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CLIENT'S COPY



MAHONEY  
ULBRICH  
CHRISTIANSEN  
RUSS P.A.  
CERTIFIED PUBLIC ACCOUNTANTS

---

30 EAST PLATO BOULEVARD SAINT PAUL, MN 55107-1809  
TELEPHONE 651.227.6695 FACSIMILE 651.227.9796

May 2, 2011

Visitor Studies Association, Inc.  
P.O. Box 10668  
Rockville, MD 20849-0668

Visitor Studies Association, Inc.:

Enclosed is the 2010 Exempt Organization return, as follows...

2010 FORM 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Sincerely,

Mahoney, Ulbrich, Christiansen & Russ P.A.

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
December 31, 2010

|   |   |
|---|---|
| <b>Prepared for</b>                                 | Visitor Studies Association, Inc.<br>P.O. Box 10668<br>Rockville, MD 20849-0668   |
| <b>Prepared by</b>                                  | Mahoney, Ulbrich, Christiansen & Russ P.A.<br>30 East Plato Boulevard<br>Saint Paul, MN 55107-1809  |
| <b>Amount due or refund</b>                         | Not applicable  |
| <b>Make check payable to</b>                        | Not applicable  |
| <b>Mail tax return and check (if applicable) to</b> | Not applicable  |
| <b>Return must be mailed on or before</b>           | Not applicable  |
| <b>Special Instructions</b>                         | 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. |

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## FEDERAL INFORMATIONAL FORMS

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## FILEABLE FORMS

**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.

**A For the 2010 calendar year, or tax year beginning and ending**

|   |  |   |  |
|---|--|---|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br><b>VISITOR STUDIES ASSOCIATION, INC.</b>  |   | <b>D Employer identification number</b><br><b>58-2015580</b> |
|   | Doing Business As  |   | <b>E Telephone number</b><br><b>301-762-1450</b>             |
|   | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite  | <b>G Gross receipts \$</b> <b>188,916.</b>                   |
|   | <b>P.O. BOX 10668</b>  |   |  |
| City or town, state or country, and ZIP + 4<br><b>ROCKVILLE, MD 20849-0668</b>  |  | <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |  |
| <b>F Name and address of principal officer: KIRSTEN ELLENBOGEN<br/>PO BOX 10668, ROCKVILLE, MD 20849-0668</b>   |  | <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |  |
| <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  |   |  |
| <b>J Website:</b> ▶ <b>WWW.VISITORSTUDIES.ORG</b>   |  |   |  |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |  |   | <b>L Year of formation:</b> <b>1992</b>                      |
|   |  |   | <b>M State of legal domicile:</b> <b>AL</b>                  |

| <b>Part I Summary</b>   |   |  |  |
|---|---|--|--|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>VSA IS AN INTERNATIONAL NETWORK OF PROFESSIONALS COMMITTED TO UNDERSTANDING AND ENHANCING VISITOR</b> |  |  |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |  |  |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>   | <b>24</b>                              |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>   | <b>24</b>                              |
|   | <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)   | <b>5</b>   | <b>0</b>                               |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>   | <b>81</b>                              |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>  | <b>0.</b>                              |
|   | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34   | <b>7b</b>  | <b>0.</b>                              |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b><br><b>56,306.</b>  | <b>Current Year</b><br><b>104,810.</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | <b>89,108.</b>   | <b>84,106.</b>                         |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>128.</b>  | <b>0.</b>                              |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>0.</b>  | <b>0.</b>                              |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>145,542.</b>  | <b>188,916.</b>                        |
|   | <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <b>500.</b>                            |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |   | <b>10,620.</b>   | <b>0.</b>                              |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |   | <b>0.</b>  | <b>0.</b>                              |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |   | <b>0.</b>  | <b>0.</b>                              |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>              |   |  |  |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                      |   | <b>147,829.</b>  | <b>200,639.</b>                        |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         | <b>158,949.</b>   | <b>201,325.</b>  |  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | <b>-13,407.</b>   | <b>-12,409.</b>  |  |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b><br><b>77,754.</b>                         | <b>End of Year</b><br><b>65,345.</b>   |
|   | <b>21</b> Total liabilities (Part X, line 26)   | <b>0.</b>  | <b>0.</b>                              |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | <b>77,754.</b>   | <b>65,345.</b>                         |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|   |   |                      |                         |   |      |
|---|---|----------------------|-------------------------|---|------|
| <b>Sign Here</b>  | ▶ Signature of officer  | Date                 |                         |   |      |
|   | ▶ <b>JULIE JOHNSON, TREASURER</b><br>Type or print name and title   |                      |                         |   |      |
| <b>Paid Preparer Use Only</b>   | Print/Type preparer's name<br><b>MICHAEL D. SAARELA</b>             | Preparer's signature | Date<br><b>05/02/11</b> | Check <input type="checkbox"/> if self-employed | PTIN |
|   | Firm's name ▶ <b>MAHONEY, ULBRICH, CHRISTIANSEN &amp; RUSS P.A.</b> | Firm's EIN ▶         |                         | Phone no. <b>(651) 227-6695</b>                 |      |
| Firm's address ▶ <b>30 EAST PLATO BOULEVARD<br/>SAINT PAUL, MN 55107-1809</b> |   |                      |                         |   |      |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission: VSA IS AN INTERNATIONAL NETWORK OF PROFESSIONALS COMMITTED TO UNDERSTANDING AND ENHANCING VISITOR EXPERIENCE IN INFORMAL LEARNING SETTINGS THROUGH RESEARCH, EVALUATION, AND DIALOGUE. WE PROVIDE A FORUM FOR EXCHANGE OF INFORMATION IN THE FIELD OF VISITOR STUDIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No X

