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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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

D Employer identification number
39-0712705

E Telephone number
(608) 254-8088

G Gross receipts $ 13,506,193

F Name and address of principal officer
JILL DIEHL
PO BOX 390
WISCONSIN DELLS, WI 53965

H(a) Is this a group return for 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 WISDELLS COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1949 **M** State of legal domicile WI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO COLLECTIVELY AND AGRESSIVELY 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

2 Check this box ▶ ☐ 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	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	45
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	594,993
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-266,416

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	11,408,944	11,374,861
	9	Program service revenue (Part VIII, line 2g)	2,004,002	2,063,262
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,265	35,622
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,497	-66
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,435,708	13,473,679
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	343,958	592,314
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,389,576	1,476,513
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,981,796	9,611,406
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,715,330	11,680,233
	19	Revenue less expenses Subtract line 18 from line 12	2,720,378	1,793,446

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	14,446,072	15,629,139
	21	Total liabilities (Part X, line 26)	2,563,515	1,953,136
	22	Net assets or fund balances Subtract line 21 from line 20	11,882,557	13,676,003

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

****** 2017-05-05
Signature of officer Date

ROMY SNYDER EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
EDWARD TERRY	EDWARD TERRY			P00833283

Firm's name ▶ SVA CERTIFIED PUBLIC ACCTS SC | Firm's EIN ▶ 39-1203191
Firm's address ▶ 1221 JOHN Q HAMMONS DRIVE MADISON, WI 53717 | Phone no (608) 831-8181

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 $)

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 $1 520 BILLION IN TOURIST RELATED EXPENDITURES

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

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 SERIVCE ACTIVITY #1, NOTED ABOVE

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

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

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

4e **Total program service expenses ▶**

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
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? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
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? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

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	1a	45			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	45			
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)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b	Yes	
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)?			4a		No
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?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	Yes	
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		
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?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
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?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
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			13a		
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?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 24			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 24			
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**	Yes	
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**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
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**	Yes	
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**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
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**	Yes	

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**		No
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**		No
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**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
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**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
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**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	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**		No
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▶ WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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
▶NICHOLE KOCOVSKY 701 SUPERIOR ST WISCONSIN DELLS, WI 53965 (608) 254-8088

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) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

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 dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

	(D)	(E)	(F)
1b Sub-Total . . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . . ▶			
d Total (add lines 1b and 1c) . . . . ▶	177,399	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 ▶ 1

			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*	3		No
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*	4	Yes	
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*	5		No

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
BOELTER & LINCOLN 222 E ERIE 4TH FLOOR MILWAUKEE, WI 53202	ADVERTISING	12,269,855
THE PAYROLL COMPANY 6405 CENTURY AVE MIDDLETON, WI 53562	PAYROLL SERVICES	1,521,108
STORE FINANCIAL USA LLC 8330 WARD PARKWAY 4TH FLOOR KANSAS CITY, MO 64114	PAYMENT SERVICES	175,248
JOSEPH LEUTE PHOTOGRAPHY LLC, PO BOX 390 WISCONSIN DELLS, WI 53965	ADVERTISING	124,573
TRUST POINT INC 230 FRONT ST N LA CROSSE, WI 54601	INVESTMENT	118,092

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 ▶ 5

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						
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e	11,374,861				
f All other contributions, gifts, grants, and similar amounts not included above	1f					
g Noncash contributions included in lines 1a-1f $						
h **Total.** Add lines 1a-1f ▶			11,374,861			
Program Service Revenue	Business Code					
2a MEMBERSHIP DUES	713990		1,222,117	1,222,117		
b COOP AD INCOME	541800		514,421		514,421	
c TIMESHARE REVENUE	713990		160,000	160,000		
d ENTERTAINMENT CARD FEE	713990		75,995	75,995		
e SAFETY PATROL	713990		69,082		69,082	
f All other program service revenue			21,647	10,157	11,490	
g **Total.** Add lines 2a–2f ▶			2,063,262			
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts) ▶			35,622			35,622
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
	(i) Real	(ii) Personal				
6a Gross rents						
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss) ▶						
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory						
b Less cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss) ▶						
8a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18	a	28,325				
b Less direct expenses	b	32,514				
c Net income or (loss) from fundraising events ▶			-4,189			-4,189
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue	Business Code					
11a MISCELLANEOUS	900099		4,123	4,123		
b						
c						
d All other revenue						
e **Total.** Add lines 11a–11d ▶			4,123			
12 **Total revenue.** See Instructions ▶			13,473,679	1,472,392	594,993	31,433

