report an amount in o	column (c) fo	r a type of propert	y for which column (a) is ch	ecked,
LIA	For Denominal Coduction Act Notice cont	ha Instructi	one for Earm 900		Schedule M (Form 990) (2010)

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

NATIONAL TOUR ASSOCIATION, INC.

Employer identification number 31-1049903

FORM 990, PART VI, SECTION A, LINE 3: NATIONAL TOUR ASSOCIATION DELEGATED

CONTROL OVER MANAGEMENT DUTIES TO IMG AND THEY INCLUDE, BUT ARE NOT LIMITED

TO: HIRING, FIRING, SUPERVISING PERSONNEL, PLANNING OR EXECUTING BUDGETS

OR FINANCIAL OPERATIONS, AND SUPERVISING EXEMPT OPERATIONS OR UNRELATED

TRADES OR BUSINESSES OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS APPROXIMATELY 2,800 MEMBERS THAT PAY ANNUAL DUES TO BELONG TO THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A: ALL BOARD POSITIONS ARE ELECTED BY THE MEMBERS, WITH THE EXCEPTION OF 3 AT-LARGE POSITIONS APPOINTED BY THE CHAIRMAN.

FORM 990, PART VI, SECTION A, LINE 7B: BYLAW AMENDMENTS MUST BE APPROVED

BY THE MEMBERS, WHICH INCLUDES DEFINITION OF MEMBERSHIP CATEGORIES,

GOVERNANCE STRUCTURE, VOTING ELIGIBILITY, ORGANIZATIONAL NAME AND PURPOSE,

AND ANNUAL BUSINESS MEETING REQUIREMENTS.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION PROVIDED COPIES OF A DRAFT FORM 990 TO ITS GOVERNING BODY BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS MUST DISCLOSE ANY

POTENTIAL CONFLICTS TO THE EXECUTIVE COMMITTEE. IF THE EXECUTIVE COMMITTEE

SEES A CONFLICT THEY REPORT SUCH TO THE BOARD. BOARD MEMBERS MAY BE

REQUIRED TO REFRAIN FROM VOTING OR DISCUSSION AS DIRECTED.

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

Schedule O (Form 990 or 990-EZ) (2010)

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10531114 756699 47310

Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Parti

# Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990.

2010 Oper to Public Inspection OMB No. 1545-0047

NATIONAL TOUR ASSOCIATION, INC.

Employer identification number 31-1049903

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2010 Yes No entity? Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) £ Direct controlling End-of-year assets **e** status (if section Public charity 501(c)(3)) Total income Exempt Code ਢ section T Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part (V, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 032161 12-21-10 LHA Part II

# NATIONAL TOUR ASSOCIATION, INC. 2011 EXEMPT ORGANIZATION INCOME TAX RETURN

NOVEMBER 15, 2012

LISA SIMON
NATIONAL TOUR ASSOCIATION
101 PROSPEROUS PLACE SUITE 350
LEXINGTON, KY 40509

DEAR LISA:

ENCLOSED IS THE ORGANIZATION'S 2011 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2012.

COPY OF FORM 990:

PLEASE SIGN AND MAIL ON OR BEFORE NOVEMBER 15, 2012.

MAIL TO - OFFICE OF THE ATTORNEY GENERAL CONSUMER PROTECTION DIVISION ATTN: CHARITABLE REGISTRATION 1024 CAPITAL CENTER DRIVE, STE. 200 FRANKFORT, KY 40601

WE HAVE ENCLOSED MAILING ENVELOPES FOR YOUR CONVENIENCE IN FILING THE RETURN.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE RECOMMEND THAT YOU KEEP THIS COPY INDEFINITELY.

EACH YEAR THE INTERNAL REVENUE SERVICE SELECTS VARIOUS RETURNS FOR AUDIT. IF YOUR COMPANY'S RETURN IS CHOOSEN FOR AUDIT, IT DOES NOT NECESSARILY MEAN THAT SOMETHING IS WRONG WITH THE RETURN. WE WILL BE GLAD TO APPEAR WITH YOU AT THE

AUDIT CONFERENCE, OR, AS CERTIFIED PUBLIC ACCOUNTANTS, WE CAN REPRESENT YOU WITH THE IRS WITHOUT COMPANY MANAGEMENT BEING PRESENT. BECAUSE OF THE UNCERTAINTY REGARDING WHICH RETURNS WILL BE AUDITED AND HOW LONG THE AUDIT WILL TAKE, WE WILL NOT INCLUDE ANY CHARGE FOR FUTURE AUDITS WHEN WE BILL YOU FOR PREPARING THESE RETURNS.

THE INTERNAL REVENUE SERVICE PROCESSES ALL TAX RETURNS USING THEIR COMPUTERS. IN ADDITION TO CHECKING THE MATHEMATICAL ACCURACY OF EACH RETURN, THE IRS ALSO COMPARES INFORMATION ON THE RETURN REPORTED TO I BY THIRD PARTIES. SINCE THE INFORMATION REPORTING SYSTEM IS NOT TOTALLY ACCURATE, AN ERRONEOUS TAX ASSESSMENT MAY BE MADE. PLEASE CONTACT US IF YOUR COMPANY RECEIVES CORRESPONDENCE FROM ANY TAX AGENCY. ALSO, DO NOT PAY AN ASSESSMENT OR CASH AN UNEXPECTED REFUND CHECK WITHOUT CONTACTING US FIRST.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

VERY TRULY YOURS,

DEBORAH C. SMITH, CPA

Deboral C. Smuth

MOUNTJOY CHILTON MEDLEY LLP

### **TAX RETURN FILING INSTRUCTIONS**

FORM 990

### FOR THE YEAR ENDING

DECEMBER 31, 2011

Prepared for	
	NATIONAL TOUR ASSOCIATION, INC. 101 PROSPEROUS PLACE NO. 350 LEXINGTON, KY 40509
Prepared by	
	MOUNTJOY CHILTON MEDLEY LLP 175 EAST MAIN STREET, SUITE 200 LEXINGTON, KY 40507-1368
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2012.