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No X

4 Describe the exempt purpose achievements for each of the organization's three largest program services 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.

4a (Code: ) (Expenses \$ 60,596. including grants of \$ ) (Revenue \$ 79,233. ) ANNUAL CONFERENCE: VSA DELIVERS TWO PRIMARY PROFESSIONAL DEVELOPMENT ACTIVITIES: ONE ANNUAL CONFERENCE AND A NUMBER OF WORKSHOPS. IN 2010, 179 INDIVIDUALS FROM ACROSS THE US AND BEYOND PARTICIPATED IN THE 3-DAY ANNUAL CONFERENCE WHICH FOCUSED ON BUILDING SHARED AGENDAS: CONVERSATIONS ON THE PUBLIC VALUE OF VISITOR STUDIES. WORKSHOP TOPICS INCLUDED A FOCUS ON ASSESSING THE IMPACT OF EDUCATIONAL PROGRAMS, INTEGRATING VISITOR STUDIES INTO INTERPRETIVE PLANNING, AND MANAGING QUANTITATIVE DATA ABOUT VISITORS AND PARTICIPANTS IN INFORMAL LEARNING. THERE WERE SEVENTY-SEVEN (77) REGISTRATIONS FOR THE PRE-CONFERENCE WORKSHOPS.

4b (Code: ) (Expenses \$ 51,219. including grants of \$ 64,623. ) (Revenue \$ ) CENTER FOR THE ADVANCEMENT OF INFORMAL SCIENCE (CAISE): VSA IS A SUBAWARDEE ON A GRANT ALONG WITH THREE OTHER INSTITUTIONS (ASSOCIATION OF SCIENCE-TECHNOLOGY CENTERS, OREGON STATE UNIVERSITY, & UNIVERSITY OF PITTSBURGH CENTERFOR LEARNING IN OUT-OF-SCHOOL ENVIRONMENTS. CAISE FOCUSES ITS WORK ON IMPROVING INFORMAL SCIENCE EDUCATION PRACTICE, DOCUMENTING EVIDENCE OF IMPACT, AND COMMUNICATING THE CONTRIBUTIONS OF INFORMAL SCIENCE EDUCATION. IN 2010 VSAS CONTRIBUTION TO THE PROJECT INCLUDED COMPLETING A REPORT DEVELOPED BY AN INQUIRY GROUP OF PROFESSIONAL TO EXPLORE POLICY ISSUES RELATED TO INFORMAL SCIENCE EDUCATION, COORDINATING A SERIES OF ARTICLES FOR PRACTITIONERS OF INFORMAL SCIENCE EDUCATION, AND PLANNING FOR THE NEXT PROJECT YEAR.

