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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014
Open to Public
Inspection**A** For the 2014 calendar year, or tax year beginning **OCT 1, 2014** and ending **SEP 30, 2015****B** Check if applicable

- ☐ Address change
☐ Name change
☒ Initial return
☐ Final return/terminated
☐ Amended return
☒ Application pending

C Name of organization**OSCEOLA CONVENTION AND VISITORS BUREAU, INC., D/B/A/ EXPERIENCE KISSIMMEE**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

215 CELEBRATION PLACE, SUITE 200

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

KISSIMMEE, FL 34747**F** Name and address of principal officer: **DT MINICH****SAME AS C ABOVE****D** Employer identification number**47-1634269****E** Telephone number**407-569-4800****G** Gross receipts \$**15,760,598.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number**I** Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(**6**) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.EXPERIENCEKISSIMMEE.COM****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **2014****M** State of legal domicile: **FL****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1 Briefly describe the organization's mission or most significant activities: THE MISSION OF EXPERIENCE KISSIMMEE IS TO CREATE ECONOMIC OPPORTUNITY FOR OUR COMMUNITY BY							
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.							
3	Number of voting members of the governing body (Part VI, line 1a)	3	23				
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23				
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	49				
6	Total number of volunteers (estimate if necessary)	6	28				
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	192,624.				
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	<29,991.>				
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year				
9	Program service revenue (Part VIII, line 2g)		15,566,212.				
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.				
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,762.				
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		192,624.				
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		15,760,598.				
14	Benefits paid to or for members (Part IX, column (A), line 4)		1,236,660.				
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.				
16a	Professional fundraising fees (Part IX, column (A), line 11e)		2,930,320.				
16b	Total fundraising expenses (Part IX, column (D), line 25)		0.				
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.				
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,425,163.				
19	Revenue less expenses. Subtract line 18 from line 12		14,592,143.				
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year				
21	Total liabilities (Part X, line 26)		1,168,455.				
22	Net assets or fund balances. Subtract line 21 from line 20		2,141,789.				
			973,334.				
			1,168,455.				

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	Date	8-15-16
	DT MINICH, PRESIDENT & CEO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	ANNE MCHUGH, CPA	<i>Anne Mchugh</i>	8-17-16
	Firm's name	Firm's EIN	PTIN
	BDO USA, LLP	13-5381590	P01066774
	Firm's address	Phone no.	
	201 S. ORANGE AVE., SUITE 800 ORLANDO, FL 32801-3421	(407) 841-6930	

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

☒ Yes ☐ No

432001 11-07-14

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

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SCANNED SEP 15 2016

OSCEOLA CONVENTION AND VISITORS BUREAU,
INC., D/B/A/ EXPERIENCE KISSIMMEE

Form 990 (2014)

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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 OSCEOLA CONVENTION & VISITORS BUREAU, INC., D/B/A EXPERIENCE KISSIMMEE, IS A FULL SERVICE TOURISM SALES, MARKETING, PUBLICITY, AND PROMOTIONAL AGENCY RESPONSIBLE FOR CREATING ECONOMIC OPPORTUNITY FOR OSCEOLA COUNTY BY DRIVING VISITATION TO THE DESTINATION. IN ITS ROLE,

- 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 \$)

THE EXPERIENCE KISSIMMEE TOURISM PROMOTIONAL OUTREACH TO THE DOMESTIC TRAVEL BASE WAS DRIVEN BY THREE PRIMARY OBJECTIVES:

1. MAKE KISSIMMEE MORE RECOGNIZABLE AND RESPECTED AMONG CONSUMERS

2. INCREASE VISITATION TO KISSIMMEE

3. STIMULATE BOOKINGS FOR KISSIMMEE AREA ACCOMMODATIONS

DOMESTIC LEISURE MARKETING PROGRAMS AND ACTIVITIES THROUGHOUT THE YEAR INTEGRATED THE NECESSARY MIX OF ADVERTISING, SOCIAL MEDIA AND PUBLICITY EFFORTS TO CONNECT WITH NEW AND REPEAT VISITORS, INTRODUCING THEM TO NEW AND WELL-KNOWN EXCITEMENT AND VARIED REASONS TO PLAN AND BOOK TRAVEL TO THE DESTINATION.