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	592,314			
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	177,399			
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	1,066,700			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	61,299			
9 Other employee benefits	68,955			
10 Payroll taxes	102,160			
11 Fees for services (non-employees)				
a Management				
b Legal	25,614			
c Accounting	16,349			
d Lobbying	15,000			
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 Schedule O)				
12 Advertising and promotion	8,736,218			
13 Office expenses	183,908			
14 Information technology	20,825			
15 Royalties . .				
16 Occupancy	114,555			
17 Travel	1,960			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	18,725			
20 Interest	2,431			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	80,212			
23 Insurance . . .	6,180			
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 MEMBERSHIP EXPENSES	112,043			
b PUBLICITY	76,830			
c SAFETY PATROL	71,920			
d DUES	62,633			
e All other expenses	66,003			
25 **Total functional expenses.** Add lines 1 through 24e	11,680,233			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash-non-interest-bearing		956,630	1	25,602
	2	Savings and temporary cash investments		10,309,676	2	12,625,278
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		336,159	4	143,356
	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 instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,296,957	9	1,288,115
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,084,500			
	b	Less accumulated depreciation	10b 1,537,712	1,546,650	10c	1,546,788
	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			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		14,446,072	16	15,629,139
Liabilities	17	Accounts payable and accrued expenses		891,099	17	459,346
	18	Grants payable		1,336,587	18	1,175,381
	19	Deferred revenue		335,829	19	318,409
	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			25	
	26	**Total liabilities.** Add lines 17 through 25		2,563,515	26	1,953,136
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		11,882,557	27	13,676,003
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		11,882,557	33	13,676,003
	34	Total liabilities and net assets/fund balances		14,446,072	34	15,629,139

Part XI Reconcilliation 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	13,473,679
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,680,233
3	Revenue less expenses Subtract line 2 from line 1	3	1,793,446
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,882,557
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	13,676,003

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 ☐ 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?	2a	Yes	
	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?	2b		No
	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?	2c	Yes	
	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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

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

Form 990 (2016)

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
ANACKER BETH DIRECTOR	0 50	X						0	0	0
BERNANDER JON SECRETARY/TREASURER	2 00	X		X				0	0	0
BORCHER BEN DIRECTOR	0 50	X						0	0	0
CHASTAN JOHN DIRECTOR	0 50	X						0	0	0
COLLAR DAN DIRECTOR	0 50	X						0	0	0
DIEHL JILL PRESIDENT	5 00 1 00	X		X				0	0	0
DIEHL THOMAS DIRECTOR	0 50 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 PATRICIA 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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
GADJA GLENN DIRECTOR	0 50	X						0	0	0
GASSER BRENT DIRECTOR	0 50	X						0	0	0
GAVINSKI DAN VICE PRESIDENT	1 50 1 00	X		X				0	0	0
GISSAL JEFFREY DIRECTOR	0 50	X						0	0	0
GUSSEL BECKY 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
KEMBLOWSKI MARCUS DIRECTOR	0 50	X						0	0	0
KRUEGER DANA DIRECTOR	0 50	X						0	0	0
LANDERS 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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
MAKOWSKI ADAM DIRECTOR	0 50	X						0	0	0
MCGOWAN AMANDA 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 DAVE DIRECTOR	0 50	X						0	0	0
STARZYK BERNADETTE DIRECTOR	0 50	X						0	0	0
STEFFES PATRICK DIRECTOR	0 50	X						0	0	0
TOLLAKSEN PETER 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) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
WHITFIELD MARK DIRECTOR	0 50 1 00	X						0	0	0
ZUELKE MICHELLE DIRECTOR	0 50	X						0	0	0
GRUBER KEVIN DIRECTOR	0 50	X						0	0	0
KOSCIELNIAK JOHN DIRECTOR	0 50	X						0	0	0
LASKARIS NICK DIRECTOR	0 50	X						0	0	0
MACINA MARY DIRECTOR	0 50	X						0	0	0
MORSE JACKIE DIRECTOR	0 50	X						0	0	0
SNYDER ROMY EXECUTIVE DIRECTOR	39 00 1 00			X				177,399	0	0

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

OMB No 1545-0047
2016
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	Employer identification number
WISCONSIN DELLS VISITOR & CONVENTION BUREAU INC	39-0712705

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
2 Political expenditures ▶ $
3 Volunteer hours

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-
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

	(a)	(b)
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)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots 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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

1	Dues, assessments and similar amounts from members	1	1,222,117
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	15,000
b	Carryover from last year	2b	
c	Total	2c	15,000
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	36,664
4	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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-21,664

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

OMB No 1545-0047

2016

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
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? ☐ 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
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? ☐ 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
d ☐ Loan or exchange programs
b ☐ Scholarly research
e ☐ 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" 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**

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount 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
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					

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

			Yes	No
	(i) unrelated organizations	3a(i)		
	(ii) related organizations	3a(ii)		
b	If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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
1a Land		300,000		300,000
b Buildings		2,070,045	898,092	1,171,953
c Leasehold improvements				
d Equipment		661,319	602,174	59,145
e Other		53,136	37,446	15,690
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,546,788

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)		
Total. *(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)		
Total. *(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)	
Total. *(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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(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.