4c (Code: ) (Expenses \$ 10,045. including grants of \$ ) (Revenue \$ 0. ) SCHOLARLY JOURNAL: VSA PUBLISHES VISITOR STUDIES, THE LEADING PEER-REVIEWED JOURNAL FOR THE FIELD OF VISITOR STUDIES. IN 2010, 128 PRINTED PAGES WERE PUBLISHED IN 2 VOLUMES, FEATURING SCHOLARLY ARTICLES RELATED TO VISITOR RESEARCH, EVALUATION, AND OTHER SUBJECTS RELATING TO MUSEUMS AND INFORMAL LEARNING ENVIRONMENTS. MORE THAN 360 SUBSCRIBERS IN NORTH AMERICA, EUROPE, AND ASIA RECEIVED THE JOURNAL AND IT IS AVAILABLE ONLINE AT MORE THAN 1,000 LIBRARIES.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 6,406. including grants of \$ 242. ) (Revenue \$ 4,873. )

4e Total program service expenses 128,266.

**Part IV 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)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? .....   |     | X  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....   |     | X  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....                         |     | 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? <i>If "Yes," complete Schedule D, Part I</i> .....  |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....                                      |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |     | 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 credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> ..... |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....  |     | X  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   |     | 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? <i>If "Yes," complete Schedule D, Part VII</i> .....   |     | X  |
| c   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....   |     | X  |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....  |     | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   |     | 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)? <i>If "Yes," complete Schedule D, Part X</i> .....      |     | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....   |     | X  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....              |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? .....  |     | 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....                     |     | 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....                               |     | X  |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....                                   |     | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....  |     | 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? <i>If "Yes," complete Schedule G, Part II</i> .....  |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....  |     | X  |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....                        |     |    |



**Part IV Checklist of Required Schedules** (continued)

|   | Yes | No |
|---|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   |     | X  |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  |     | X  |
| <b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....                           |     | X  |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> ..... |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| <b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....   |     | X  |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....             |     | X  |
| <b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....   |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....                 |     | X  |
| <b>28</b> 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):   |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....   |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....   |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity?<br><i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....   |     | X  |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| <b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O   | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question number, question text, and Yes/No columns. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and various organizational requirements.

**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

**Section A. Governing Body and Management**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year   |     |    |
|           | <b>1a</b>   |     | 24 |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent  |     |    |
|           | <b>1b</b>   |     | 24 |
| <b>2</b>  | 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?   |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?  |     | X  |
| <b>6</b>  | Does the organization have members or stockholders?   | X   |    |
| <b>7a</b> | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?   | X   |    |
| <b>b</b>  | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?   | X   |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>a</b>  | The governing body?   | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?   | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Does the organization have local chapters, branches, or affiliates?  |     | X  |
| <b>b</b>   | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?   |     |    |
| <b>10b</b> |  |     |    |
| <b>11a</b> | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   | X   |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Does the organization have a written conflict of interest policy? If "No," go to line 13   | X   |    |
| <b>b</b>   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>c</b>   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   | X   |    |
| <b>12c</b> |  |     |    |
| <b>13</b>  | Does the organization have a written whistleblower policy?   |     | X  |
| <b>14</b>  | Does the organization have a written document retention and destruction policy?  |     | X  |
| <b>15</b>  | 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?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   |     | X  |
| <b>b</b>   | Other officers or key employees of the organization  |     | X  |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>b</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? |     |    |
| <b>16b</b> |  |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JULIE JOHNSON - 651-221-4588**  
**892 COMO AVENUE, SAINT PAUL, MN 55103**

