

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
WISCONSIN DELLS VISITOR & CONVENTION BUREAU INC
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 390
City or town, state or province, country, and ZIP or foreign postal code
WISCONSIN DELLS, WI 53965
F Name and address of principal officer
JILL DIEHL
PO BOX 390
WISCONSIN DELLS, WI 53965

D Employer identification number
39-0712705
E Telephone number
(608) 254-8088
G Gross receipts \$ 14,704,863
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status
501(c)(3)
501(c)(6)
4947(a)(1) or 527
J Website: WWW WISDELCS COM
K Form of organization
Corporation
Trust
Association
Other

L Year of formation 1949
M State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities TO COLLECTIVELY AND AGGRESSIVELY PROMOTE THE WISCONSIN DELLS-LAKE DELTON AREA AS A MAJOR RECREATIONAL/TOURIST DESTINATION TO PROVIDE PROMPT AND COURTEOUS SERVICE TO AREA VISITORS TO PROVIDE INFORMATION TO THE PUBLIC ON ALL MEMBERS IN GOOD STANDING OF THE BUREAU

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members (25), 4 Number of independent voting members (25), 5 Total number of individuals employed (32), 6 Total number of volunteers (0), 7a Total unrelated business revenue (517,220), 7b Net unrelated business taxable income (-152,512)

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (11,752,140 / 12,498,285), 9 Program service revenue (2,046,380 / 1,998,144), 10 Investment income (106,788 / 173,375), 11 Other revenue (5,822 / 1,098), 12 Total revenue (13,911,130 / 14,670,902)

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (361,191 / 485,606), 14 Benefits paid to or for members (0 / 0), 15 Salaries, other compensation, employee benefits (1,584,016 / 1,743,886), 16a Professional fundraising fees (0 / 0), 16b Total fundraising expenses (0 / 0), 17 Other expenses (9,944,372 / 10,386,180), 18 Total expenses (11,889,579 / 12,615,672), 19 Revenue less expenses (2,021,551 / 2,055,230)

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (17,355,530 / 20,097,104), 21 Total liabilities (1,657,976 / 2,344,320), 22 Net assets or fund balances (15,697,554 / 17,752,784)

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.

Sign Here
Signature of officer: ROMY SNYDER EXECUTIVE DIRECTOR
Date: 2019-10-15

Paid Preparer Use Only
Print/Type preparer's name: SVA CERTIFIED PUBLIC ACCTS SC
Preparer's signature
Date: 2019-09-10
Check if self-employed
PTIN: P01273665
Firm's EIN: 39-1203191
Firm's address: 1221 JOHN Q HAMMONS DRIVE MADISON, WI 53717
Phone no: (608) 831-8181

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission

THE WDVCB IS THE OFFICIAL DESTINATION MARKETING ORGANIZATION FOR THE WISCONSIN DELLS AREA WHOSE MISSION IS TO GROW THE ECONOMIC IMPACT OF TOURISM THROUGH MARKETING, PUBLIC RELATIONS AND DEVELOPMENT EFFECTS THAT BENEFIT OUR VISITORS AND MEMBERS

**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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>	<b>2a</b>	32			
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			<b>2b</b>	Yes	
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>			<b>3a</b>	Yes	
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>			<b>3b</b>	Yes	
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>			<b>4a</b>		No
<p><b>b</b> If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>			<b>5a</b>		No
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			<b>5b</b>		No
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>			<b>5c</b>		
<p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>			<b>6a</b>	Yes	
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>			<b>6b</b>	Yes	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>			<b>7a</b>		
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>			<b>7b</b>		
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>			<b>7c</b>		
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>				
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			<b>7e</b>		
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>			<b>7f</b>		
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>			<b>7g</b>		
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>			<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .					
			<b>8</b>		
<p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>			<b>9a</b>		
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>			<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter					
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>				
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter					
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>				
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .</p>	<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>			<b>13a</b>		
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<b>13b</b>				
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>				
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>			<b>14a</b>		No
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O . . . . .</i></p>			<b>14b</b>		
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>			<b>15</b>		No
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>			<b>16</b>		No

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



Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No response. Includes questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with columns for question number, description, and Yes/No response. Includes questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with questions 17, 18, 19, 20 regarding state disclosure, public availability of documents, and contact information.

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

Check if Schedule O contains a response or note to any line 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c).

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

Questions 3, 4, and 5 regarding compensation reporting and related organizations.

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

Table for independent contractors with columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>	12,498,285		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____				
<b>h Total.</b> Add lines 1a-1f . . . . .		12,498,285			

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> MEMBERSHIP DUES		713990	1,246,068	1,246,068	
<b>b</b> COOP AD INCOME		541800	447,926		447,926	
<b>c</b> TIMESHARE REVENUE		713990	152,944	152,944		
<b>d</b> ENTERTAINMENT CARD FEE		713990	73,005	73,005		
<b>e</b> SAFETY PATROL		713990	61,005		61,005	
<b>f</b> All other program service revenue			17,196	8,907	8,289	
<b>g Total.</b> Add lines 2a-2f . . . . .			1,998,144			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			190,969			190,969
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less cost or other basis and sales expenses				17,594		
	<b>c</b> Gain or (loss)				-17,594		
	<b>d</b> Net gain or (loss) . . . . .				-17,594		-17,594
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>			13,225		
	<b>b</b> Less direct expenses . . . . .	<b>b</b>			16,367		
	<b>c</b> Net income or (loss) from fundraising events . . . . .				-3,142		-3,142
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> MISCELLANEOUS		900099	4,240	4,240			
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			4,240				
<b>12 Total revenue.</b> See Instructions . . . . .			14,670,902	1,485,164	517,220	170,233	