1	Total revenue, gains, and other support per audited financial statements			1	
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			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
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	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

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.

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

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

Part XIII **Supplemental Information** ***(continued)***

Return Reference	Explanation

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

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

OMB No 1545-0047

2016

Open to Public Inspection

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						
Total ▶						

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.

		(a) Event #1 MCDONALD HOUSE (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	28,325			28,325
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	28,325			28,325
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	32,514			32,514
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				32,514
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-4,189

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 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

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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," on 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

2016

Open to Public Inspection

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, 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" 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

(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
(1) WISCONSIN DELLS FESTIVALS INC PO BOX 390 WISCONSIN DELLS, WI 53965	39-1701358	501(C)(6)	249,520			N/A	GENERAL SUPPORT
(2) WOODSIDE SPORTS COMPLEX OPERATIONS LLC 4015 HIGHWAY 82 EAST MAUSTON, WI 53948	90-0640113		32,177			N/A	DEVELOPMENT OF ATHLETIC VENUE
(3) JUSTAGAME FIELDHOUSE 200 LACROSSE STREET WISCONSIN DELLS, WI 53965	45-4878377		6,617			N/A	CONSTRUCTION OF ADDITIONAL SPORTS FACILITY
(4) COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN 26 S JACKSON STREET JANESVILLE, WI 53548	39-1711388	501(C)(3)	304,000			N/A	SCHOLARSHIP ENDOWMENT

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 . . . . ▶ 3

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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	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 PROCEDURE FOR MONITORING GRANTS - COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN GRANT CONTRIBUTIONS ARE CREDITED TO THE WISCONSIN DELLS VISITOR AND CONVENTION BUREAU SCHOLARSHIP (THE FUND) WHICH IS MAINTAINED, ADMINISTERED, AND DISTRIBUTED IN SUCH A MANNER AS IS CONSISTENT WITH THE COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN'S STATUS AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) AND 170(B) OF THE CODE

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.

(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
WISCONSIN DELLS FESTIVALS INC PO BOX 390 WISCONSIN DELLS, WI 53965	39-1701358	501(C)(6)	249,520			N/A	GENERAL SUPPORT
WOODSIDE SPORTS COMPLEX OPERATIONS LLC 4015 HIGHWAY 82 EAST MAUSTON, WI 53948	90-0640113		32,177			N/A	DEVELOPMENT OF ATHLETIC VENUE
JUSTAGAME FIELDHOUSE 200 LACROSSE STREET WISCONSIN DELLS, WI 53965	45-4878377		6,617			N/A	CONSTRUCTION OF ADDITIONAL SPORTS FACILITY

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

(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
COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN 26 S JACKSON STREET JANESVILLE, WI 53548	39-1711388	501(C)(3)	304,000			N/A	SCHOLARSHIP ENDOWMENT

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Schedule J (Form 990)

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

OMB No 1545-0047

2016

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 Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
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	**1b**		
2	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?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	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			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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			
a	The organization?	**5a**		
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III	**5b**		
6	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			
a	The organization?	**6a**		
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III	**6b**		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SNYDER ROMY EXECUTIVE DIRECTOR	(i)	177,399	0	0	0	0	177,399	0
	(ii)	0	0	0	0	0	0	0

See Additional Data Table

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	FORM 990, SCHEDULE J, PART I, LINE 4B ROMY SNYDER - $8,870 CONTRIBUTION TO NON-QUALIFIED RETIREMENT PLAN

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶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*

OMB No 1545-0047

2016

Open to Public Inspection

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
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?	30a		No
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?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
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			

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 $271,300, THE RETAIL VALUE OF THE AIR TIME GIVEN TO THE BUREAU WAS $287,500 IN ADDITION, WDVCB PAID AN ADVERTISING AGENCY $30,000 FOR COORDINATION, SHIPPING AND DUBBING FEES RELATED TO RADIO TICKET TRADES

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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