**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 organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title            | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| RICK BONNEY<br>DIRECTOR          | 0.80   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| DOROTHY CHEN-COURTIN<br>DIRECTOR | 1.50   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| CECILIA GARIBAY<br>DIRECTOR      | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| LESLIE HARTOG<br>DIRECTOR        | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| JOE E. HEIMLICH<br>DIRECTOR      | 1.70   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| ELISA ISRAEL<br>DIRECTOR         | 1.50   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| CHERYL KESSLER<br>DIRECTOR       | 2.50   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| KAREN KNUTSON<br>DIRECTOR        | 1.20   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| RANDI KORN<br>DIRECTOR           | 2.30   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| ELLEN MCCALLIE<br>DIRECTOR       | 1.20   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| CAREN OBERG<br>DIRECTOR          | 3.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| SAUL ROCKMAN<br>DIRECTOR         | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| JESSICA SICKLER<br>DIRECTOR      | 4.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| CAREY TISDAL<br>DIRECTOR         | 2.70   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| ROBERT "MAC" WEST<br>DIRECTOR    | 2.90   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| KIRSTEN ELLENBOGEN<br>PRESIDENT  | 3.80   |  |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| DALE MCCREEDY<br>PRESIDENT-ELECT | 4.00   |  |                       | X       |              |                              | 0.     | 0.   | 0.  |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| KATHLEEN MCLEAN<br>PAST PRESIDENT                                    | 1.50   |  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| RITA DEEDRICK<br>VP ORGANIZATIONAL DEVELOP.                          | 5.20   |  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| MATT SIKORA<br>VP OUTREACH DEVELOPMENT                               | 3.50   |  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| BEVERLY SERRELL<br>VP PROFESSIONAL DEV. UNTIL 1/31/10;               | 0.10   |  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| KRIS MORRISSEY<br>VP PROFESSIONAL DEV AS OF 2/1/10                   | 3.00   |  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| JULIE I. JOHNSON<br>TREASURER  | 8.00   |  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| KAREN GRAHAM<br>SECRETARY  | 6.00   |  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b> .....  |  |  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |  |  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b> .....                           |  |  |                       |         |              |                              |        | 0.   | 0.  | 0.  |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....  |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual ..... |     | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....                       |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

|  |   |  |                                | (A)                     | (B)                                | (C)                        | (D)   |  |
|--|---|--|--------------------------------|-------------------------|------------------------------------|----------------------------|---|--|
|  |   |  |                                | Total revenue           | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 |  |
| Contributions, gifts, grants and other similar amounts | 1 a   | Federated campaigns .....  | 1a                             |                         |                                    |                            |   |  |
|  | b   | Membership dues .....  | 1b                             | 31,690.                 |                                    |                            |   |  |
|  | 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                             | 73,120.                 |                                    |                            |   |  |
|  | g   | Noncash contributions included in lines 1a-1f: \$ .....  |                                |                         |                                    |                            |   |  |
|  | h   | <b>Total.</b> Add lines 1a-1f .....  |                                | 104,810.                |                                    |                            |   |  |
|  | Program Service Revenue                                     | 2 a  | <b>CONFERENCE INCOME</b> ..... | Business Code<br>611430 | 79,233.                            | 79,233.                    |   |  |
| b  |   | <b>PROFESSIONAL DEVELOPME</b> .....  | 611430                         | 4,873.                  | 4,873.                             |                            |   |  |
| c  |   | .....  |                                |                         |                                    |                            |   |  |
| d  |   | .....  |                                |                         |                                    |                            |   |  |
| e  |   | .....  |                                |                         |                                    |                            |   |  |
| f  |   | All other program service revenue .....  |                                |                         |                                    |                            |   |  |
| g  |   | <b>Total.</b> Add lines 2a-2f .....  |                                | 84,106.                 |                                    |                            |   |  |
| Other Revenue  | 3   | Investment income (including dividends, interest, and other similar amounts) .....   |                                |                         |                                    |                            |   |  |
|  | 4   | Income from investment of tax-exempt bond proceeds .....   |                                |                         |                                    |                            |   |  |
|  | 5   | Royalties .....  |                                |                         |                                    |                            |   |  |
|  | 6 a   | Gross Rents .....  | (i) Real                       | (ii) Personal           |                                    |                            |   |  |
|  |   | Less: rental expenses .....  |                                |                         |                                    |                            |   |  |
|  |   | Rental income or (loss) .....  |                                |                         |                                    |                            |   |  |
|  |   | Net rental income or (loss) .....  |                                |                         |                                    |                            |   |  |
|  | 7 a   | Gross amount from sales of assets other than inventory .....   | (i) Securities                 | (ii) Other              |                                    |                            |   |  |
|  |   | Less: cost or other basis and sales expenses .....   |                                |                         |                                    |                            |   |  |
|  |   | Gain or (loss) .....   |                                |                         |                                    |                            |   |  |
|  |   | Net gain or (loss) .....   |                                |                         |                                    |                            |   |  |
|  | 8 a   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | a                              |                         |                                    |                            |   |  |
|  |   | Less: direct expenses .....  | b                              |                         |                                    |                            |   |  |
|  |   | Net income or (loss) from fundraising events .....   |                                |                         |                                    |                            |   |  |
|  | 9 a   | Gross income from gaming activities. See Part IV, line 19 .....  | a                              |                         |                                    |                            |   |  |
| Less: direct expenses .....                            |   | b  |                                |                         |                                    |                            |   |  |
| Net income or (loss) from gaming activities .....      |   |  |                                |                         |                                    |                            |   |  |
| 10 a   | Gross sales of inventory, less returns and allowances ..... | a  |                                |                         |                                    |                            |   |  |
|  | Less: cost of goods sold .....                              | b  |                                |                         |                                    |                            |   |  |
|  | Net income or (loss) from sales of inventory .....          |  |                                |                         |                                    |                            |   |  |
| Miscellaneous Revenue                                  |   |  | Business Code                  |                         |                                    |                            |   |  |
| 11 a   | .....   |  |                                |                         |                                    |                            |   |  |
|  | b   | .....  |                                |                         |                                    |                            |   |  |
|  | c   | .....  |                                |                         |                                    |                            |   |  |
|  | d   | All other revenue .....  |                                |                         |                                    |                            |   |  |
|  | e   | <b>Total.</b> Add lines 11a-11d .....  |                                |                         |                                    |                            |   |  |
| 12   | <b>Total revenue.</b> See instructions. .....               |  |                                | 188,916.                | 84,106.                            | 0.                         | 0.  |  |