**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).

Check if Schedule O contains a response or note to any line in this Part IX

	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	485,606			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	214,756			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	1,238,605			
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	63,394			
<b>9</b> Other employee benefits.	116,991			
<b>10</b> Payroll taxes.	110,140			
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.				
<b>b</b> Legal.	10,619			
<b>c</b> Accounting.	17,329			
<b>d</b> Lobbying.	15,000			
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
<b>12</b> Advertising and promotion.	9,628,716			
<b>13</b> Office expenses.	168,197			
<b>14</b> Information technology.	1,395			
<b>15</b> Royalties.				
<b>16</b> Occupancy.	120,528			
<b>17</b> Travel.	1,530			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	25,225			
<b>20</b> Interest.	6			
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	65,386			
<b>23</b> Insurance.	6,216			
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEMBERSHIP EXPENSES	113,064			
<b>b</b> PUBLICITY	72,206			
<b>c</b> SAFETY PATROL	58,269			
<b>d</b> DUES	27,672			
<b>e</b> All other expenses	54,822			
<b>25</b> Total functional expenses. Add lines 1 through 24e.	12,615,672			
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	473,218	<b>1</b>	386,005
	<b>2</b> Savings and temporary cash investments . . . . .	14,402,441	<b>2</b>	16,277,732
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	96,287	<b>4</b>	205,472
	<b>5</b> Loans and other 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> Loans and other 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) Complete Part II of Schedule L . . . . .		<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 . . . . .	904,686	<b>9</b>	1,821,344
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,665,294		
	<b>b</b> Less accumulated depreciation	1,258,743		
		1,478,898	<b>10c</b>	1,406,551
	<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) . . . . .	17,355,530	<b>16</b>	20,097,104	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	424,372	<b>17</b>	1,431,322
	<b>18</b> Grants payable . . . . .	1,159,164	<b>18</b>	837,880
	<b>19</b> Deferred revenue . . . . .	74,440	<b>19</b>	75,118
	<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> Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,657,976	<b>26</b>	2,344,320
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	15,697,554	<b>27</b>	17,752,784
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>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 . . . . .	15,697,554	<b>33</b>	17,752,784	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	17,355,530	<b>34</b>	20,097,104	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	14,670,902
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	12,615,672
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	2,055,230
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	15,697,554
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	17,752,784

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** 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?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
<b>2a</b>	Yes	
<b>2b</b>		No
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 39-0712705

**Name:** WISCONSIN DELLS VISITOR & CONVENTION  
BUREAU INC

Form 990 (2018)

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### Form 990, Part III, Line 4a:

MARKETING PROMOTES THE WISCONSIN DELLS AREA AS A TRAVEL DESTINATION TO VISITORS MORE THAN 4-5 MILLION VISITORS ENJOY THE WISCONSIN DELLS AREA ANNUALLY WHICH RESULTS IN AN ESTIMATED ECONOMIC IMPACT OF \$1.637 BILLION IN TOURIST RELATED EXPENDITURES

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**Form 990, Part III, Line 4b:**

MEETING/CONVENTION, GROUP AND SPORTS SALES RAISE THE QUALITY AND VOLUME OF MEETING/CONVENTION, GROUP AND SPORTS BUSINESS WHICH IN TURN BENEFITS THE AREA MEETING AND SPORTS FACILITIES IT IS ESTIMATED THAT MEETING/CONVENTION BUSINESS ACCOUNTS FOR APPROXIMATELY 25% OF THE VISITOR EXPENDITURE REPORTED IN PROGRAM SERVICE ACTIVITY #1, NOTED ABOVE

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**Form 990, Part III, Line 4c:**

VISITOR AND CONVENTION SERVICES ASSIST MEETING PLANNERS WITH INFORMATION AND SUPPORT MATERIALS TO HELP IN CONVENTION AND VISITOR PLANNING EFFORTS