**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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For th	e 2011 calendar year, or tax year beginning and	ending	<u></u>	
В	Check is applicat	C Name of organization		D Employer identific	cation number
	Addr	NATIONAL TOUR ASSOCIATION, INC.			
F	Nam- chan	9		31_1	049903
Ē	Initia		Room/sui		
Ī	Term	. 1	350	(859	
F	Amei	City or town, state or country, and ZIP + 4	000	G Gross receipts \$	4,711,203.
Ē	Appli	LEXINGTON, KY 40509		H(a) is this a group re	
	pend	F Name and address of principal officer:LISA SIMON		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
T	Tax-e	tempt status: 501(c)(3)  X 501(c) ( 6 )  (Insert no.)  4947(a)(1)	or 52		list. (see instructions)
		ite: WWW.NTAONLINE.COM	0, 0,	H(c) Group exemption	
		forganization: Corporation Trust X Association Other	L Yea	······································	A State of legal domicile: <b>KY</b>
_	art I		1 = 1 1		otato di logal dallilono, Ese
	1	Briefly describe the organization's mission or most significant activities: TO A	DVANC	E THE INTERE	STS OF NTA
Activities & Governance		MEMBERS AND THE PACKAGED TRAVEL INDUSTRY			
Ë	2	Check this box if the organization discontinued its operations or dispo		ore than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			16
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	16
Ş	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			35
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	445
₹	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Q.	b	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		1,406,122.	724,489.
ğ	9	Program service revenue (Part VIII, line 2g)		3,357,871.	3,604,746.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		18,412.	11,572.
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		381,768.	370,396.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,164,173.	4,711,203.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	1,145,608.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Š	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	,	5,388,558.	3,453,937.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,388,558.	4,599,545.
	19	Revenue less expenses. Subtract line 18 from line 12		-224,385.	111,658.
Net Assets or Fund Balances			Е	Beginning of Current Year	End of Year
Set	20	Total assets (Part X, line 16)		3,100,751.	3,388,341.
#20 20 20 20 20 20 20 20 20 20 20 20 20 2	21	Total liabilities (Part X, line 26)	L	1,586,348.	1,762,280.
		Net assets or fund balances. Subtract line 21 from line 20		1,514,403.	1,626,061.
_	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedule		,	/knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wi	nich prepar		
		Signature of gricer	•		5/12
Sig				Date /	
Her	'e	LISA SIMON, PRESIDENT Type or print name and title			
				Date	T DTIN
D.:		Print/Type preparer's name  Preparer's signature	HGC PA	Date Check	PTIN
Paid			Juge 174	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
_	parer	Firm's name MOUNTJOY CHILTON MEDLEY LLP		Firm's EIN ▶	27-1235638
use	Only	Firm's address 175 EAST MAIN STREET, SUITE 200			FO F4 4 FCCC
		LEXINGTON, KY 40507-1368		Phone no. 8	59-514-7800
May	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form 8868 (Rev. 1-2012)					Page 2
• If you are filing for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II and check this	s box		
Note. Only complete Part II if you have already been granted an					
• If you are filing for an Automatic 3-Month Extension, comple	te only P	art I (on page 1).			
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no	copies nee	ded).
		Enter filer's	identify	ing number.	see instructions
Type or Name of exempt organization or other filer, see instru	ctions			***************************************	n number (EIN) or
print					, -
File by the NATIONAL TOUR ASSOCIATION,			X	31-10	49903
due date for Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social s	ecurity numbe	er (SSN)
return. See 101 PROSPEROUS PLACE, NO. 3	50				
Instructions. City, town or post office, state, and ZIP code. For a for LEXINGTON, KY 40509	oreign add	iress, see instructions.			
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
		and approach to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	***********	****************	
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A	121711111111111111111111111111111111111		08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted	an auton	natic 3-month extension on a previ	ously fil	ed Form 8868	) <u>.</u>
CATHY BOYD					<del>,,</del>
<ul> <li>The books are in the care of ► 101 PROSPEROUS</li> </ul>	PLACI	E, SUITE 350 - LEXI	INGTO	N, KY 4	10509
Telephone No. ► <u>(859)</u> 264–6540		FAX No. >			
<ul> <li>If the organization does not have an office or place of business</li> </ul>	in the Un	ited States, check this box		***************	▶ 🔲
<ul> <li>If this is for a Group Return, enter the organization's four digit (</li> </ul>	Group Exe	mption Number (GEN) If	this is fo	r the whole gr	oup, check this
box 🕨 🔲 . If it is for part of the group, check this box 🕨 🔝	and atta	ch a list with the names and EINs of			
	OVEM	BER 15, 2012.			
5 For calendar year $2011$ , or other tax year beginning		, and ending			······································
6 If the tax year entered in line 5 is for less than 12 months, cl	neck reaso	on: Initial return	_ Final :	return	
Change in accounting period					
7 State in detail why you need the extension					Address :
TAXPAYER REQUESTS AN EXTENSION			ER T	O GATHE	R
INFORMATION NECESSARY TO PREPA	KE A	COMPLETE AND ACCUR	ATE	RETURN.	
0 1741	<del></del>				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	r 6069, er	nter the tentative tax, less any			•
nonrefundable credits. See instructions.			8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, e					
tax payments made. Include any prior year overpayment allo	owed as a	credit and any amount paid			0
previously with Form 8668.			8b	\$	0.
Balance due. Subtract line 8b from line 8a. Include your pay		trils form, if required, by using	1_		0
EFTPS (Electronic Federal Tax Payment System). See instru		the consideration but the	8c	\$	0.
Signature and verification of perjury, I declare that I have examined this form, including the first form, including the first form, and complete, and that I am authorized to prepare this for		t be completed for Part II or anying schedules and statements, and to		f my knowledge	and belief,
The location is the second				X1 1	
Signature ► Deforman Smuth Title ► C	PA		Date	> 8/13/1	2

Form 8868 (Rev. 1-2012)

Form 8868

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

	,					
-	re filing for an Automatic 3-Month Extension, comple					- X
	re filing for an Additional (Not Automatic) 3-Month Ex		·			
	omplete Part II unless you have already been granted					4:
	c filing (e-file). You can electronically file Form 8868 if y					
	o file Form 990-T), or an additional (not automatic) 3-mo					
	file any of the forms listed in Part I or Part II with the ex					
	Benefit Contracts, which must be sent to the IRS in par		(see instructions). For more details (	on the elec	stronic illing of this	ionii,
Part I	irs.gov/efile and click on e-file for Charities & Nonprofits  Automatic 3-Month Extension of Time		submit original (no copies ne	eded).		
A corpora	tion required to file Form 990-T and requesting an autor					
Part I only	<i>/</i>		***************************************			· 🔲
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and t	rusts must use Form 7004 to reques	st an exten	slon of time	
Type or	Name of exempt organization or other filer, see instru	ıctions.		Employe	r identification num	ber (EIN) or
print	NATIONAL TOUR ASSOCIATION,	INC.		X	31-10499	03
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 101 PROSPEROUS PLACE, NO.		tions.	Social se	curity number (SSI	<b>1</b> )
return. See instructions.	City, town or post office, state, and ZIP code. For a fe		lress, see instructions.			
	LEXINGTON, KY 40509					
Enter the l	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Application	on	Return	Application			Return
ls For	···	Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990-		02	Form 1041-A			08
Form 990-		01	Form 4720			09
Form 990-		04	Form 5227			10
	·T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
-	-T (trust other than above)	06	Form 8870			12
	CATHY BOYD					
	ooks are in the care of ► 101 PROSPEROUS one No. ► (859) 264-6540	PLAC	E, SUITE 350 - LEX FAX No. ►	INGTO	N, KY 405	09
	one No. V (000) 204 0040 properties of busines	e in the l lr				• 🗀
	s for a Group Return, enter the organization's four digit					check this
box ▶	. If it is for part of the group, check this box	7	· · · · · · · · · · · · · · · · · · ·			
	quest an automatic 3-month (6 months for a corporation					
			tion return for the organization name		The extension	
	or the organization's return for:					
	X calendar year 2011 or					
▶[	tax year beginning	, an	d ending	<del></del>	<b>,</b>	
2 If th	e tax year entered in line 1 is for less than 12 months, c	check reas	on: Initial return	Final retur	n	
	Change in accounting period					
3a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
	refundable credits. See instructions.			3a	\$	0.
	is application is for Form 990-PF, 990-T, 4720, or 6069,					0
	mated tax payments made. Include any prior year over			3b	\$	0.
	ance due. Subtract line 3b from line 3a. include your pa			30	\$	0.
	using EFTPS (Electronic Federal Tax Payment System). If you are going to make an electronic fund withdrawal					
	or Privacy Act and Paperwork Reduction Act Notice,			21111 3010	Form <b>8868</b> (F	
		,	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	-,

123841 01-04-12

	990 (2011) NATIONAL TOUR ASSOCIATION, INC. 31-1049903 Page 2
Pal	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
	Briefly describe the organization's mission:
	TO ADVANCE THE INTERESTS OF NTA MEMBERS AND THE PACKAGED TRAVEL
	INDUSTRY
	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No.
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
а	(Code:) (Expenses \$
	CONVENTION AND MEETING EXPENSES: ANNUAL CONVENTION AND OTHER MEETINGS
	AND EVENTS ARE HELD FOR THE PURPOSE OF PROVIDING MEMBERS WITH THE
	OPPORTUNITY TO EXCHANGE IDEAS AND INFORMATION.
b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
b	(Code:) (Expenses \$
b	TOURISM: VARIOUS COMMITTEES AND CAMPAIGNS DESIGNED TO PROMOTE
b	TOURISM: VARIOUS COMMITTEES AND CAMPAIGNS DESIGNED TO PROMOTE PROFESSIONALISM, INCREASED COMMUNICATION, AND EFFICIENCY IN THE TRAVEL
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С	TOURISM: VARIOUS COMMITTEES AND CAMPAIGNS DESIGNED TO PROMOTE PROFESSIONALISM, INCREASED COMMUNICATION, AND EFFICIENCY IN THE TRAVEL AND TOURISM INDUSTRY FOR THE BENEFIT OF THE GENERAL PUBLIC.  (Code:) (Expenses \$
c	TOURISM: VARIOUS COMMITTEES AND CAMPAIGNS DESIGNED TO PROMOTE PROFESSIONALISM, INCREASED COMMUNICATION, AND EFFICIENCY IN THE TRAVEL AND TOURISM INDUSTRY FOR THE BENEFIT OF THE GENERAL PUBLIC.  (Code: ) (Expenses \$ including grants of \$ ) (Neverue \$ )  Other program services (Describe in Schedule O.)
b d	TOURISM: VARIOUS COMMITTEES AND CAMPAIGNS DESIGNED TO PROMOTE PROFESSIONALISM, INCREASED COMMUNICATION, AND EFFICIENCY IN THE TRAVEL AND TOURISM INDUSTRY FOR THE BENEFIT OF THE GENERAL PUBLIC.  (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$)