**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).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising 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 .....  | 686.                  | 686.                            |  |                             |
| 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) .....  |                       |                                 |  |                             |
| 7 Other salaries and wages .....   |                       |                                 |  |                             |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....  |                       |                                 |  |                             |
| 9 Other employee benefits .....  |                       |                                 |  |                             |
| 10 Payroll taxes .....   |                       |                                 |  |                             |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management .....   | 49,649.               |                                 | 49,649.                                |                             |
| b Legal .....  | 922.                  |                                 | 922.                                   |                             |
| c Accounting .....   | 970.                  |                                 | 970.                                   |                             |
| d Lobbying .....   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17 .....  |                       |                                 |  |                             |
| f Investment management fees .....   |                       |                                 |  |                             |
| g Other .....  | 64,160.               | 53,015.                         | 11,145.                                |                             |
| 12 Advertising and promotion .....   |                       |                                 |  |                             |
| 13 Office expenses .....   | 9,235.                | 7,350.                          | 1,885.                                 |                             |
| 14 Information technology .....  |                       |                                 |  |                             |
| 15 Royalties .....   |                       |                                 |  |                             |
| 16 Occupancy .....   |                       |                                 |  |                             |
| 17 Travel .....  | 3,510.                | 2,003.                          | 1,507.                                 |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....  | 60,596.               | 60,596.                         |  |                             |
| 20 Interest .....  |                       |                                 |  |                             |
| 21 Payments to affiliates .....  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....   |                       |                                 |  |                             |
| 23 Insurance .....   | 1,263.                |                                 | 1,263.                                 |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....                                      |                       |                                 |  |                             |
| a <b>PROFESSIONAL DEVELOPME</b> NT .....   | 4,616.                | 4,616.                          |  |                             |
| b <b>BANK CHARGES</b> .....  | 3,270.                |                                 | 3,270.                                 |                             |
| c <b>BOARD DEVELOPMENT</b> .....   | 2,448.                |                                 | 2,448.                                 |                             |
| d .....  |                       |                                 |  |                             |
| e .....  |                       |                                 |  |                             |
| f All other expenses .....   |                       |                                 |  |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24f   | 201,325.              | 128,266.                        | 73,059.                                | 0.                          |
| 26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |  |                             |