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DIEHL JILL ..... PRESIDENT	5 00 .....	X		X				0	0	0
GAVINSKI DAN ..... VICE PRESIDENT	1 50 .....	X		X				0	0	0
BERNANDER JON ..... SECRETARY/TREASURER	2 00 .....	X		X				0	0	0
ANACKER BETH ..... DIRECTOR	0 50 .....	X						0	0	0
ANCHOR TARA ..... DIRECTOR	0 50 .....	X						0	0	0
CHASTAN JOHN ..... DIRECTOR	0 50 .....	X						0	0	0
DIEHL TOM ..... DIRECTOR	1 00 .....	X						0	0	0
ECK JOE ..... DIRECTOR	0 50 .....	X						0	0	0
FEARING CHRIS ..... DIRECTOR	0 50 .....	X						0	0	0
FICHTER PATTI ..... DIRECTOR	0 50 .....	X						0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GASSER BRENT ..... DIRECTOR	0 50 .....	X						0	0	0
GISSAL JEFFREY ..... DIRECTOR	0 50 .....	X						0	0	0
GRUBER KEVIN ..... DIRECTOR	0 50 .....	X						0	0	0
GUSSEL BECKY ..... DIRECTOR	0 50 .....	X						0	0	0
HOLZEM BRIAN ..... DIRECTOR	0 50 .....	X						0	0	0
KALCIK SCOTT ..... DIRECTOR	0 50 .....	X						0	0	0
KAMINSKI MIKE ..... DIRECTOR	0 50 .....	X						0	0	0
KOSCIELNIAK JOHN ..... DIRECTOR	0 50 .....	X						0	0	0
KRUEGER DANA ..... DIRECTOR	0 50 .....	X						0	0	0
LANDERS MAYOR BRIAN ..... DIRECTOR	0 50 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LASKARIS NICK ..... DIRECTOR	0 50 .....	X						0	0	0
MACINA MARY ..... DIRECTOR	0 50 .....	X						0	0	0
MAKOWSKI ADAM ..... DIRECTOR	0 50 .....	X						0	0	0
MCGOWAN AMANDA ..... DIRECTOR	0 50 .....	X						0	0	0
MORSE JACKIE ..... DIRECTOR	0 50 .....	X						0	0	0
NELSON TRAVIS ..... DIRECTOR	0 50 .....	X						0	0	0
PREISSEL BRAD ..... DIRECTOR	0 50 .....	X						0	0	0
RICKS KEVIN ..... DIRECTOR	0 50 .....	X						0	0	0
SCHMITZ MARK ..... DIRECTOR	0 50 .....	X						0	0	0
SCHULTZ DAVID ..... DIRECTOR	0 50 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STARZYK BERNADETTE ..... DIRECTOR	0 50 .....	X						0	0	0
TOLLAKEN PETE ..... DIRECTOR	0 50 .....	X						0	0	0
WHITFIELD MARK ..... DIRECTOR	0 50 .....	X						0	0	0
AJVAZI MARY ..... DIRECTOR	1 00 .....	X						0	0	0
WOJNICZ ED ..... DIRECTOR	0 50 .....	X						0	0	0
FULLER TRACY ..... DIRECTOR	0 50 .....	X						0	0	0
PALMER AMY ..... DIRECTOR	0 50 .....	X						0	0	0
ROYSTON KYLER ..... DIRECTOR	0 50 .....	X						0	0	0
HEHL MATT ..... DIRECTOR	0 50 .....	X						0	0	0
SIGMUND KRISSEY ..... DIRECTOR	0 50 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SNYDER ROMY ..... EXECUTIVE DIRECTOR	39 00 ..... 1 00			X				195,908	0	18,848

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**  
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C  
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B  
 ● Section 527 organizations Complete Part I-A only  
**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**  
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B  
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A  
**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**  
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization WISCONSIN DELLS VISITOR & CONVENTION BUREAU INC	Employer identification number 39-0712705
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?


Yes  No

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

*For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity*

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	No
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	No
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	No

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	1,246,068
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	15,000
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	15,000
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	37,382
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	-22,382

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
------------------	-------------

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**► Attach to Form 990.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
WISCONSIN DELLS VISITOR & CONVENTION BUREAU INC

**Employer identification number**  
39-0712705

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ► \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

**(i)** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ► \$ \_\_\_\_\_



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes | No |
| <b>(ii)</b> related organizations . . . . .  |     |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		300,000		300,000
<b>b</b> Buildings . . . . .		2,055,877	985,952	1,069,925
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		258,561	234,730	23,831
<b>e</b> Other . . . . .		50,856	38,061	12,795
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,406,551

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )		

**Part VIII Investments—Program Related.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

**Part IX Other Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

**Part X Other Liabilities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
<b>1.</b> Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

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

Return Reference	Explanation	
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**Part XIII** **Supplemental Information (continued)**

Return Reference	Explanation
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**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
 Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

Department of the Treasury  
Internal Revenue Service

Name of the organization  
WISCONSIN DELLS VISITOR & CONVENTION  
BUREAU INC

Employer identification number  
39-0712705

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>MCDONALD HOUSE</b> (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	13,225			13,225
	<b>2</b> Less Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	13,225			13,225
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	16,367			16,367
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				16,367
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-3,142

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in
- |          |                             |   |
|----------|-----------------------------|---|
| <b>a</b> | The organization's facility | % |
| <b>b</b> | An outside facility         | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization WISCONSIN DELLS VISITOR & CONVENTION BUREAU INC

Employer identification number 39-0712705

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 1
3 Enter total number of other organizations listed in the line 1 table. 2