Form 990 (2011) NATIONAL TOU
Part IV | Checklist of Required Schedules

			·	
		<u></u>	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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	ļ <u>.</u>
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 !	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			42
*	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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	Х	
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			٠,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		Х
<b>L</b>	Schedule D, Parts XI, XII, and XIII	12a		Λ
D	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	21	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	- **
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	.74		
.,	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	- Land Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the	1		
0.4	Did the average star was at access they \$5,000 of events and other assistance to any approximation in the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			v
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			v
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		4,7	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	Х	
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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	0.0		
31		31	ł	x
20	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 31		
32		32		х
00	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		22
33		00		v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	٠,	₹7	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	l	3,7	
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	ļ <u></u>	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<b>_</b>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

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X

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 13c

14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ......

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

	Check if Schedule O contains a response to any question in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year1	a	.6		
	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 independent1k		. 6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	=			
_	officer, director, trustee, or key employee?		. 2	ļ	X
3	Did the organization delegate control over management duties customarily performed by or under the directions directors directors and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	ect supervision			
4	of officers, directors, or trustees, or key employees to a management company or other person?		. 3	<del>                                     </del>	X
5	Did the organization make any significant changes to its governing documents since the prior Form 990 v	was filed?	. 4	-	X
6	Did the organization become aware during the year of a significant diversion of the organization's assets'	′	. 5	77	X
7a	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint		. 6	X	
				- T	
b	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stock	holders or	. <u>7a</u>	X	
	manner of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the cultivation of the		7b	x	
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	the following:	. 10	1	
а	The governing body?	die following.	.   8a	x	
b	Each committee with authority to act on behalf of the governing body?	***************************************	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	1 at the	.   05		
	proprientian's mailing address? If II/as II was it the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the manufact the ma		. 9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapte	ers, 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 bet	fore filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	•••••	12a	_ X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to co	onflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," of the did to the Colombian Consistently monitor and enforce compliance with the policy?	describe			
10	in Schedule O how this was done		12c	X	
13 14	Did the organization have a written whistleblower policy?		13		X
15	Did the organization have a written document retention and destruction policy?		14	Х	<del></del>
10	Did the process for determining compensation of the following persons include a review and approval by persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	independent			
a	The organization's CEO, Executive Director, or top management official			,	
b	Other officers or key employees of the organization		15a	X	37
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		15b		<u> </u>
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		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	participation	iva		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	on's			
	exempt status with respect to such arrangements?		16b		
ect	ion C. Disclosure	21.111.111	100		
	List the states with which a copy of this Form 990 is required to be filed ▶KY				
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec	tion 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.				
_	Own website Another's website X Upon request				
9	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict	of interest policy, a	nd finar	cial	
	statements available to the public during the tax year.				
.0	State the name, physical address, and telephone number of the person who possesses the books and rec	cords of the organiz	ation: 🕨		
	CATHY BOYD - (859) 264-6540 101 PROSPEROUS PLACE, SUITE 350, LEXINGTON KY 40509				
2006	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	<u> </u>		000	
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## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

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

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

Check this box if neither the organiza	1					nsat	1		(F)	
(A) Name and Title	( <b>B</b> ) Average			ر) Pos	C) ition	ì		<b>(D)</b> Reportable	<b>(E)</b> Reportable	(F) Estimated
ivame and Title	hours per		not c	heck	more	than is bot		compensation	compensation	amount of
	week					or/trus		from	from related	other
	(describe	ctor						the	organizations	compensation
	hours for	or director				ted		organization	(W-2/1099-MISC)	from the
	related	麗	ruste		ا ا	bens		(W-2/1099-MISC)		organization
	organizations	la Ti	onal 1		ploye	t com				and related
	in Schedule O)	Individual	Institutional trustee	Officer	Key em	Highest compensated employee	Former			organizations
(1) CATHERINE M. GRETEMAN										
CHAIRMAN AND CEO	1.00	X		X				0.	0.	0.
(2) JIM REDDEKOPP JR.	***************************************									
VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(3) ANNE DAVIS	İ							•		
SECRETARY/TREASURER	1.00	X		X		ļ		0.	0.	0.
(4) NICHOLAS CALDERAZZO										
SECRETARY/TREASURER	1.00	X		Х				0.	0.	0.
(5) MICHELE MICHALEWICZ								-		
IMMEDIATE PAST CHAIRMAN	1.00	X			<u> </u>			0.	0.	0.
(6) GREG ECKHART								_	_	_
DMO DIRECTOR	1.00	Х						0.	0.	0.
(7) LAURIE LINCOLN									_	•
DIRECTOR	1.00	Х						0.	0.	0.
(8) CAROLYN CHRZAN BOSS	1 00								^	•
TOUR SUPPLIER DIRECTOR	1.00	X						0.	0.	0.
(9) SHERRI GUIBORAT	1 00								•	0
DIRECTOR	1.00	X						0.	0.	0.
(10) JIM WARREN	1 00	37						_	^	0
DIRECTOR	1.00	X						0.	0.	0.
(11) JORGE CAZENAVE	1.00	х						0.	0.	0.
DIRECTOR (12) MAHEN SANGHRAJKA	1.00	Λ							<u> </u>	<u> </u>
DIRECTOR	1.00	х						0.	0.	0.
(13) GREG TAKEHARA	1100	-								
DIRECTOR	1.00	х						0.	0.	0.
(14) CATHLEEN JOHNSON									-	
DIRECTOR	1.00	x						0.	0.	0.
(15) PAUL NAKAMOTO										
DIRECTOR	1.00	Х						0.	0.	0.
(16) FRED DIXON										
DIRECTOR	1.00	X						0.	0.	0.
(17) JENNIFER SUTCLIFFE										
DIRECTOR	1.00	X				į		0.	0.	0.
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Pai	t VII Section A. Officers, Directors, Tru	ıstees, Key Eı	nple	oyee	s, a	nd I	ligh	est	Compensated Employ	rees (continued)				
	(A) Name and title	(B) Average hours per week (describe	(do box offi	not c	Pos Pos heck ss pe	C) ition more rson		one h an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	n I	am	(F) timate lount other pensa	of
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fro orga and	om th anizat I relat nizati	e ion ed
	LISA SIMON SIDENT	40.00			x				175,172.		0.		6.5	09.
	CATHY BOYD													
	PROLLER/DIRECTOR OF HR	40.00			X				66,285.		0.		3,6	23.
	Sub-total Total from continuation sheets to Part VI								241,457.		0.	1(	),1	32.
d 2	Total (add lines 1b and 1c)							- r	241,457.	2000 of roportable	0.	10	0,1	32.
	compensation from the organization	ot minted to a	086	IISCE	u ai	OUVE	e) VVI	0 11	eceived more man \$100	,000 or reportable	<del></del>			1
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y er	nplo	yee,	or	highest compensated e	mployee on	· monueur		Yes	No
	line 1a? If "Yes," complete Schedule J for si											3		<u> </u>
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	•		-					•	•		4	х	
5	Did any person listed on line 1a receive or a					_			-			_		v
Sec	rendered to the organization? If "Yes," compared to the organization? If "Yes," compared to the organization?	ріете Scheaui	9 J T	or st	ICN	pers	on .					5	l	X
1	Complete this table for your five highest con	-									pensa	ation fr	om	
	the organization. Report compensation for t (A)	the calendar y	ear e	endi	ng w	vith	or wi	thir	n the organization's tax (B)	year.		(C	1	
	Name and business	address							Description of s	ervices	Co	omper	satio	n
#11	EPHEN RICHER, 2351 EISE 112, ALEXANDRIA, VA 223		/A	ÆN	IUI	<u> </u>		- 1	GOVERNMENT R AND PUBLIC A	. 1	····	250	0,0	00.
IM( 546	7 5 EAST MAIN STREET, LEX	XINGTON ,	. F	ζY	4(	)5(	) 4		MANAGEMENT F	EE		123	L,9	80.
2	Total number of independent contractors (in	ncluding but n	ot lir	nited	d to	thos	se lis	ted	l above) who received n	ore than				
	\$100,000 of compensation from the organiz	ation -				2	?							