**Part X Balance Sheet**

|   |  | (A)<br>Beginning of year |           | (B)<br>End of year |
|---|--|--------------------------|-----------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 59,309.                  | <b>1</b>  | 46,588.            |
|   | <b>2</b> Savings and temporary cash investments .....  | 18,445.                  | <b>2</b>  | 18,757.            |
|   | <b>3</b> Pledges and grants receivable, net .....  |                          | <b>3</b>  |                    |
|   | <b>4</b> Accounts receivable, net .....  |                          | <b>4</b>  |                    |
|   | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | <b>5</b>  |                    |
|   | <b>6</b> 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 employees' beneficiary organizations (see instructions) ..... |                          | <b>6</b>  |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>  |                    |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>  |                    |
|   | <b>9</b> Prepaid expenses and deferred charges .....   |                          | <b>9</b>  |                    |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b>               |           |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b>               |           | <b>10c</b>         |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b> |                    |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b> |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b> |                    |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b> |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   |                          | <b>15</b> |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) |  | 77,754.                  | <b>16</b> | 65,345.            |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  |                          | <b>17</b> |                    |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b> |                    |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b> |                    |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b> |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b> |                    |
|   | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | <b>22</b> |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b> |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b> |                    |
| <b>25</b> Other liabilities. Complete Part X of Schedule D .....    |  | <b>25</b>                |           |                    |
| <b>26 Total liabilities.</b> Add lines 17 through 25                |  | 0.                       | <b>26</b> | 0.                 |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |           |                    |
|   | <b>27</b> Unrestricted net assets .....  | 75,900.                  | <b>27</b> | 54,712.            |
|   | <b>28</b> Temporarily restricted net assets .....  | 1,854.                   | <b>28</b> | 0.                 |
|   | <b>29</b> Permanently restricted net assets .....  | 0.                       | <b>29</b> | 10,633.            |
|   | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |           |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | <b>30</b> |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>31</b> |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>32</b> |                    |
| <b>33</b> Total net assets or fund balances .....                   | 77,754.  | <b>33</b>                | 65,345.   |                    |
| <b>34</b> Total liabilities and net assets/fund balances            | 77,754.  | <b>34</b>                | 65,345.   |                    |



**Part XI Reconciliation of Net Assets**

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

|          |  |          |          |
|----------|--|----------|----------|
| <b>1</b> | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b> | 188,916. |
| <b>2</b> | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b> | 201,325. |
| <b>3</b> | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b> | -12,409. |
| <b>4</b> | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b> | 77,754.  |
| <b>5</b> | Other changes in net assets or fund balances (explain in Schedule O)   | <b>5</b> |          |
| <b>6</b> | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | <b>6</b> | 65,345.  |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?   |     | X  |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant?  |     | X  |
| <b>2c</b> | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. |     |    |
| <b>d</b>  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                             |     |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| <b>3b</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.   |     |    |

**Public Charity Status and Public Support**

**2010**

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

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
**VISITOR STUDIES ASSOCIATION, INC.**

**Employer identification number**  
**58-2015580**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

- a**  Type I      **b**  Type II      **c**  Type III - Functionally integrated      **d**  Type III - Other

**e**  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

**f** If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

- g** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i)** A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
  - (ii)** A family member of a person described in (i) above? \_\_\_\_\_
  - (iii)** A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_
- h** Provide the following information about the supported organization(s).

|                 | Yes | No |
|-----------------|-----|----|
| <b>11g(i)</b>   |     |    |
| <b>11g(ii)</b>  |     |    |
| <b>11g(iii)</b> |     |    |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4 .....  |          |          |          |          |          |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....                             |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                               |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          |           |

**12** Gross receipts from related activities, etc. (see instructions) ..... **12**

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) ..... **14** %

**15** Public support percentage from 2009 Schedule A, Part II, line 14 ..... **15** %

**16a 33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**b 33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**17a 10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**b 10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   | 31,227.  | 31,192.  | 61,674.  | 56,306.  | 105,293. | 285,692.  |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... | 84,838.  | 129,987. | 133,017. | 89,108.  | 84,161.  | 521,111.  |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   | 116,065. | 161,179. | 194,691. | 145,414. | 189,454. | 806,803.  |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          | 0.        |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          | 0.        |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          | 0.        |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |          |          |          |          |          | 806,803.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  | 116,065. | 161,179. | 194,691. | 145,414. | 189,454. | 806,803.  |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... | 579.     | 894.     | 499.     | 127.     | 17.      | 2,116.    |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  | 579.     | 894.     | 499.     | 127.     | 17.      | 2,116.    |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)   | 116,644. | 162,073. | 195,190. | 145,541. | 189,471. | 808,919.  |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |           |         |
|--|-----------|---------|
| <b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | 99.74 % |
| <b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....                      | <b>16</b> | 99.65 % |