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	<p>PROCEDURES FOR MONITORING GRANTS - WISCONSIN DELLS FESTIVALS, INC THE ORGANIZATION GRANTS FUNDS TO A RELATED ORGANIZATION, THE WISCONSIN DELLS FESTIVALS, INC (WDF) TO FURTHER ITS EXEMPT PURPOSE THE ORGANIZATION AND WDF ARE MANAGED BY THE SAME STAFF PROCEDURES FOR MONITORING GRANTS - JUSTAGAME FIELDHOUSE THIS COMMITMENT IS BASED ON JUSTAGAME CREATING ECONOMIC DEVELOPMENT FOR THE AREA BY HOSTING BASKETBALL CAMPS, TOURNAMENTS AND OTHER USES OF THE FACILITY BY TRANSIENT VISITORS/GROUPS THAT GENERATE OVERNIGHT STAYS THIS ECONOMIC DEVELOPMENT WILL CREATE ADDITIONAL BUSINESS FOR LODGING, RESTAURANTS, SHOPPING AND ATTRACTIONS IN THE GREATER WISCONSIN DELLS AREA PROCEDURES FOR MONITORING GRANTS - WOODSIDE SPORTS COMPLEX OPERATIONS CONDITIONS TO COMMITMENTS THE PROPOSED COMMITMENTS OF VCB, BID AND VLD SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS (A) COMPLETION THE PAYMENTS OF THE VCB, BID AND VLD SHALL BE PAID ONLY IF Z/WOODSIDE COMPLETES CONSTRUCTION OF THE PROPOSED FACILITY, AND THEN OPENS AND OPERATES THE FACILITY AS REPRESENTED (B) PAYMENTS ALL PAYMENTS FROM THE VCB, BID AND VLD WILL BE MADE DIRECTLY TO THE FOLLOWING ENTITIES, IN THE FOLLOWING ORDER, TO PAY THE FOLLOWING EXPENSES AND LIABILITIES NOTHING HEREIN SHALL BE CONSTRUED TO RELEASE, WAIVE OR LIMIT THE LIABILITY OF Z/WOODSIDE FOR THE FOLLOWING EXPENSES AND LIABILITIES (1) TO THE CITY OF WISCONSIN DELLS TO PAY ANY AND ALL DELINQUENT SPECIAL ASSESSMENTS, (2) TO THE CITY OF WISCONSIN DELLS TO PAY ANY LOANS EXTENDED BY THE CITY TO Z/WOODSIDE OR ANY OTHER ENTITY FOR THIS PROJECT, (3) TO THE CITY OF WISCONSIN DELLS AND/OR ADAMS COUNTY TO PAY ANY AND ALL DELINQUENT REAL ESTATE TAXES, (4) TO ANY LENDER TO PAY ANY AND ALL DELINQUENT AMOUNTS OWED ON ANY LOANS REGARDING THIS PROJECT, (5) TO Z/WOODSIDE (C) OVERNIGHT LODGING EXCEPT FOR THE OVERNIGHT LODGING PROVIDED BY Z/WOODSIDE AT WOODSIDE RANCH IN JUNEAU COUNTY, Z/WOODSIDE SHALL NOT DIRECTLY OR INDIRECTLY, PROVIDE OVERNIGHT LODGING AS PART OF ITS ATHLETIC VENUE OPERATIONS Z/WOODSIDE WILL NOT CONSTRUCT, SUBSIDIZE, OR MAINTAIN OVERNIGHT LODGING ACCOMMODATIONS AT THE VENUE ALL VCB, BID AND VLD MEMBERS WILL BE OFFERED PARTICIPATION IN A REFERRAL/PARTNER PROGRAM CONSISTING OF A PERCENT COMMISSION OR REBATE (BOTH UP TO A 10% CAP) ONLY (NO ADDITIONAL COSTS/TIERS) ALL LODGING REFERRAL PROGRAM PARTICIPANTS WILL BE PROMOTED AND MANAGED FAIRLY AND EQUALLY (D) "STAY TO PLAY" Z/WOODSIDE AGREES TO NOT ENGAGE IN "STAY TO PLAY " STAY TO PLAY IS DEFINED AS (1) TEAMS MUST STAY A PARTNER LODGING FACILITIES IN ORDER TO PARTICIPATE IN Z/WOODSIDE HOSTED EVENTS AND/OR (2) TEAMS PAY A HIGHER REGISTRATION/PARTICIPATION FEE FOR STAYING OUTSIDE OF THE REFERRAL/PARTNER LODGING LIST THE VCB MAY, ON BEHALF OF THE BID AND THE VLD, WAIVE OR LIMIT THE REQUIREMENTS OF THE SECTION 7(D) ON A CASE-BY-CASE BASIS, UPON APPLICATION FROM Z/WOODSIDE AND THE SOLE DISCRETION OF THE VCB IT IS ANTICIPATED (BUT NOT REQUIRED) THAT THE REQUIREMENTS OF SECTION 7(D) MAY BE WAIVED MORE OFTEN AT THE BEGINNING OF THIS AGREEMENT TO HELP THIS PROJECT BECOME ESTABLISHED (E) RETAIL MERCHANDISE THE PARTIES RECOGNIZE THAT Z/WOODSIDE WILL NEED TO PROVIDE SOME RETAIL MERCHANDISE AT THE ATHLETIC VENUE THE PARTIES ALSO RECOGNIZE THAT THE PURPOSE OF THE CONTRIBUTIONS FROM VCB, BID AND VLD IS TO GENERATE RETAIL SALES FOR VCB, BID AND VLD MEMBERS HENCE, Z/WOODSIDE SHALL BE ALLOWED TO SELL 3 KINDS OF MERCHANDISE (1) ALL FORMS OF MERCHANDISE WHICH ADVERTISES WOODSIDE (E G MUGS, T-SHIRTS, SWEAT SHIRTS, HATS, ETC WITH THE "WOODSIDE" LOGO), AND (2) ALL FORMS OF MERCHANDISE WHICH ADVERTISES AN EVENT HELD AT WOODSIDE (E G T-SHIRTS WITH A TOURNAMENT LOGO), AND (3) ALL FORMS OF SPORTING GOODS EQUIPMENT CONNECTED TO AND USED BY THE VARIOUS SPORTS CONDUCTED AT THE WOODSIDE COMPLEX IN WISCONSIN DELLS (F) RETAIL FOOD AND BEVERAGES THE PARTIES RECOGNIZE THAT Z/WOODSIDE WILL NEED TO PROVIDE SOME RETAIL FOOD AND BEVERAGES AT THE ATHLETIC VENUE THE PARTIES ALSO RECOGNIZE THAT THE PURPOSE OF THE CONTRIBUTIONS FROM VCB, BID AND VLD IS TO GENERATE RETAIL SALES TO VCB, BID AND VLD MEMBERS HENCE, Z/WOODSIDE SHALL BE ALLOWED TO OPERATE ONE OR MORE, OUT-OF-DOORS, OPEN-AIR, CONCESSION STANDS, SELLING THE TYPES OF FOODS, BEVERAGES AND SNAKES TYPICALLY SERVED AT CONCESSION STANDS, BUT Z/WOODSIDE WILL NOT OPERATE, NOR ALLOW OTHERS TO OPERATE ON THE COMPLEX, ANY SORT OF INDOOR, SIT-DOWN RESTAURANT (G) NAMING RIGHTS VCB, BID AND VLD PAYMENTS ARE CONDITIONED UPON THEIR APPROVAL OF THE NAME OF THE ATHLETIC VENUE, AND THE VARIOUS FIELDS, BUILDINGS, AND FACILITIES CONTAINED THEREIN THE APPROVAL OF VCB, BID OR VLD WILL NOT BE UNREASONABLY WITHHELD, PROVIDED THAT NAMES ARE NOT EMPLOYED WHICH ARE CONTRARY TO THE MISSION AND FINANCIAL INTERESTS OF THE VCB, BID OR VLD (E G THE VCB, BID AND VLD WOULD NOT APPROVE THE NAME "SIX FLAGS - GREAT AMERICA FIELD ") (H) ONSITE ADVERTISING THE VCB, BID AND VLD EXPECT FIRST RIGHT OF REFUSAL FOR ONSITE ADVERTISING ADVERTISING OFFERED TO, BUT NOT PURCHASED BY, VCB, BID AND VLD MEMBERS MAY BE OFFERED TO (1) ANY BUSINESS WITHIN THE WISCONSIN DELLS AREA, AND SUBSEQUENTLY (2) BEYOND THE COMMUNITY'S GEOGRAPHICAL LIMITS ADVERTISERS WHICH CONSTITUTE DIRECT COMPETITION FOR THE WISCONSIN DELLS AREA (I E SIX FLAGS - GREAT AMERICA) WILL NOT BE ALLOWED (I) ZONING AND OTHER MUNICIPAL REGULATIONS THE COMMITMENTS OF VCB, BID AND VLD ARE CONTINGENT UPON COMPLIANCE WITH CITY ZONING REGULATIONS, AND ALL OTHER FEDERAL, STATE, AND LOCAL REGULATIONS (J) MEMBERSHIP IN BID AND VCB THE COMMITMENTS OF BID AND VCB ARE CONTINGENT ON THE ENTIRE ATHLETIC VENUE JOINING THE ZONE 1 BID DISTRICT AND MAINTAINING ANNUAL MEMBERSHIP IN THE VCB</p>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 39-0712705  
**Name:** WISCONSIN DELLS VISITOR & CONVENTION  
BUREAU INC