Part VIII Statement of Revenue (**D)** Revenue excluded from (A) (C) (B) Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns ..... 1a b Membership dues 1b c Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ..... 1f 724,489. 709,640. g Noncash contributions included in lines 1a-1f; \$ 724,489. h Total. Add lines 1a-1f ..... **Business Code** 2 a DUES AND FEES 721000 3,604,746.3,604,746. All other program service revenue ..... **▶** 3,604,746. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 3 11,572. 11,572. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... 5 (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) ..... Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities assets other than inventory b Less: cost or other basis and sales expenses ...... c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c). See Part IV, line 18 _____a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses _____ b c Net income or (loss) from gaming activities ..... 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold _____ b Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a INCOME FROM SUBSIDIARY 541800 <u>370,396</u>. 370,396. d All other revenue 370,396. e Total. Add lines 11a-11d **▶** 4,711,203.3,975,142. 11.572 Total revenue. See instructions.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon- not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to governments and		de acca s.s.	gm stdp.strang	21. In 21.22
	organizations in the United States. See Part IV, line 21				
	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	251,590.			
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	Augusta			
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	723,426.			
	Pension plan accruals and contributions (include			delinente	
	section 401(k) and section 403(b) employer contributions)	15,780.		- Controlled	
	Other employee benefits	46,589.			
	Payroll taxes	108,223.			
	Fees for services (non-employees):				
a	Management				
	Legal	64,381.			
	Accounting	26,218.			
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other	300,711.			
	Advertising and promotion	179,484.			
	Office expenses	113,712.			
	Information technology	151,517.			
	Royalties				
	Occupancy	97,881.			
	Travel	223,650.			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	1,971,536.			
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	59,612.			** -111.2.11.
	Insurance	20,739.			
	Other expenses. Itemize expenses not covered	20,,00			
	above. (List miscellaneous expenses in line 24e. If line			1	
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	DUES & SUBSCRIPTIONS	194,440.			
	TRAINING	20,231.			
	RECRUITING	8,289.			
	STAFF DEVELOPMENT	6,568.			
		14,968.			
	All other expenses  Total functional expenses. Add lines 1 through 24e	4,599,545.			
		#,JJJ,343.		:	
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			1	

47310__1

Part	Λ_	Balance Sheet					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,172,024.	1	696,339.
	2	Savings and temporary cash investments			758,127.		509,381.
	3	Pledges and grants receivable, net		_		3	
	4	Accounts receivable, net	•••••		990,469.	4	1,437,462.
***************************************	5	Receivables from current and former officers, di					
		employees, and highest compensated employee		-			
		of Schedule L		•		5	
	6	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c			•		
		employers and sponsoring organizations of sect		- 1			
		employees' beneficiary organizations (see instru		6			
Assets	7	Notes and loans receivable, net				7	
4ss	8	Inventories for sale or use				8	
•	9	Prepaid expenses and deferred charges			67,575.	9	113,264.
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	139,601.			
	b	Less: accumulated depreciation	10b	18,934.	32,994.	10c	120,667.
1	11	Investments - publicly traded securities				11	<u> </u>
1	12	Investments - other securities. See Part IV, line 1	11			12	
1	13	Investments - program-related. See Part IV, line			· · ·	13	467,221.
1	14	Intangible assets			67,562.	14	27,884.
1	15	Other assets. See Part IV, line 11			12,000.	15	16,123.
1	16	Total assets. Add lines 1 through 15 (must equa			3,100,751.	16	3,388,341.
1	17	Accounts payable and accrued expenses	323,224.	17	427,587.		
1	18	Grants payable		18			
1	19	Deferred revenue			1,263,124.	19	1,334,693.
2	20	Tax-exempt bond liabilities				20	
ဖွ 2	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Payables to current and former officers, director	s, truste	es, key employees,			
g		highest compensated employees, and disqualifi-	ed pers	ons. Complete Part II			
_		of Schedule L				22	
2	23	Secured mortgages and notes payable to unrela				23	
2	24	Unsecured notes and loans payable to unrelated	d third p	arties	.—.	24	
2	25	Other liabilities (including federal income tax, page					
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D				25	
2	26	Total liabilities. Add lines 17 through 25			<u>1,586,348.</u>	26	1,762,280.
		Organizations that follow SFAS 117, check he	re 🕨	X and complete			
Š		lines 27 through 29, and lines 33 and 34.			4 84 4 4 6 6		
<u>u</u> 2		Unrestricted net assets			1,514,403.	27	1,626,061.
E 2	28	Temporarily restricted net assets			28		
P 2	29				29		
<u></u>		Organizations that do not follow SFAS 117, cl	neck he	re 🕨 📖 and			
o .	_	complete lines 30 through 34.					
£   3		Capital stock or trust principal, or current funds				30	
& 3	31	Paid-in or capital surplus, or land, building, or eq				31	
~~ I	32	Retained earnings, endowment, accumulated in			1 514 400	32	1 606 061
3		Total net assets or fund balances			1,514,403.	33	1,626,061.
3	14	Total liabilities and net assets/fund balances			3,100,751.	34	3,388,341. Form <b>990</b> (2011)

	990 (2011) NATIONAL TOUR ASSOCIATION, INC.	31-1	L04990	3 I	⊃age	<u>12</u>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,7	11,	203	3.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,5	99,	545	<u>5.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	1	11,	658	3.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,5	14,	403	3.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			(	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,6	26,	061	L.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				يا .	<u> </u>
				Ye	s N	lo
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	2	X
b	Were the organization's financial statements audited by an independent accountant?		2k	X		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?		20	; X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi	t			
	Act and OMB Circular A-133?	-	3a	,	2	K
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit				
	or guidite, explain why in Schedule O and describe any stope taken to undergo such guidite		21			

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

	Linployer identification number
NATIONAL TOUR ASSOCIATION, INC.	31-1049903
Organization type (check one):	
Filers of: Section:	
Form 990 or 990-EZ X 501(c)( 6 ) (enter number) organization	
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
527 political organization	
Form 990-PF 501(c)(3) exempt private foundation	
4947(a)(1) nonexempt charitable trust treated as a private foundation	
501(c)(3) taxable private foundation	
·	
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	ıle. See instructions.
General Rule	
X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in m contributor. Complete Parts I and II.	oney or property) from any one
Special Rules	
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or edithe prevention of cruelty to children or animals. Complete Parts I, II, and III.	_ · · · · ·
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not to if this box is checked, enter here the total contributions that were received during the year for an exclusive purpose. Do not complete any of the parts unless the General Rule applies to this organization because it religious, charitable, etc., contributions of \$5,000 or more during the year.	tal to more than \$1,000. In religious, charitable, etc., t received nonexclusively
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B	I, line 2 of its Form 990-PF, to