KEYS TO SUCCESS FOR THIS YEAR WERE ENHANCING PROGRAMS AND ACTIVITIES

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

CONSUMER ADVERTISING CAMPAIGNS IN CANADA, UNITED KINGDOM, BRAZIL, MEXICO, COLOMBIA AND CHILE INCLUDED OUT OF HOME, DIGITAL, RICH MEDIA, AND PRINT. WEBSITE LANDING PAGES FEATURED STRONG OFFERS FROM INDUSTRY PARTNERS ENCOURAGING CONSUMERS TO BOOK TRAVEL TO KISSIMMEE. PARTNERSHIP WITH BRAND USA AND VISIT FLORIDA EXTENDED OUR ADVERTISING REACH IN EACH MARKET. CO-OP PARTNERSHIPS WERE A KEY STRATEGY IN EXPERIENCE KISSIMMEE'S TARGETED INTERNATIONAL MARKETS. OVER THE COURSE OF THE YEAR, WE ENGAGED IN 26 SUCH CO-OPS, ALL OF WHICH WERE SUPPORTED BY MATCHING FUNDS FROM BRAND USA AND, IN SOME CASES, VISIT FLORIDA.

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

IN 2015, EXPERIENCE KISSIMMEE OFFICIALLY INTRODUCED THE KISSIMMEE SPORTS COMMISSION AIMED AT ENHANCING THE REGION AS ONE OF THE COUNTRY'S PREMIER SPORTING DESTINATIONS. WHILE THE KISSIMMEE SPORTS COMMISSION IS NOT A NEW DIVISION FOR EXPERIENCE KISSIMMEE, IT IS A RE-BRANDING INITIATIVE TO BETTER DEFINE ITS BUSINESS-TO-BUSINESS RELATIONSHIPS WITH SPORTS EVENT PLANNERS.

THE INTEGRATED LAUNCH INCLUDED A NEW LOGO, PRINT AND ONLINE ADVERTISEMENTS, A SPORTS MICROSITE, SOCIAL MEDIA EFFORTS, ESTABLISHING THE BRAND AT SPORTING TRADE SHOWS AND ADDING INDUSTRY PARTNER OPPORTUNITIES.

- 4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

- 4e Total program service expenses

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SEE SCHEDULE O FOR CONTINUATION(S)

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**OSCEOLA CONVENTION AND VISITORS BUREAU,
INC., D/B/A/ EXPERIENCE KISSIMMEE**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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**OSCEOLA CONVENTION AND VISITORS BUREAU,
INC., D/B/A/ EXPERIENCE KISSIMMEE**

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O

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**OSCEOLA CONVENTION AND VISITORS BUREAU,
INC., D/B/A/ EXPERIENCE KISSIMMEE**

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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 ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	20	
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	49	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a 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?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
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	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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**OSCEOLA CONVENTION AND VISITORS BUREAU,
INC., D/B/A/ EXPERIENCE KISSIMMEE**

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

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	23	
b Enter the number of voting members included in line 1a, above, who are independent	23	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **FL**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **DENNESE MARTINEZ - ACCOUNTING MANAGER - 407-569-4821**
215 CELEBRATION PLACE, SUITE 200, KISSIMMEE, FL 34747

**OSCEOLA CONVENTION AND VISITORS BUREAU,
INC., D/B/A/ EXPERIENCE KISSIMMEE**

Form 990 (2014)