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WISCONSIN DELLS FESTIVALS INC PO BOX 390 WISCONSIN DELLS, WI 53965	39-1701358	501(C)(6)	456,890			N/A	GENERAL SUPPORT
WOODSIDE SPORTS COMPLEX OPERATIONS LLC 4015 HIGHWAY 82 EAST MAUSTON, WI 53948	90-0640113		24,580			N/A	DEVELOPMENT OF ATHLETIC VENUE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JUSTAGAME FIELDHOUSE 200 LACROSSE STREET WISCONSIN DELLS, WI 53965	45-4878377		4,136			N/A	CONSTRUCTION OF ADDITIONAL SPORTS FACILITY

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization  
WISCONSIN DELLS VISITOR & CONVENTION BUREAU INC

Employer identification number  
39-0712705

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	No								
	<b>4b</b>	No								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>									
	<b>5b</b>									
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>									
	<b>6b</b>									
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>									
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	<b>8</b>									
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									



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**Part III**    **Supplemental Information**

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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2018**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
WISCONSIN DELLS VISITOR & CONVENTION  
BUREAU INC

**Employer identification number**

39-0712705

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( AIR TIME )	X	1	0 FMV	
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		No
<b>b</b> If "Yes," describe the arrangement in Part II		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
<b>b</b> If "Yes," describe in Part II		
<b>33</b> If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 33	THE WISCONSIN DELLS VISITOR AND CONVENTION BUREAU COLLECTS ADMISSION TICKETS FROM AREA ATTRACTIONS AND GIVES THEM TO LOCAL RADIO STATIONS IN EXCHANGE, THE RADIO STATIONS PROVIDE SCHEDULED AIR TIME TO THE ORGANIZATION OF WHICH BOTH THE WDVCB AND THE SPECIFIC ATTRACTIONS RECEIVE PROMOTIONAL VALUE FROM THE RETAIL VALUE OF THE TICKETS GIVEN TO THE RADIO STATIONS WAS \$246,495, THE RETAIL VALUE OF THE AIR TIME GIVEN TO THE BUREAU WAS \$259,500 IN ADDITION, WDVCB PAID AN ADVERTISING AGENCY \$30,000 FOR COORDINATION, SHIPPING AND DUBBING FEES RELATED TO RADIO TICKET TRADES