Employer identification number

### NATIONAL TOUR ASSOCIATION INC

	NAL TOUR ASSOCIATION, INC.		
Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BEST WESTERN INTERNATIONAL 6201 NORTH 24TH PARKWAY PHOENIX, AZ 85016	\$\$.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BROADWAY.COM, INC. 729 7TH AVENUE FLOOR 7 NEW YORK, NY 10019	- \$\$33,594.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CALIFORNIA TOURISM  555 CAPITAL MALL, SUITE 1100  SACRAMENTO, CA 95814	\$\$.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	GEORGIA DEPARTMENT OF TOURISM  75 FIFTH STREET, NW, SUITE 1200  ATLANTA, GA 30308	\$\$.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	LAS VEGAS CONVENTION & VISITORS AUTHORITY  3150 PARADISE ROAD  LAS VEGAS, NV 89109	\$ 489,958.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	RHODE ISLAND TOURISM DIVISION  315 IRON HORSE WAY, SUITE 101  PROVIDENCE, RI 02908	\$\$ <u>34,863.</u>	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)

Employer identification number

NATIONAL	TOUR	ASSOCIATION,	INC

NATIO			1049903
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	ıl space is needed.	<b>.</b>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE MILLS CORPORATION  433 OPRY MILLS DRIVE  NASHVILLE, TN 37214	\$5,601.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	WILLIAMS SOUND, LLC  10300 VALLEY VIEW ROAD  EDEN PRAIRIE, MN 55344	\$ 15,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>9</u>	EVENTSCOTLAND  94 OCEAN DRIVE EDINBURG, SCOTLAND, UNITED KINGDOM EH6 6JH	\$ 27,250.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	SKYTEAM AIRLINE ALLIANCE  160 DEVONSHIRE PLACE  TYRONE, GA 30290	\$\$,230.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	HAMPTON HOTELS 755 CROSSOVER LANE MEMPHIS, TN 38117	\$6,800.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	DISNEY THEATRICAL SALES  214 W. 42ND STREET  NEW YORK, NY 10036	\$ <u>6,000.</u>	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Employer identification number

### NATIONAL TOUR ASSOCIATION. INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	WHITE HORSE TAVERN  26 MARLBOROUGH STREET  NEWPORT, RI 02840	\$\$.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	GAYLORD OPRYLAND HOTEL & RESORT  2802 OPRYLAND DRIVE  NASHVILLE, TN 37214	\$5,346.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	SMOKY MOUNTAIN SHOW TICKETS  PO BOX 383  PIGEON FORGE, TN 37868	\$5,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	TEAM TEXAS  700 N. GRANT STE 200  ODESSA, TX 79761	\$11,987.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

### NATIONAL TOUR ASSOCIATION, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	REGISTRATION BAGS		
		\$ 9,065.	12/31/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	FOOD & BEVERAGE		
		\$\ \$33,594.	12/31/11
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	FOOD & BEVERAGE		
<b></b>		\$\$	12/31/11
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	REFRESHMENTS		
<del></del>		\$\$	12/31/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	FOOD, BEVERAGE & ENTERTAINMENT		
		\$ 489,958.	12/31/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u> </u>	BADGE HOLDERS & HOSPITALITY		
<u>6</u>			10/04/44
22452 04-2		\$ 34,863.	12/31/11

Employer identification number

### NATIONAL TOUR ASSOCIATION, INC.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	REGISTRATION BAGS		
<u> </u>			
		\$\$	12/31/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	CONVENTION TOUR HEADSETS		
8			
		\$15,000.	12/31/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	HOSPITALITY		
<u> </u>			
		\\$\$.	12/31/11
(a)			
No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	TOUR OPERATOR SIGNBOARDS		
<u> 10</u>			
		\$9,230.	12/31/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	FLASH DRIVES		
11			
		\$6,800.	12/31/11
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(see instructions)	Date received
12	TOUR OPERATOR UMBRELLAS		
		<u> </u>	12/31/11 0, 990-EZ, or 990-PF) (2

Employer identification number

### NATIONAL TOUR ASSOCIATION, INC.

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
10	FOOD & BEVERAGES		
<u>13</u>		\$6,000.	12/31/11
		Ψ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	FOOD & BEVERAGES		
<u>14</u>			
		\$5,346.	12/31/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	REFRESHMENTS		
<u> 15</u>			
		\$ 5,000.	12/31/11
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<del></del>			
		\$	
(a)			
No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			***************************************
		\$	Para Company

### **SCHEDULE C**

(Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organiz	ation answered "Yes" to	Form 990, Part IV, line 5 (Proxy	/ Tax), or Form 990-E	EZ, Part V, line 35c (Proxy 1	ax), then
	01(c)(4), (5), or (6) organiza	tions: Complete Part III.		· 1	
Name of orga				Emp	loyer identification number
	NATIONA	L TOUR ASSOCIATI	ON, INC.		<u>31-1049903</u>
Part I-A	Complete if the org	anization is exempt und	ler section 501(c	e) or is a section 527 o	rganization.
2 Political	expenditures	ation's direct and indirect politic		<b>&gt;</b> \$	3
Part I-B	Complete if the org	anization is exempt und	ler section 501(c	e)(3).	
1 Enter the		incurred by the organization und			
		incurred by organization manage			
		n 4955 tax, did it file Form 4720			
		***************************************			
	describe in Part IV.				
Part I-C	Complete if the org	anization is exempt und	ler section 501(c	), except section 501	(c)(3).
		I by the filing organization for se			•
	~ ~	ization's funds contributed to ot	•		
		***************************************			
	•	. Add lines 1 and 2. Enter here a		•	
line 17b				<b>&gt;</b> \$	
		1120-POL for this year?			
		ployer identification number (El			
	-	tion listed, enter the amount paid omptly and directly delivered to			
	•	additional space is needed, prov		•	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
			•		
·					

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

Schedule C (Form 990 or 990 EZ) 2011 NZ Part II-A Complete if the organ	iization is exe	OUR ASSOCIA empt under sect	TION,INC。 ion 501(c)(3) and file	31- ed Form 5768	1.049903 Page 2
(election under section	n 501(h)).				
A Check ► if the filing organization	n belongs to an at	filiated group (and list	in Part IV each affiliated	group member's na	me, address, EIN,
expenses, and share of	f excess lobbying	g expenditures).			
B Check ▶ ☐ if the filing organization	n checked box A	and "limited control" p	provisions apply.		
Limits of the term "expenditu	on Lobbying Exp ires" means amo		d.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen	ce public oninion	faraee roote Johnvina	1		
b Total lobbying expenditures to influen					
c Total lobbying expenditures (add lines			F		
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a					
f Lobbying nontaxable amount. Enter the		ne following table in b	oth columns.		
If the amount on line 1e, column (a) or (b	) is: The lo	bbying nontaxable a	mount is:		
Not over \$500,000	20% o	f the amount on line 1	e.		
Over \$500,000 but not over \$1,000,00	00 \$100,0	000 plus 15% of the e	xcess over \$500,000.		
Over \$1,000,000 but not over \$1,500,	000 \$175,0	100 plus 10% of the e	xcess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000			cess over \$1,500,000.		
Over \$17,000,000	\$1,000		, , , , , , , , , , , , , , , , , , , ,		
<ul> <li>g Grassroots nontaxable amount (enter</li> <li>h Subtract line 1g from line 1a. If zero or</li> <li>i Subtract line 1f from line 1c. If zero or</li> </ul>	r less, enter ·0·				
j If there is an amount other than zero o	on either line 1h o				,
reporting section 4911 tax for this year	^				Yes No
•	ons that made a nns below. See t	he instructions for li	on do not have to comp nes 2a through 2f on pag		
	Lobbying Expe	enditures During 4-Y	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					,
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))				· .	
f Grassroots Johnving expenditures					