47-1634269

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

Check if Schedule O contains a response 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) MARK MCHUGH DIRECTOR	1.00	X						0.	0.	0.
(2) MARC REICHER CHAIR	1.00	X		X				0.	0.	0.
(3) CRAIG EVANS DIRECTOR	1.00	X						0.	0.	0.
(4) SAM HAUGHT VICE CHAIR	1.00	X		X				0.	0.	0.
(5) TIM SWAN DIRECTOR	1.00	X						0.	0.	0.
(6) MARK L. DUKES DIRECTOR	1.00	X						0.	0.	0.
(7) JEFF CHASE DIRECTOR	1.00	X						0.	0.	0.
(8) JETSE POTTINGA DIRECTOR	1.00	X						0.	0.	0.
(9) JOHANN KRIEGER DIRECTOR	1.00	X						0.	0.	0.
(10) MARK WALTRIP DIRECTOR	1.00	X						0.	0.	0.
(11) PEGGY CHOUDHRY DIRECTOR	1.00	X						0.	0.	0.
(12) RENE PEREIRA DIRECTOR	1.00	X						0.	0.	0.
(13) REMBERT VONK DIRECTOR	1.00	X						0.	0.	0.
(14) ANDY SCHIAVONE TREASURER	1.00	X		X				0.	0.	0.
(15) LINDA GOODWIN-NICHOLS DIRECTOR	1.00	X						0.	0.	0.
(16) MARK MILLER DIRECTOR	1.00	X						0.	0.	0.
(17) TOMMY TOMPKINS DIRECTOR	1.00	X						0.	0.	0.

**OSCEOLA CONVENTION AND VISITORS BUREAU,
INC., D/B/A/ EXPERIENCE KISSIMMEE**

Form 990 (2014)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) JOHN BISIGNANO NON-VOTING DIRECTOR	1.00	X						0.	0.	0.
(19) ROBB LARSON NON-VOTING DIRECTOR	1.00	X						0.	0.	0.
(20) DON FISHER NON-VOTING DIRECTOR	1.00	X						0.	0.	0.
(21) MICHAEL E. HARFORD NON-VOTING DIRECTOR	1.00	X						0.	0.	0.
(22) RICH MALADECKI NON-VOTING DIRECTOR	1.00	X						0.	0.	0.
(23) SHARON GRAVITTE DIRECTOR	1.00	X						0.	0.	0.
(24) MARY ELLEN KERBER SECRETARY	1.00	X		X				0.	0.	0.
(25) DOUG DORN DIRECTOR	1.00	X						0.	0.	0.
(26) BUCK STINE DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								42,741.	0.	0.
d Total (add lines 1b and 1c)								42,741.	0.	0.

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 **0**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2014)

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Form 990

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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**OSCEOLA CONVENTION AND VISITORS BUREAU,
INC., D/B/A/ EXPERIENCE KISSIMMEE**

Form 990 (2014)

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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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	15,137,452.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	428,760.				
	g	Noncash contributions included in lines 1a-1f \$		411,855.				
	h	Total. Add lines 1a-1f		15,566,212.				
Program Service Revenue	Business Code							
	2 a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f							
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,762.			1,762.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	(i) Real						
		(ii) Personal						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	(i) Securities						
		(ii) Other						
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a				
		Less: direct expenses		b				
		Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19		a					
	Less: direct expenses		b					
	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances		a					
	Less: cost of goods sold		b					
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	ADVERTISING REVENUE		541800	192,624.		192,624.		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			192,624.				
12	Total revenue. See instructions.			15,760,598.	0.	192,624.	1,762.	

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Form **990** (2014)

**OSCEOLA CONVENTION AND VISITORS BUREAU,
INC., D/B/A/ EXPERIENCE KISSIMMEE**

Form 990 (2014)

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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. ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,236,660.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,496,634.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	43,941.			
9 Other employee benefits	234,054.			
10 Payroll taxes	155,691.			
11 Fees for services (non-employees):				
a Management				
b Legal	65,779.			
c Accounting	57,337.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	132,226.			
12 Advertising and promotion				
13 Office expenses	41,763.			
14 Information technology	192,927.			
15 Royalties				
16 Occupancy	314,794.			
17 Travel	9,229.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,825.			
23 Insurance	27,397.			
24 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.)				
a PROMOTIONAL COSTS	8,913,132.			
b RESEARCH COSTS	295,847.			
c NON-PROGRAM COSTS	234,962.			
d WEBSITE COSTS	91,726.			
e All other expenses	20,219.			
25 Total functional expenses. Add lines 1 through 24e	14,592,143.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**OSCEOLA CONVENTION AND VISITORS BUREAU,
INC., D/B/A/ EXPERIENCE KISSIMMEE**