**SCHEDULE O**  
(Form 990 or 990-EZ)

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization

WISCONSIN DELLS VISITOR & CONVENTION BUREAU INC

Employer identification number

39-0712705

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	<p>FAMILY RELATIONSHIPS (1) JILL DIEHL AND THOMAS DIEHL, (2) DAN GAVINSKI AND JACKIE MORSE, (3) MIKE KAMINSKI AND KRISSY SIGMUND BUSINESS RELATIONSHIPS (1) JILL DIEHL AND THOMAS DIEHL, (2) BRENT GASSER AND JON BERNANDER, (3) BRENT GASSER AND DANA KRUEGER, (4) BRENT GASSER AND MARK WHITFIELD, (5) BRENT GASSER AND JOHN CHASTAN, (6) BRENT GASSER AND TRAVIS NELSON, (7) BRENT GASSER AND DAVE SCHULTZ, (8) BRENT GASSER AND PETER TOLLAKSEN, (9) BRENT GASSER AND MARK SCHMITZ, (10) BRENT GASSER AND JILL DIEHL, (11) BRENT GASSER AND THOMAS DIEHL, (12) DAN GAVINSKI AND THOMAS DIEHL, (13) DAN GAVINSKI AND JJ GISSAL, (14) DAN GAVINSKI AND AMANDA MCGOWAN, (15) DAN GAVINSKI AND JON BERNANDER, (16) DAN GAVINSKI AND ROMY SNYDER, (17) DAN GAVINSKI AND DAVE SCHULTZ, (18) MIKE KAMINSKI AND PATTI FICHTER, (19) MIKE KAMINSKI AND KRISSY SIGMUND, (23) MARK WHITFIELD AND JOHN CHASTAN, (24) MARK WHITFIELD AND JILL DIEHL, (25) MARK WHITFIELD AND THOMAS DIEHL, (26) MARK WHITFIELD AND JOE ECK, (27) MARK WHITFIELD AND KEVIN GRUBER, (28) MARK WHITFIELD AND MIKE KAMINSKI, (29) MARK WHITFIELD AND JOHN KOSCIELNIAK, (30) MARK WHITFIELD AND ADAM MAKOWSKI, (31) MARK WHITFIELD AND TRAVIS NELSON, (32) MARK WHITFIELD AND BRAD PREISSEL, (33) MARK WHITFIELD AND BERNADETTE STARZYK, (34) MARK WHITFIELD AND MARY AJVAZI, (35) MARK WHITFIELD AND KRISSY SIGMUND (36) MARK WHITFIELD AND MATT HEHL</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 6	ORGANIZATIONS WITH MEMBERS WISCONSIN DELLS VISITOR AND CONVENTION BUREAU, INC IS A MEMBERSHIP ORGANIZATION

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS WHO MAY ELECT MEMBERS OF GOVERNING BODY THE MEMBERS OF EACH DIVISION (ACCOMMODATION, ATTRACTION, CAMPGROUND, ASSOCIATE BUSINESS, VISITOR SERVICES, RESTAURANT, AND SHOPPING ) SEPARATELY ELECT THEIR DIVISION DIRECTOR(S)

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS OF GOVERNING BODY SUBJECT TO MEMBER APPROVAL CHANGES TO BY-LAWS ARE SUBJECT TO APPROVAL BY MEMBERS, STOCKHOLDERS, OR OTHER PERSONS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	PROCESS FOR REVIEW OF FORM 990 THE EXECUTIVE COMMITTEE SHALL ENSURE THAT THE FOLLOWING STEPS TOWARD PUBLIC DISCLOSURE OF WISCONSIN DELLS VISITOR & CONVENTION BUREAU, INC FINANCIAL STATUS TAKES PLACE SELECTION OF FIRM, ENGAGEMENT OF SERVICES FOR THE ANNUAL TAX RETURN PREPARATION AND OVERSIGHT OF THE ANNUAL REVIEW/AUDIT WITH AN ACCOUNTING FIRM MUST BE APPROVED BY THE EXECUTIVE COMMITTEE AND AGREEMENT MUST BE SIGNED BY AN OFFICER OF THE BOARD THE EXECUTIVE DIRECTOR SHALL ENSURE THAT TAX PAYMENTS AND OTHER GOVERNMENT-ORDERED PAYMENTS OR FILINGS ARE FILED IN A TIMELY AND ACCURATE MANNER THE EXECUTIVE DIRECTOR SHALL SIGN AND CERTIFY AND THE IRS FORM 990 IS ACCURATE AND COMPLETE THE EXECUTIVE COMMITTEE SHALL REVIEW AND APPROVE THE IRS FORM 990 ANNUAL TAX FILING PRIOR TO SUBMISSION AND BE PROVIDED A COPY OF THE IRS FORM 990 WITHIN 30 DAYS OF ITS SUBMISSION CONSISTENT WITH IRS REQUIREMENTS , COPIES OF THE ORGANIZATION'S FORM 990 SHALL BE MADE AVAILABLE, UPON REQUEST, IN A TIMELY MANNER, AND SUBJECT TO CHARGES PERMITTED BY LAW TO ANY INDIVIDUALS WHO REQUEST IT