Schedule C (Form 990 or 990-EZ) 2011

### Schedule C (Form 990 or 990-EZ) 2011 NATIONAL TOUR ASSOCIATION, INC. 31-1049903 Page 3 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

of the lobbyin	s" response to lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(i)	)
	g activity.	Yes	No	Amo	unt
1 During	the year, did the filing organization attempt to influence foreign, national, state or				
local le	gislation, including any attempt to influence public opinion on a legislative matter				
or refer	endum, through the use of:				
a Volunte	ers?				
<b>b</b> Paid sta	aff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media	advertisements?				
	s to members, legislators, or the public?				
	tions, or published or broadcast statements?				
	to other organizations for lobbying purposes?				
	contact with legislators, their staffs, government officials, or a legislative body?				
n Hallies, i Othera	demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
j Total. A	dd lines 1c through 1i				
	activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes,	enter the amount of any tax incurred under section 4912				
c If "Yes,	enter the amount of any tax incurred by organization managers under section 4912				
	ing organization incurred a section 4912 tax, did it file Form 4720 for this year?		_		
Part III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(	5), or se	ection	
				Yes	No
1 Were se	ubstantially all (90% or more) dues received nondeductible by members?		1		Х
	organization make only in-house lobbying expenditures of \$2,000 or less?				Х
3 Did the	organization agree to carry over lobbying and political expenditures from the prior year?		3	Х	
Part III-B	Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part	III-A, lin	e 3, is
1 Dues, a	ssessments and similar amounts from members		1	1,489	,424.
	162(e) nondeductible lobbying and political expenditures (do not include amounts of political				•
	es for which the section 527(f) tax was paid).				
a Current	year		2a	75	
	rer from last year			, ,	,000.
			2b	91	,982.
				91	
c Total 3 Aggreg	ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2c	91 166	,982.
c Total 3 Aggreg			2c	91 166	,982.
c Total 3 Aggrega 4 If notice does the	ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues s were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc e organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	ess	2c	91 166 89	,982 ,982 ,365
c Total 3 Aggreg 4 If notice does th expend	ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ess	2c 3	91 166 89	,982.
c Total 3 Aggreg 4 If notice does th expend 5 Taxable	ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues es were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce e organization agree to carryover to the reasonable estimate of nondeductible lobbying and p iture next year?  amount of lobbying and political expenditures (see instructions)	ess	2c 3	91 166 89	,982 ,982 ,365
c Total 3 Aggrega 4 If notice does the expend 5 Taxable	ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues es were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc e organization agree to carryover to the reasonable estimate of nondeductible lobbying and p iture next year? e amount of lobbying and political expenditures (see instructions)  Supplemental Information	eess political	2c 3 4 5	91 166 89 77	,982 ,982 ,365
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c Total  3 Aggrege 4 If notice does the expend 5 Taxable  Part IV  Complete this	ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues ses were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds are organization agree to carryover to the reasonable estimate of nondeductible lobbying and particle next year?  amount of lobbying and political expenditures (see instructions)  Supplemental Information  part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part	eess political	2c 3 4 5	91 166 89 77	,982 ,982 ,365
c Total 3 Aggregate   4 If notice   does the   expend   5 Taxable   Part IV    Complete this	ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues ses were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds are organization agree to carryover to the reasonable estimate of nondeductible lobbying and particle next year?  amount of lobbying and political expenditures (see instructions)  Supplemental Information  part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part	eess political	2c 3 4 5	91 166 89 77	,982 ,982 ,365 ,,617
c Total  3 Aggrege 4 If notice does the expend 5 Taxable  Part IV  Complete this	ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues ses were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds are organization agree to carryover to the reasonable estimate of nondeductible lobbying and particle next year?  amount of lobbying and political expenditures (see instructions)  Supplemental Information  part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part	eess political	2c 3 4 5	91 166 89 77	,982 ,982 ,365 ,,617
c Total  3 Aggrege 4 If notice does the expend 5 Taxable  Part IV  Complete this	ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues ses were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds are organization agree to carryover to the reasonable estimate of nondeductible lobbying and particle next year?  amount of lobbying and political expenditures (see instructions)  Supplemental Information  part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part I-D, line 5; Part	eess political	2c 3 4 5	91 166 89 77	,982 ,982 ,365 ,,617

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### **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.

QMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization

Employer identification number

	NATIONAL TOUR ASSOCIATION,	INC.	31-1049903					
Pa								
1	organization answered "Yes" to Form 990, Part IV, line 6.							
•	(a) Dono	r advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in writing that the a	ssets held in donor advised fur	nds					
	are the organization's property, subject to the organization's exclusive legal c	ontrol?	Yes No					
6	Did the organization inform all grantees, donors, and donor advisors in writing							
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring							
	impermissible private benefit?							
Pa	rt II Conservation Easements. Complete if the organization answe	red "Yes" to Form 990, Part IV,	, line 7					
1	Purpose(s) of conservation easements held by the organization (check all tha	t apply).						
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historica	lly important land area					
	Protection of natural habitat	Preservation of a certified h	istoric structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualified conservation	contribution in the form of a co	onservation easement on the last					
	day of the tax year.							
			Held at the End of the Tax Year					
а	Total number of conservation easements	***************************************	2a					
b	Total acreage restricted by conservation easements		2b					
C	Number of conservation easements on a certified historic structure included i	• •	2c					
d	Number of conservation easements included in (c) acquired after 8/17/06, and							
	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, released, extinguis	hed, or terminated by the orgar	nization during the tax					
	year ▶							
4	Number of states where property subject to conservation easement is located ▶							
5	Does the organization have a written policy regarding the periodic monitoring	· ·						
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year							
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year							
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  And section 170(h)(4)(B)(ii)?  Yes  N							
	and section 170(h)(4)(B)(ii)?							
9	In Part XIV, 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 st	ganization's accounting for						
Pai	conservation easements.	ral Treasures or Other	Similar Assets					
1 41	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.							
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to re		nd holonoo choot works of art					
sa		=						
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part \( \) the text of the footnote to its financial statements that describes these items.							
b		in its revenue statement and h	palance sheet works of art, historical					
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical transpures, or other similar assets held for public exhibition, education, or research in further assets held for public exhibition, education, or research in further asset as the following amount							
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amount relating to these items:							
	(i) Revenues included in Form 990, Part VIII, line 1   \$\bigsim \frac{1}{2}  \text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\texit{\$\text{\$\texitet{\$\text{\$\texi\\$\$}}}}\$\text{\$\text{\$\text{\$\text{\$\text{\$\							
	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, historical treasures, or other s		provide					
_	the following amounts required to be reported under SFAS 116 (ASC 958) rela	_ ·	p					
а	Revenues included in Form 990, Part VIII, line 1	-	<b>&gt;</b> \$					
b	Assets included in Form 990, Part X							
	***************************************							

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

Schedule D (Form 990) 2011

		L TOUR ASS						<u> 104990</u>		
Pa	rt III   Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, o	r Other	Similar A	ssets (con:	tinued,	)
3	Using the organization's acquisition, accessi-	on, and other recor	ds, chec	k any of the	following that	are a sig	nificant use o	f its collectio	n item	IS
	(check all that apply):									
а	Public exhibition	(	di 🗌	Loan or exc	hange progra	ms				
b	Scholarly research									
c	Preservation for future generations	`								
4	Provide a description of the organization's co	alloctions and ovala	in how th	ov furthor t	ho prapnizatio	n'e avam	nt nuroceo in	Dart VIV		
								Lait VIA.		
5	During the year, did the organization solicit or							□ <b>v</b>	Γ	٦
Do	to be sold to raise funds rather than to be ma									No
Fai	rt IV Escrow and Custodial Arran		lete if the	organizatio	on answered "	Yes" to F	orm 990, Part	. IV, line 9, oi	•	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi		-					<del></del>	_	_
	on Form 990, Part X?							. Yes	L	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:						
								Amount		
С	Beginning balance						1c			
d	Additions during the year									
e	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo							Yes		No
			3 Z I :					168		_ INO
	if "Yes," explain the arrangement in Part XIV.  rt V Endowment Funds. Complete if		naurarad	IIVool to En	000 David I	\/ line 10				
Fai	Litaowillent Fullas. Complete ii		T		T- "	- 1				
		(a) Current year	(b) P	rior year	(c) I wo years	s back (c	I) Three years b	oack (e) Fou	r years	Dack
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships	•								. "
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
-	End of year balance									
g	Provide the estimated percentage of the curr	ant year and halon	oo (line 1	a column (	) hold on:	L				
2				g, commit (	a)) Held as.					
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c shou	-								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ınd administer	ed for the	organization			
	by:								Yes	No
	(i) unrelated organizations		******	************				3a(i)		
	(ii) related organizations									
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	on Sched	iule R?				3b		
4	Describe in Part XIV the intended uses of the							<u>L</u>		
	t VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or o			orother	(a) Aoc	umulated	(d) Boo	de valu	
	Description of property	basis (investi			(other)		eciation	(4) 500	n vaiu	-
	1l		monty	Dasis	fourth	debi	oolason			
	Land				·					
	Buildings			-	4 501					~~
	Leasehold improvements				1,701.		771.		0,9	
d	Equipment			12	7,900.		18,163.	10	9,7	<u>37.</u>
	Other		i							
	Add lines 1a through 1a (Column (d) must a		V ookun	on (D) line :	10(01)			1 12	0 6	67