Form 990 (2014)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	1,559,879.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	0.	9	376,495.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 189,590.		
	b Less: accumulated depreciation	10b 27,824.	0.	10c 161,766.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	43,649.
16 Total assets. Add lines 1 through 15 (must equal line 34)	0.	16	2,141,789.	
Liabilities	17 Accounts payable and accrued expenses	0.	17	962,491.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	10,843.
	26 Total liabilities. Add lines 17 through 25	0.	26	973,334.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	0.	27	1,168,455.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	0.	33	1,168,455.
	34 Total liabilities and net assets/fund balances	0.	34	2,141,789.

Form 990 (2014)

**OSCEOLA CONVENTION AND VISITORS BUREAU,
INC., D/B/A/ EXPERIENCE KISSIMMEE**

Form 990 (2014)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,760,598.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,592,143.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,168,455.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,168,455.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
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?		X
3b	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		

Form **990** (2014)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization **OSCEOLA CONVENTION AND VISITORS BUREAU, INC., D/B/A/ EXPERIENCE KISSIMMEE**

Employer identification number
47-1634269

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

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?

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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" to 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 in 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 in 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 exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

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" to 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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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" to Form 990, Part IV, line 10.

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					
1g					

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 in 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:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 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" to 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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		78,864.	12,476.	66,388.
e Other		110,726.	15,348.	95,378.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				161,766.

Schedule D (Form 990) 2014

**OSCEOLA CONVENTION AND VISITORS BUREAU,
INC., D/B/A/ EXPERIENCE KISSIMMEE**

Schedule D (Form 990) 2014

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT LIABILITY	10,843.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	10,843.

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 ☒

Schedule D (Form 990) 2014

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	16,423,990.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	663,392.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	663,392.
3	Subtract line 2e from line 1	3	15,760,598.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	15,760,598.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	15,255,535.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	663,392.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	663,392.
3	Subtract line 2e from line 1	3	14,592,143.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	14,592,143.

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.

PART X, LINE 2:

EXPERIENCE KISSIMMEE IDENTIFIES AND EVALUATES UNCERTAIN TAX POSITIONS, IF ANY, AND RECOGNIZES THE IMPACT OF UNCERTAIN TAX POSITIONS FOR WHICH THERE IS A LESS THAN MORE-LIKELY-THAN-NOT PROBABILITY OF THE POSITION BEING UPHOLD WHEN REVIEWED BY THE RELEVANT TAXING AUTHORITY. SUCH POSITIONS ARE DEEMED TO BE UNRECOGNIZED TAX BENEFITS AND A CORRESPONDING LIABILITY IS ESTABLISHED ON THE STATEMENT OF FINANCIAL POSITION. EXPERIENCE KISSIMMEE HAS NOT RECOGNIZED A LIABILITY FOR UNCERTAIN TAX POSITIONS. IF THERE WERE AN UNRECOGNIZED TAX BENEFIT, EXPERIENCE KISSIMMEE WOULD RECOGNIZE INTEREST ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES. EXPERIENCE KISSIMMEE HAS NO TAX YEARS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, AS ITS INITIAL

OSCEOLA CONVENTION AND VISITORS BUREAU,
INC., D/B/A/ EXPERIENCE KISSIMMEE

Schedule D (Form 990) 2014

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Part XIII Supplemental Information (continued)

RETURN HAS NOT YET BEEN FILED.