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>CONFLICT OF INTEREST POLICY EMPLOYEES AND BOARD MEMBERS HAVE AN OBLIGATION TO CONDUCT BUSINESS WITHIN GUIDELINES THAT PROHIBIT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST THIS POLICY ESTABLISHES ONLY THE FRAMEWORK WITHIN WHICH THE WISCONSIN DELLS VISITOR &amp; CONVENTION BUREAU (WDV&amp;CB) WISHES ITS BUSINESS TO OPERATE THE PURPOSE OF THESE GUIDELINES IS TO PROVIDE GENERAL DIRECTION SO THAT BOARD MEMBERS AND EMPLOYEES CAN SEEK FURTHER CLARIFICATION ON ISSUES RELATED TO THE SUBJECT OF ACCEPTABLE STANDARDS OF OPERATION AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST OCCURS WHEN A BOARD MEMBER OR AN EMPLOYEE IS IN A POSITION TO INFLUENCE A DECISION THAT MAY RESULT IN AN UNUSUAL OR SIGNIFICANT PERSONAL GAIN OR GAIN FOR A RELATIVE AS A RESULT OF WDV&amp;CB'S BUSINESS DEALINGS FOR THE PURPOSE OF THIS POLICY, A RELATIVE IS ANY PERSON WHO IS RELATED BY BLOOD OR MARRIAGE, OR WHOSE RELATIONSHIP WITH THE BOARD MEMBER OR EMPLOYEE IS SIMILAR TO THAT OF PERSONS WHO ARE RELATED BY BLOOD OR MARRIAGE NO PRESUMPTION OF A CONFLICT IS CREATED BY THE MERE EXISTENCE OF A RELATIONSHIP WITH OUTSIDE FIRMS HOWEVER, IF A BOARD MEMBER OR AN EMPLOYEE HAS ANY INFLUENCE ON ANY MATERIAL BUSINESS TRANSACTIONS, IT IS IMPERATIVE THAT HE OR SHE DISCLOSES TO AN OFFICER OF THE ORGANIZATION AS SOON AS POSSIBLE THE EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST SO THAT SAFEGUARDS CAN BE ESTABLISHED TO PROTECT ALL PARTIES PERSONAL GAIN MAY RESULT NOT ONLY IN CASES WHERE A BOARD MEMBER, AN EMPLOYEE, OR A RELATIVE HAS A SIGNIFICANT OWNERSHIP IN A FIRM WITH WHICH WDV&amp;CB DOES BUSINESS, BUT ALSO WHEN A BOARD MEMBER, AN EMPLOYEE, OR A RELATIVE RECEIVES ANY KICKBACK, BRIBE, SUBSTANTIAL GIFT, OR SPECIAL CONSIDERATION AS A RESULT OF ANY TRANSACTION OR BUSINESS DEALINGS INVOLVING WDV&amp;CB EMPLOYEES AND BOARD MEMBERS WILL BE SURVEYED ANNUALLY FOR 1) IDENTIFYING AND DISCLOSING POTENTIAL CONFLICTS OF INTEREST, AND 2) AFFIRMATION OF RECEIPT, REVIEW, UNDERSTANDING AND AGREEMENT TO THE CONFLICT OF INTEREST POLICY DISCLOSURE OF CONFLICTS WILL BE HANDLED IN THE FOLLOWING MANNER -DISCLOSURES BY MEMBERS OF THE BOARD WILL BE REVIEWED BY THE PRESIDENT OF THE BOARD DISCUSSIONS AND DECISIONS MADE BY THE BOARD INVOLVING ISSUES RELATED TO THE CONFLICT WILL NOT BE PARTICIPATED IN BY THE MEMBER WITH THE DISCLOSED CONFLICT -DISCLOSURES BY EMPLOYEES OF THE WDV&amp;CB WILL BE REVIEWED BY THE EXECUTIVE DIRECTOR DISCUSSIONS AND DECISIONS MADE BY THE WDV&amp;CB INVOLVING ISSUES RELATED TO THE CONFLICT WILL NOT BE PARTICIPATED IN BY THE EMPLOYEE WITH THE DISCLOSED CONFLICT</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION B, LINE 15</p>	<p>PROCESS USED TO DETERMINE EXECUTIVE COMPENSATION EFFECTIVE DATE 07/21/2009 REVISION DATE BOARD APPROVED 07/21/2009 PROGRAM PHILOSOPHY AND OBJECTIVES THE WISCONSIN DELLS VISITOR &amp; CONVENTION BUREAU'S (WDV&amp;CB) PRIMARY OBJECTIVE IS TO PROVIDE A REASONABLE AND COMPETITIVE EXECUTIVE TOTAL COMPENSATION OPPORTUNITY CONSISTENT WITH MARKET-BASED COMPENSATION PRACTICES FOR INDIVIDUALS POSSESSING THE EXPERIENCE AND SKILLS NEEDED TO IMPROVE THE OVERALL PERFORMANCE OF THE ORGANIZATION THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM IS DESIGNED TO ENCOURAGE THE ATTRACTION AND RETENTION OF HIGH-CALIBER EXECUTIVES, PROVIDE A COMPETITIVE TOTAL COMPENSATION PACKAGE, INCLUDING BENEFITS, REINFORCE THE GOALS OF THE ORGANIZATION BY SUPPORTING TEAMWORK AND COLLABORATION, ENSURE THAT PAY IS PERCEIVED TO BE FAIR AND EQUITABLE, BE FLEXIBLE TO REWARD INDIVIDUAL ACCOMPLISHMENTS AS WELL AS ORGANIZATIONAL SUCCESS, ENSURE THAT THE PROGRAM IS EASY TO EXPLAIN, UNDERSTAND, AND ADMINISTER, BALANCE THE NEED TO BE COMPETITIVE WITH THE LIMITS OF AVAILABLE FINANCIAL RESOURCES, AND ENSURE THAT THE PROGRAM COMPLIES WITH STATE AND FEDERAL LEGISLATION PROGRAM MARKET POSITION WHILE THE WDV&amp;CB FOCUSES ON COMPARABLE ORGANIZATIONS IN OUR STATE TO BENCHMARK PAY, WE ALSO UNDERSTAND THAT THE MARKET FOR EXECUTIVE TALENT MAY BE BROADER THAN THIS GROUP MARKET INFORMATION FROM ADDITIONAL MARKET SEGMENTS AND PUBLISHED NOT-FOR-PROFIT COMPENSATION SURVEYS MAY BE USED AS A SUPPLEMENT IN ADDITION, THE WDV&amp;CB