Schedule D (Form 990) 2011

47310 1

	dule D (Form 990) 2011 NATIONAL TOUR ASSOCIATION,	INC.				1049903	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to			ial S	tatemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		L	1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		L	2			
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			* 400
7	Prior period adjustments			7			· · · · · ·
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8			9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10			
	t XII Reconciliation of Revenue per Audited Financial Statemen				er Retur	n	
1	Total revenue, gains, and other support per audited financial statements				1	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•••••••		·····   <u>'</u>		
		_					
a	Net unrealized gains on investments						
b	Donated services and use of facilities						
C	Recoveries of prior year grants						
	Other (Describe in Part XIV.)						
e	Add lines 2a through 2d						
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 XIV.)	4b					
С	Add lines 4a and 4b						
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5		
Par	t XIII Reconciliation of Expenses per Audited Financial Stateme				-	ırn	
1	Total expenses and losses per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
С	Other losses						
d	Other (Describe in Part XIV.)						
е	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1						
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	*************	***************				-
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	
	Other (Describe in Part XIV.)					-	
	Add lines 4a and 4b				4c		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)						
Par	t XIV Supplemental Information	*************	***************				
l	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	lines 1a	and 4: Pad	+ I\/ lir	nee 1h and	2h: Part V line	1. Part
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl						7, 1 ait
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FINANCIAL STATEMENTS.							
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COL	IFICATION (ASC). NO LIABILITY FOR UNCERTA	AIN T	AX POS	SIT			
					Sched	dule D (Form 9	90) 2011

Schedule D (Form 990) 2011 NATIONAL TOUR ASSOCIATION, INC. Part XIV Supplemental Information (continued)	31-1049903 Page 5
RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ASSO	OCTATION'S 2008
	CIMITON B 2000
- 2010 TAX YEARS REMAIN OPEN AND SUBJECT TO EXAMINATION.	
THE ASSOCIATION RECOGNIZES INTEREST RELATED TO UNCERTAINTIE	ES IN INCOME
TAXES, IF ANY, IN INTEREST EXPENSE AND PENALTIES IN OPERATI	ING EXPENSES.
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	AAA

### SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule F (Form 990) 2011

name of the organization					Employer identili	cation number
NATIONAL TOUR A	SSOCIATI	ON. INC.			31-104990	3
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to Form 990, Par						
<del>-</del>	<del>-</del>		ds to substantiate the amount of its gr			<del></del>
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance?	Yes No
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2 For grantmakers. Desc United States.	inde in Fait v the	organization s	procedures for monitoring the use of it	s grants and o	Her assistance out	side tile
	he following Part	I. line 3 table ca	an be duplicated if additional space is	needed.)		
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	in the region	independent contractors	services, investments, grants to recipients located in the region)		specific type e(s) in region	investments
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3 a Sub-total	1	4				174,823.
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and 3b)	1	4				174 823.

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

NATIONAL TOUR ASSOCIATION, INC. Schedule F (Form 990) 2011

Part II

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any 31-1049903 recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
<ul> <li>Enter total number of recipient organizations listed a</li> <li>the IRS, or for which the grantee or counsel has pro</li> <li>Enter total number of other organizations or entities</li> </ul>	recipient organizatior he grantee or counse other organizations o	is listed above that are rather linas provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  Enter total number of other organizations or entities	foreign country,	recognized as tax-ex	empt by		

Schedule F (Form 990) 2011

30

Page 3

31-1049903

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. NATIONAL TOUR ASSOCIATION, INC. Schedule F (Form 990) 2011

Part III can be duplicated if additional space is needed.

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(h) Method of valuation (book, FMV, appraisal, other)							
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(g) Description of non-cash assistance							
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Schedule F (Form 990) 2011

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Schedule F (Form 990) 2011 NATIONAL TOUR ASSOCIATION, INC.	31-1049903	Page 5
Part V Supplemental Information		
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I,	line 3, column (f) (accounting r	nethod;
amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (ac		l, column
(c) (estimated number of recipients), as applicable. Also complete this part to provide any additional	ıl information.	
PART I, LINE 3, COLUMN (F)		
PART 1, LINE 3, COLUMN (F)		
THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING T	O ACCOUNT FOR	
EXPENDITURES IN REGIONS OUTSIDE THE UNITED STATES.		
	<u></u>	
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### SCHEDULE J (Form 990)

Department of the Treasury

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23. 2011

Open to Public Inspection

Employer identification number

Internal Revenue Service

Name of the organization

➤ Attach to Form 990. ➤ See separate instructions.

NATIONAL TOUR ASSOCIATION, 31-1049903 Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. Compensation committee X Written employment contract Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

132111

Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2011

NATIONAL TOUR ASSOCIATION, INC.

Schedule J (Form 990) 2011

31-1049903

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name				/_/	1	<u> </u>	Ŧ)
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
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Schedule J (Form 990) 2011

### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization							1	Employer			ıumber
NA Dawl   Europe Paradit	TIONAL	TOUR A	SSOC.	LATION,	INC.			<u> 31-10</u>	<u>4990</u>	) 3	
					n 501(c)(4) organizatio						
	anization ans	wered "Yes	on Form	990, Part IV, I	line 25a or 25b, or Fo	rm 990-E	z, Part	V, line 40	lb.	(-) 000	
1 (a) Name of di	squalified per	son			(b) Description	of transa	ction			Yes	rected?
										res	NO
					,						
2 Enter the amount of tax imp		-	_	•		•					
								🚩 💲			
3 Enter the amount of tax, if a	any, on line 2,	above, reim	bursed by	the organiza	tion			🗪 \$			
Part II Loans to and/o	or From Inf	terested	Persons	 }.							
				-	line 26, or Form 990-E	7 Part \	/ line 3	8a			
(a) Name of interested		to or from		nal principal	(d) Balance due	l .	ln	(f) App	proved	(g) W	ritten
person and purpose	the orga	nization?	i ar	nount	(-7	defa	ult?	comm	ard or ittee?	agree	ment?
	То	From				Yes	No	Yes	No	Yes	No
						-					
										-	
			-					-			
		,									
Total	······			<b>&gt;</b> \$							
Part III Grants or Assis		_									
Complete if the orga		wered "Yes"									
(a) Name of interested	person		(b) Relati		en interested person ganization	and		(c) Amount and type of assistance			
CATHERINE M. GRE	TEMAN	СНЪ	IRMAN				Sı	STIPEND 32,640			
OIIIIIIIIIIII III OILII	T TITTE	<u> </u>	1111111	<b>1</b>			<del>       </del>	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	7040	•
							-				
LHA For Paperwork Reduction	1 Act Notice.	see the ins	tructions	for Form 990	O or 990-EZ.	۶	chedu	le L (For	m 990 d	r 990-E	Z) 2011

Business Transactions Invo	ONAL TOUR ASSOCIATION plving Interested Persons.	, INC.	31-1049		
	ed "Yes" on Form 990, Part IV, line 28a, 2				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring zatio nues
				Yes	N
					<u> </u>
					_
Supplemental Information					<u> </u>
	onal information for responses to question	s on Schedule L (see	instructions).		
	11 4 000 000000000000000000000000000000				

### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. Name of the organization

NATIONAL TOUR ASSOCIATION, INC.