Schedule D (Form 990) 2014

432055
10-01-14

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization **OSCEOLA CONVENTION AND VISITORS BUREAU,
INC., D/B/A/ EXPERIENCE KISSIMMEE**

Employer identification number
47-1634269

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CELEBRATION COMMUNITY SERVICES, INC. - 851 CELEBRATION AVE. - CELEBRATION, FL 34747	20-8971083	501(C)(3)	39,519.	0.			MARKETING
KISSIMMEE MAIN STREET PROGRAM, INC. - 421 BROADWAY - KISSIMMEE, FL 34741	20-1867527	501(C)(3)	17,213.	0.			MARKETING
KISSIMMEE/OSCEOLA COUNTY CHAMBER OF COMMERCE, INC. - 1425 E. VINE ST. - KISSIMMEE, FL 34744	59-0319865	501(C)(3)	44,499.	0.			MARKETING
CARIBBEAN AND FLORIDIAN ASSOCIATION, INC. - P.O. BOX 450786 - KISSIMMEE, FL 34743	59-3131979	501(C)(3)	14,833.	0.			MARKETING
ST. CLOUD MAIN STREET, INC. 903 PENNSYLVANIA AVE. ST. CLOUD, FL 34769	59-3614025	501(C)(3)	7,960.	0.			MARKETING
CECF WISH FOUNDATION, INC. 506 CELEBRATION AVE. CELEBRATION, FL 34747	20-4373682	501(C)(3)	17,833.	0.			MARKETING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **18.**

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

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

Schedule I (Form 990) (2014)

**OSCEOLA CONVENTION AND VISITORS BUREAU,
INC., D/B/A/ EXPERIENCE KISSIMMEE**

Schedule I (Form 990)

47-1634269

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA CATTLEMEN'S ASSOCIATION, INC. - P.O. BOX 421929 - KISSIMMEE, FL 34742	59-0573004	501(C)(3)	18,433.	0.			MARKETING
OSCEOLA ARTS 2411 E. IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34744	59-6179937	501(C)(3)	278,000.	0.			OPERATIONAL
EL CABALLO BRAVO 3298 BOGGY CREEK RD KISSIMMEE, FL 34744	47-1398166	501(C)(3)	5,000.	0.			MARKETING
FLORIDA VICTORY OUTREACH CENTER 1633 E. VINE STREET #205 KISSIMMEE, FL 34744	27-3487852	501(C)(3)	7,000.	0.			MARKETING
CENTRO CULTURAL PUERTORRIQUENO 1633 E. VINE STREET KISSIMMEE, FL 34744	45-3692841	501(C)(3)	7,000.	0.			MARKETING
ST. CLOUD CHAMBER 1200 NEW YORK AVENUE ST. CLOUD, FL 34769	59-0432372	501(C)(3)	22,000.	0.			MARKETING
MISS RODEO FLORIDA 850 W. SOUTHPORT ROAD KISSIMMEE, FL 34736	01-0816505	501(C)(3)	5,000.	0.			MARKETING
SILVER SPURS 1875 SILVER SPUR LANE KISSIMMEE, FL 34744	59-1111474	501(C)(3)	190,000.	0.			MARKETING
VETERANS TRIBUTE MILITARY HISTORY MUSEUM - 5210 W. IRLO BRONSON MEMORIAL HWY - KISSIMMEE, FL 34746	20-1296230	501(C)(3)	150,000.	0.			OPERATIONAL

Schedule I (Form 990)

OSCEOLA CONVENTION AND VISITORS BUREAU,
INC., D/B/A/ EXPERIENCE KISSIMMEE

Schedule I (Form 990)

47-1634269

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KISSIMMEE VALLEY LIVESTOCK SHOW 1911 KISSIMMEE VALLEY LANE KISSIMMEE, FL 34744	59-6151275	501(C)(3)	95,000.	0.			MARKETING
CITY OF KISSIMMEE 301 DYER BLVD. SUITE 101 KISSIMMEE, FL 34741	59-6000348	GOVERNMENT	30,000.	0.			MARKETING
WELCOME CENTER P.O. BOX 421996 KISSIMMEE, FL 34742	59-2713072	501(C)(3)	283,000.	0.			OPERATIONAL

Schedule I (Form 990)

Schedule I (Form 990) (2014)

Page 2

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

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2014

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

▶ Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization **OSCEOLA CONVENTION AND VISITORS BUREAU,
INC., D/B/A/ EXPERIENCE KISSIMMEE**

Employer identification number
47-1634269

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 ▶ (<u>AIRFARE, LODG</u>)	X	0	234,273.	
26 Other ▶ (<u>ATTRACTION TI</u>)	X	0	131,071.	
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

30a 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?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 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.