**Section D. Computation of Investment Income Percentage**

|   |           |       |
|---|-----------|-------|
| <b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | .26 % |
| <b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 .....                        | <b>18</b> | .35 % |

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

VISITOR STUDIES ASSOCIATION, INC.

Employer identification number

58-2015580

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that 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 and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

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

Schedule I (Form 990) (2010)

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

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

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE I, PART I, LINE 2: GRANTS OVERSIGHT:**

ANY PROPOSAL IN WHICH A VSA BOARD MEMBER IS NAMED AS THE PI, CO-PI OR

CONSULTANT MUST HAVE AN AD HOC VSA OVERSIGHT COMMITTEE OF THE BOARD AND

APPROPRIATE MEMBERS. THIS COMMITTEE, OF 2-5 MEMBERS, IS APPOINTED BY THE

EXECUTIVE COMMITTEE AND IS IN PLACE FOR THE DURATION OF THE GRANT OR

CONTRACT. THE OVERSIGHT COMMITTEE IS VOLUNTARY AND SHOULD NOT CARRY OUT THE

WORK OF THE PI, CO-PI OR OTHER PROJECT STAFF. OVERSIGHT COMMITTEE MEMBERS

WILL NOT BE COMPENSATED BY THE GRANT. THEY WILL NOT BE ELIGIBLE TO

PARTICIPATE IN OTHER GRANT ACTIVITIES THAT INCLUDE COMPENSATION. THE

**Part IV Supplemental Information**

OVERSIGHT COMMITTEE ENSURES THAT THE PROJECT PROCEEDS WITH THE SCOPE,  
SCHEDULE AND OUTCOMES AS APPROVED BY THE FUNDER, AND MONITORS THE EFFECTIVE  
USE OF THE BUDGET. THE OVERSIGHT COMMITTEE WORKS IN THE BEST INTERESTS OF  
VSA AND ITS MISSION AS DEFINED BY THE BOARD.

**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

**2010**

Open to Public  
Inspection

Name of the organization

VISITOR STUDIES ASSOCIATION, INC.

Employer identification number

58-2015580

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EXPERIENCE IN INFORMAL LEARNING SETTINGS THROUGH RESEARCH, EVALUATION,  
AND DIALOGUE. WE PROVIDE A FORUM FOR THE EXCHANGE OF INFORMATION IN  
THE FIELD OF VISITOR STUDIES THROUGH AN ANNUAL CONFERENCE, PROFESSIONAL  
DEVELOPMENT WORKSHOPS AND NETWORK OF MEMBERS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH AN ANNUAL CONFERENCE, PROFESSIONAL DEVELOPMENT WORKSHOPS AND  
NETWORK OF MEMBERS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

REGIONAL WORKSHOPS: THESE ARE HELD TWICE A YEAR IN DIFFERENT AREAS OF  
THE COUNTRY. LOCAL PROFESSIONALS WORKING WITH VSA HELP TO PLAN AND  
CONDUCT THE WORKSHOPS. WORKSHOPS FOCUS ON EVALUATION SKILLS AND ARE  
DESIGNED FOR BOTH NOVICE EVALUATORS (I.E. INTRODUCTION TO EVALUATION  
STRATEGIES) AND MID-CAREER EVALUATORS (NEW OR ADVANCED METHODS AND  
TYPES OF ANALYSIS). WORKSHOPS SERVE 20-40 INDIVIDUALS. TRAVEL GRANT: FOR  
THE 2010 ANNUAL CONFERENCE TO A YOUNG PROFESSIONAL IN THE  
FIELD. MEMBERSHIP/BOARD DEVELOPMENT: INCLUDES DUES PAID FOR MEMBERSHIP  
IN VSA FOR WHICH BENEFITS ARE REDUCED CONFERENCE & WORKSHOP  
REGISTRATION FEES, JOURNAL AND NEWSLETTER. IN 2010 THERE WERE 348  
INDIVIDUAL AND INSTITUTIONAL MEMBERS OF VSA. EXPENSES FOR BOARD  
MEETINGS AND BOARD EDUCATION ARE ALSO INCLUDED.  
EXPENSES \$ 6,406. INCLUDING GRANTS OF \$ 242. REVENUE \$ 4,873.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION'S MEMBERS HAVE THE