MAY ALSO COLLECT OTHER PUBLISHED SURVEY DATA, WHEN APPROPRIATE, FOR FOR-PROFIT ORGANIZATIONS FOR SPECIFIC FUNCTIONAL COMPETENCIES SUCH AS FINANCE AND HUMAN RESOURCES TOGETHER WITH DATA FROM THE COMPARABLE ORGANIZATIONS, DATA FROM THESE MARKET SEGMENTS ARE USED TO FORM A "MARKET COMPOSITE" TO ASSESS THE COMPETITIVENESS OF COMPENSATION PROGRAMS ARE DESIGNED TO BE FLEXIBLE SO THAT COMPENSATION CAN BE ABOVE OR BELOW THE MEDIAN BASED ON EXPERIENCE, PERFORMANCE, AND BUSINESS NEED TO ATTRACT AND RETAIN SPECIFIC TALENT GOVERNANCE AND PROCEDURES THE WDV&amp;CB'S STAFF COMPENSATION PROGRAM IS ADMINISTERED BY THE EXECUTIVE DIRECTOR, ALONG WITH APPROPRIATE MANAGEMENT PERSONNEL OF THE WDV&amp;CB THE EXECUTIVE DIRECTOR AND MANAGEMENT STAFFS (KNOWN AS THE COMPENSATION TEAM) ARE RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE STAFF OF THE ORGANIZATION THE COMPENSATION TEAM MEETS AS NEEDED TO REVIEW THE COMPENSATION PROGRAM AND MAKE CHANGES AS APPROPRIATE ANY MEMBER OF THE MANAGEMENT STAFF THAT IS A MEMBER OF THE COMPENSATION TEAM WILL NOT HAVE ANY INPUT OR ABILITY TO DELIBERATE OR APPROVE THEIR OWN COMPENSATION PACKAGE</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING AND CONFLICT OF INTEREST DOCUMENTS AVAILABLE TO THE PUBLIC THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	<p>DIEHL, JILL - 560 WISCONSIN DELLS PKWY N, WISCONSIN DELLS, WI 53965 GAVINSKI, DAN - PO BOX 117, WISCONSIN DELLS, WI 53965 BERNANDER, JON - PO BOX 490, WISCONSIN DELLS, WI 53965 ANACKER, BETH - S3214 COUNTY RD BD, BARABOO, WI 53913 ANCHOR, TARA - 226 BROADWAY, WISCONSIN DELLS, WI 53965 CHASTAN, JOHN - PO BOX 590, WISCONSIN DELLS, WI 53965 DIEHL, TOM - 560 WISCONSIN DELLS PKWY N, WISCONSIN DELLS, WI 53965 ECK, JOE - PO BOX 830, WISCONSIN DELLS, WI 53965 FEARING, CHRIS - PO BOX 4, WISCONSIN DELLS, WI 53965 FICHTER, PATTI - PO BOX 30, WISCONSIN DELLS, WI 53965 GASSER, BRENT - PO BOX 510, WISCONSIN DELLS, WI 53965 GISSLAL, JEFFREY - E10755 DELTON RD, BARABOO, WI 53913 GRUBER, KEVIN - PO BOX 298, WISCONSIN DELLS, WI 53965 GUSSEL, BECKY - 2852 WISCONSIN DELLS PKWY, WISCONSIN DELLS, WI 53965 HOLZEM, BRIAN - 38 BROADWAY, WISCONSIN DELLS, WI 53965 KALCIK, SCOTT - 1533 RIVER RD, WISCONSIN DELLS, WI 53965 KAMINSKI, MIKE - PO BOX 30, WISCONSIN DELLS, WI 53965 KOSCIELNIAK, JOHN - PO BOX 70, WISCONSIN DELLS, WI 53965 KRUEGER, DANA - PO BOX 409, LAKE DELTON, WI 53940 LANDERS, MAYOR BRIAN - 300 LACROSSE ST, WISCONSIN DELLS, WI 53965 LASKARIS, NICK - PO BOX 5, WISCONSIN DELLS, WI 53965 MACINA, MARY - 461 WISCONSIN DELLS PKWY, WISCONSIN DELLS, WI 53965 MAKOWSKI, ADAM - PO BOX 270, WISCONSIN DELLS, WI 53965 MCGOWAN, AMANDA - PO BOX 630, WISCONSIN DELLS, WI 53965 MORSE, JACKIE - 208 BROADWAY, WISCONSIN DELLS, WI 53965 NELSON, TRAVIS - PO BOX 590, WISCONSIN DELLS, WI 53965 PREISSEL, BRAD - PO BOX 15, WISCONSIN DELLS, WI 53965 RICKS, KEVIN - S3444 FOX HILL RD, BARABOO, WI 53913 SCHMITZ, MARK - 110 WISCONSIN DELLS PKWY, WISCONSIN DELLS, WI 53965 SCHULTZ, DAVID - PO BOX 539, LAKE DELTON, WI 53940 STARZYK, BERNADETTE - PO BOX 12, WISCONSIN DELLS, WI 53965 TOLLAKSEN, PETE - 2183 WISCONSIN DELLS PKWY, WISCONSIN DELLS, WI 53965 WHITFIELD, MARK - 1410 WISCONSIN DELLS PKWY, WISCONSIN DELLS, WI 53965 AJVAZI, MARY - 1481 WISCONSIN DELLS PKWY, WISCONSIN DELLS, WI 53965 WOJNICZ, ED - 300 LACROSSE ST, WISCONSIN DELLS, WI 53965 FULLER, TRACY - PO BOX 830, WISCONSIN DELLS, WI 53965 PALMER, AMY - PO BOX 298, WISCONSIN DELLS, WI 53965 ROYSTON, KYLER - 731 SUPERIOR ST, WISCONSIN DELLS, WI 53965 HEHL, MATT - 1410 WISCONSIN DELLS PKWY, WISCONSIN DELLS, WI 53965 SIGMUND, KRISSEY - PO BOX 30, WISCONSIN DELLS, WI 53965</p>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
WISCONSIN DELLS VISITOR & CONVENTION  
BUREAU INC

**Employer identification number**

39-0712705

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> WISCONSIN DELLS FESTIVALS INC PO BOX 390  WISCONSIN DELLS, WI 53965 39-1701358	SPECIAL EVENT	WI	501(C)(6)		N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b> Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b> Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b> Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

<b>Return Reference</b>	<b>Explanation</b>