Employer identification number 31-1049903

Pa	rt I Types of Property						
•		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	(d Method of d noncash contrib	etermining	
1	Art · Works of art			,,	9		
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles		4				
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or	,					
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution · Other						
15	Real estate - Residential						
16	Real estate · Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory					***	
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (HOSPITALITY)	X	28	709,640.	FAIR MARKET	' VALU	E
26	Other ()						
27	Other ()						<del></del>
28	Other ( )						
29	Number of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the organization of Forms 8283 received by the Organization of Forms 8283 received by the Organization of Forms 8283 received by the Organization of Forms 8283 received by the Organization of Forms 8283 received by the Organization of Forms 8283 received by the Organization of Forms 8283 received by the Organization of Forms 8283 received by the Organization of Forms 8283 received by the Organization of Forms 8283 received by the Organization of Forms 8283 received by the Organization of Forms 8283 received by the Organization of Forms 8283 received by the Organization of Forms 8283 received by the Organization of Forms 8283 received by the Organization of Forms 8283 received by the Organization of Forms 8283 rece		-				^
	for which the organization completed Form 828	83, Part IV, I	Jonee Acknowleag	jement 29			0
20-	During the year did the avantuation vaccine by			and and in David I lines 4.00.		Ye	s No
30a	During the year, did the organization receive by						
	at least three years from the date of the initial of			=		000	v
h	the entire holding period?			.,		30a	X
	Does the organization have a gift acceptance p	aclicy that re	auiros tha raviou	of any non-standard contr	ihutione?	24	v
31	Does the organization hire or use third parties of	•	· ·	*	***************************************	31	<u> </u>
oza	·		_			32a	x
h	If "Yes," describe in Part II.					32d	
33	If the organization did not report an amount in	column (e) f	or a type of proper	ty for which column (a) is	checked		
	describe in Part II.	Column (o) I	5. 4 1,00 or proper	s, isi milan solumin (a) is			

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Schedule M (Form 990) (2011)

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 3the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a Also complete this part for any additional information.  SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION IS REPORTING ON NUMBER OF CONTRIBUTIONS IT RECEIVED	a combination of both
	THE
NUMBER OF CONTRIBUTIONS IT RECEIVED	
NUMBER OF CONTRIBUTIONS IT RECEIVED	

Schedule M (Form 990) (2011)

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL TOUR ASSOCIATION, INC. Employer identification number 31-1049903

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS APPROXIMATELY 2,400 MEMBERS THAT PAY ANNUAL DUES TO BELONG TO THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A: ALL BOARD POSITIONS ARE ELECTED BY THE MEMBERS, WITH THE EXCEPTION OF 3 AT-LARGE POSITIONS APPOINTED BY THE CHAIRMAN.

FORM 990, PART VI, SECTION A, LINE 7B: BYLAW AMENDMENTS MUST BE APPROVED BY THE MEMBERS WHICH INCLUDES DEFINITION OF MEMBERSHIP CATEGORIES, GOVERNANCE STRUCTURE, VOTING ELIGIBILITY, ORGANIZATIONAL NAME AND PURPOSE, AND ANNUAL BUSINESS MEETING REQUIREMENTS.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION EMAILS A PDF COPY OF FORM 990 TO ITS GOVERNING BODY BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS MUST DISCLOSE ANY POTENTIAL CONFLICTS TO THE EXECUTIVE COMMITTEE. IF THE EXECUTIVE COMMITTEE SEES A CONFLICT THEY REPORT SUCH TO THE BOARD. BOARD MEMBERS MAY BE REQUIRED TO REFRAIN FROM VOTING OR DISCUSSION AS DIRECTED.

FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION COMMITTEE AND FINANCE COMMITTEE (EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS) OF NTA REFERENCED FORM 990S OF SIMILAR INDUSTRY ASSOCIATIONS AS WELL AS OTHER COMPENSATION SURVEYS TO DETERMINE LISA SIMON'S COMPENSATION. HER POSITION WITH NTA AND SUBSEQUENT COMPENSATION WERE AGREED UPON IN THE FORM OF A

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Schedule O (Form 990 or 990-EZ) (2011)

SCHEDULE R
(Form 990)
Department of the Treasury internal Revenue Service

# Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.

2011 Open to Public
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OMB No. 1545-0047

Name of the organization

NATIONAL TOUR ASSOCIATION, INC.

Employer identification number 31-1049903

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Part

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
		-				
						emination and manufacturing functions.
				T T T TOTAL PROPERTY OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA		
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ions (Complete if the organization ans	swered "Yes" to Form 990, Par	t IV, line 34 becaus	e it had one or more re	lated tax-exempt

12(b)(13) olled ty?	8							
Section 512(b)(13) controlled entity?	Yes							
(f) Direct controlling entity						,		
(e) ublic charity tus (if section	501(c)(3))							
(d) Exempt Code section								
(c) Legal domicile (state or foreign country)	,							
(b) Primary activity	A company of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the				and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t			
(a) Name, address, and EIN of related organization								

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Schedule R (Form 990) 2011

31-1049903

Page 2

Schedule R (Form 990) 2011 NATIONAL TOUR ASSOCIATION, INC.

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Part IV

	(· ···· / · ·						
(a)	(q)	(O)	<b>(</b> p)	(9)	(4)	(6)	(F)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	(C corp.) S corp. (controlling country)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
NTA SERVICES, INC 27-4196082							
101 PROSPEROUS PLACE, SUITE 350	PUBLISHING AND						
LEXINGTON KY 40509	ADVERTISING	KY	N/A	C CORP	1,449,582.	589,364.	1008
**Andreits Andreit State (Control of the Control of							
	1						
					-		

Schedule R (Form 990) 2011

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# Schedule R (Form 990) 2011 NATIONAL TOUR ASSOCIATION, INC.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	å
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	-	×
b Gift, grant, or capital contribution to related organization(s)				4		×
c Gift, grant, or capital contribution from related organization(s)				<b>2</b>		×
d Loans or loan guarantees to or for related organization(s)				ţ		×
e Loans or loan quarantees by related organization(s)				4		×
				2	<u>'</u>	!
f Sale of assets to related organization(s)				1		×
g Purchase of assets from related organization(s)				1g		×
h Exchange of assets with related organization(s)	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			두		×
(G)				11	-	×
j Lease of facilities, equipment, or other assets from related organization(s)				Ţ		×
₩	anization(s)			¥		×
l Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			=	, T	×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			TH.	×	
n Sharing of paid employees with related organization(s)				1	×	
<ul> <li>Reimbursement paid to related organization(s) for expenses</li> </ul>				6		×
				H	×	
<ul> <li>q Other transfer of cash or property to related organization(s)</li> </ul>				<b>1</b>	,	×
•				11		×
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete th	is line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds.		***************************************	
(a) Name of other organization	(b) Transaction type (a-r)	( <b>c)</b> Amount involved	(d) Method of determining amount involved			
(1) NTA SERVICES, INC.	N	86,638.COST	COST			
(2) NTA SERVICES, INC.	Ċļ	425,397.COST	COST			1
(5)		te may decided				
(4)						
(5)						
(9)						
132163 01-23-12	44		Schedule R (Form 990) 2011	R (Form 9	390) 2C	11

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(6)	(4)	(3)	47)	3	9		1		:	
Name, address, and EIN of entity	Primary activity	ig i	Predominant incom (related, unrelated,	Are all 501 (6)(3) or 0.2?	Share of total	(9) Share of end-of-year	Disproportionate	Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor-	General or managing	(K) Percentage ownership
	1,1,1,+ (1,11,11,11,11,11,11,11,11,11,11,11,11,1	country)	under section 512-514) Ye	S No	income	assets	Yes No	(Form 1065)	Yes No	:
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Schedule R (Form 990) 2011

Department of the Treasury Internal Revenue Service Ogden UT 84201

For assistance, call: 1-877-829-5500 FAX 801-620-5670

Notice Number: CP211A Date: September 23, 2013

Taxpayer Identification Number:

31-1049903 Tax Form: 990

Tax Period: December 31, 2012

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NATIONAL TOUR ASSOCIATION INC 101 PROSPEROUS PL STE 350 40509-1891 LEXINGTON ΚY



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# APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is November 15, 2013.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.