|   |  |
|---|--|
| Name of the organization<br>VISITOR STUDIES ASSOCIATION, INC. | Employer identification number<br>58-2015580 |
|---|--|

RIGHT TO NOMINATE AND ELECT THE OFFICERS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A: PART VI - 7A: THE TERM FOR A VSA BOARD MEMBER IS TWO YEARS; DIRECTORS MAY SERVE THREE CONSECUTIVE TWO-YEAR TERMS BEFORE TAKING AT LEAST A ONE-YEAR HIATUS FROM BOARD SERVICE. THE BOARD OF DIRECTORS IS ELECTED BY VOTE OF ITS MEMBERS. THE BOARD DEVELOPMENT COMMITTEE OVERSEES THE NOMINATIONS AND ELECTION PROCESSES.

FORM 990, PART VI, SECTION A, LINE 7B: PART VI - 7B: CHANGES TO THE ASSOCIATION BY-LAWS MUST BE VOTED UPON BY THE MEMBERSHIP.

FORM 990, PART VI, SECTION B, LINE 11: PART VI 011B: THE 990 FORM IS POSTED FOR REVIEW ON THE ASSOCIATION'S BOARD MEMBER WEBSITE. BODS ARE GIVEN THREE DAYS TO REVIEW THE DOCUMENT AND ASK QUESTIONS BEFORE THE RETURN IS SUBMITTED.

FORM 990, PART VI, SECTION B, LINE 12C: PART VI - 12C: 1) AT EVERY MEETING OF THE EXECUTIVE COMMITTEE AND THE FULL BOARD, THE SECRETARY TAKES ROLL ASKING FOR POTENTIAL CONFLICTS WITH ANY ITEM ON THE AGENDA. THE POLICY DESCRIBES STEPS FOR MANAGING POTENTIAL CONFLICTS. 2) ANNUALLY AND IN THE SUMMER, THE BOD REVIEWS THE CONFLICT-OF-INTEREST POLICY. ALSO BODS COMPLETE AND SUBMIT AN ANNUAL DISCLOSURE FORM.

FORM 990, PART VI, SECTION C, LINE 19: PART VI - 19: ASSOCIATION MEMBERS HAVE ACCESS TO BOARD MEETING MINUTES, THE BY-LAWS AND POLICIES THROUGH A MEMBERS-ONLY AREA OF THE VSA WEBSITE. FOR ALL OTHER PARTIES, THE DOCUMENTS ARE AVAILABLE DURING BUSINESS HOURS AT THE VSA OFFICE. COPIES CAN BE REQUESTED FOR A NOMINAL FEE.

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning \_\_\_\_\_, 2010, and ending \_\_\_\_\_, 20\_\_\_\_

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

Employer identification number

**VISITOR STUDIES ASSOCIATION, INC.**

**58-2015580**

Name and title of officer

**JULIE JOHNSON  
TREASURER**

**Part I 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 5a**, below, and the amount on that line for the return being filed with 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.

|   |   |                         |
|---|---|-------------------------|
| <b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/> | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) ..... | <b>1b</b> <u>188916</u> |
| <b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>         | <b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....                      | <b>2b</b> _____         |
| <b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>       | <b>b</b> Total tax (Form 1120-POL, line 22) .....                               | <b>3b</b> _____         |
| <b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>         | <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....    | <b>4b</b> _____         |
| <b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>           | <b>b</b> Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....     | <b>5b</b> _____         |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 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) the reason for any delay in processing the return or refund, and (c) 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

I authorize MAHONEY, ULBRICH, CHRISTIANSEN & RUSS P.A. to enter my PIN 55107  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) 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 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

41291255107  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 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's signature ▶ \_\_\_\_\_ Date ▶ 05/02/11

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**