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

Schedule M (Form 990) (2014)

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization

OSCEOLA CONVENTION AND VISITORS BUREAU,
INC., D/B/A/ EXPERIENCE KISSIMMEE

Employer identification number
47-1634269

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

DRIVING VISITATION TO THE DESTINATION.

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

EXPERIENCE KISSIMMEE FULFILLS ITS CONTRACT WITH OSCEOLA COUNTY BY
COLLABORATING WITH THE LOCAL TOURISM INDUSTRY TO DEVELOP THE PROGRAMS
AND ACTIVITIES THAT INSPIRE NEARLY 8 MILLION OVERNIGHT VISITORS
ANNUALLY AMONG LEISURE, BUSINESS AND SPORTS TRAVELERS FROM AROUND THE
WORLD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THAT ACHIEVED A HIGH LEVEL OF SUCCESS, YET REMAINING OPPORTUNISTIC AND
ATTENTIVE TO NEW POSSIBILITIES TO TELL THE DESTINATION'S STORY. ACROSS
VARIED PLATFORMS, THE CONSUMER MESSAGING HIGHLIGHTED THE DESTINATION'S
IMPRESSIVE THEME PARK AND ATTRACTIONS AS WELL AS ITS DIVERSE LODGING
CHOICES, ESPECIALLY THE BLOSSOMING VACATION HOME PRODUCT.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

HIGHLIGHTS OF THESE EFFORTS INCLUDED:

1. ANNOUNCEMENT AND LAUNCH OF THE KISSIMMEE SPORTS COMMISSION AT THE
INAUGURAL KISSIMMEE SPORTS SUMMIT IN JANUARY. MORE THAN 300 INDUSTRY
PARTNERS ATTENDED THE EVENT WHICH FEATURED REMARKS AND PRESENTATIONS BY
SPORTS LEADERS FROM THE NCAA, WALT DISNEY WORLD AND OTHER
ORGANIZATIONS.

2. ADVERTISEMENTS AND EDITORIALS IN LEADING INDUSTRY PUBLICATIONS

3. CONNECT SPORTS MARKETPLACE TOP-LEVEL SPONSORSHIP.

Name of the organization **OSCEOLA CONVENTION AND VISITORS BUREAU,
INC., D/B/A/ EXPERIENCE KISSIMMEE**

Employer identification number
47-1634269

4. SPORTS PLANNING GUIDE FULL-PAGE ADVERTISEMENT AND MAGAZINE WRAP.

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

**WITH ENGAGING ARTICLES, INSIDER TIPS, AND CAPTIVATING IMAGES,
EXPERIENCE KISSIMMEE DEBUTED A DESTINATION MAGAZINE THAT WAS AN
INSPIRATIONAL GUIDE THAT READ LIKE A MAGAZINE. THE FIRST RUN OF 200,000
WAS DISTRIBUTED BOTH IN AND OUT OF THE KISSIMMEE AREA. IN-MARKET
LOCATION INCLUDING DESTINATIONS AND EVENTS, BUT THE GREATER (SOME 95%)
DISTRIBUTION TARGETED OUT OF MARKET CONSUMERS REQUESTING MORE
INFORMATION FOR TRIP PLANNING, OR AT TRADE SHOWS AND CONFERENCES
ATTENDED BY EXPERIENCE KISSIMMEE STAFF. PRODUCTION COSTS WERE OFFSET
BY PROVIDING LOCAL INDUSTRY PARTNERS CUT-RATE ADVERTISING
OPPORTUNITIES.**

FORM 990, PART VI, SECTION B, LINE 11:

**THE EXECUTIVE COMMITTEE OF THE ORGANIZATION REVIEWS THE 990 BEFORE IT IS
FILED.**

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL REVIEW OF THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

**COMPENSATION STUDY COMPLETED. THE CEO'S PERFORMANCE IS REVIEWED ANNUALLY BY
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.**

FORM 990, PART VI, SECTION C, LINE 19:

**GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.**