2016

Open to Public Inspection

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	FAMILY RELATIONSHIPS JILL DIEHL AND THOMAS DIEHL BUSINESS RELATIONSHIPS (1) JILL DIEHL A ND THOMAS DIEHL, (2) BRENT GASSER AND JON BERNANDER, (3)BRENT GASSER AND BEN BORCHER, (4) BRENT GASSER AND DANA KRUEGER, (5) BRENT GASSER AND MARK WHITFIELD, (6) BRENT GASSER AND J OHN CHASTAN, (7) BRENT GASSER AND TRAVIS NELSON, (8) BRENT GASSER AND DAVE SCHULTZ, (9) BR ENT GASSER AND PETER TOLLAKSEN, (10) BRENT GASSER AND MARK SCHMITZ, (11) DAN GAVINSKI AND THOMAS DIEHL, (12) DAN GAVINSKI AND JJ GISSAL, (13) DAN GAVINSKI AND MIKE KAMINSKI, (14) D AN GAVINSKI AND AMANDA MCGOWAN, (15) MIKE KAMINSKI AND PATTI FICHTER

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 (ACCOMMODATI ON, 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PROCESS FOR REVIEW OF FORM 990 THE EXECUTIVE COMMITTEE SHALL ENSURE THAT THE FOLLOWING ST EPS TOWARD PUBLIC DISCLOSURE OF WISCONSIN DELLS VISITOR & CONVENTION BUREAU, INC FINANCIA L 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 APPRO VED BY THE EXECUTIVE COMMITTEE AND AGREEMENT MUST BE SIGNED BY AN OFFICER OF THE BOARD TH E 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 AN D CERTIFY AND THE IRS FORM 990 IS ACCURATE AND COMPLETE THE EXECUTIVE COMMITTEE SHALL REV IEW AND APPROVE THE IRS FORM 990 ANNUAL TAX FILING PRIOR TO SUBMISSION AND BE PROVIDED A C OPY 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	CONFLICT OF INTEREST POLICY EMPLOYEES AND BOARD MEMBERS HAVE AN OBLIGATION TO CONDUCT BUS INESS WITHIN GUIDELINES THAT PROHIBIT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST THIS POLI CY ESTABLISHES ONLY THE FRAMEWORK WITHIN WHICH THE WISCONSIN DELLS VISITOR & CONVENTION BU REAU (WDV&CB) WISHES ITS BUSINESS TO OPERATE THE PURPOSE OF THESE GUIDELINES IS TO PROVID E 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 INFLUE NCE A DECISION THAT MAY RESULT IN AN UNUSUAL OR SIGNIFICANT PERSONAL GAIN OR GAIN FOR A RE LATIVE AS A RESULT OF WDV&CB'S BUSINESS DEALINGS FOR THE PURPOSE OF THIS POLICY, A RELATI VE 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 BUSINE SS TRANSACTIONS, IT IS IMPERATIVE THAT HE OR SHE DISCLOSES TO AN OFFICER OF THE ORGANIZATI ON AS SOON AS POSSIBLE THE EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST SO TH AT 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&CB DOES BUSINESS, BUT ALSO WHEN A BOARD MEMBER, AN EMPLOYEE, OR A RE LATIVE RECEIVES ANY KICKBACK, BRIBE, SUBSTANTIAL GIFT, OR SPECIAL CONSIDERATION AS A RESUL T OF ANY TRANSACTION OR BUSINESS DEALINGS INVOLVING WDV&CB EMPLOYEES AND BOARD MEMBERS WI LL 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 IN TEREST POLICY DISCLOSURE OF CONFLICTS WILL BE HANDLED IN THE FOLLOWING MANNER -DISCLOSUR ES 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 PARTICIP ATED IN BY THE MEMBER WITH THE DISCLOSED CONFLICT -DISCLOSURES BY EMPLOYEES OF THE WDVCB WILL BE REVIEWED BY THE EXECUTIVE DIRECTOR DISCUSSIONS AND DECISIONS MADE BY THE WDVCB IN VOLVING ISSUES RELATED TO THE CONFLICT WILL NOT BE PARTICIPATED IN BY THE EMPLOYEE WITH TH E DISCLOSED CONFLICT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	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 VISITO R & CONVENTION BUREAU'S (WDV&CB) PRIMARY OBJECTIVE IS TO PROVIDE A REASONABLE AND COMPETIT IVE EXECUTIVE TOTAL COMPENSATION OPPORTUNITY CONSISTENT WITH MARKET-BASED COMPENSATION PRA CTICES FOR INDIVIDUALS POSSESSING THE EXPERIENCE AND SKILLS NEEDED TO IMPROVE THE OVERALL PERFORMANCE OF THE ORGANIZATION THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM IS DESI GNED TO ENCOURAGE THE ATTRACTION AND RETENTION OF HIGH-CALIBER EXECUTIVES, PROVIDE A COMPE TITIVE TOTAL COMPENSATION PACKAGE, INCLUDING BENEFITS, REINFORCE THE GOALS OF THE ORGANIZA TION 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 SUC CESS, 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 T HE PROGRAM COMPLIES WITH STATE AND FEDERAL LEGISLATION PROGRAM MARKET POSITION WHILE THE WDV&CB FOCUSES ON COMPARABLE ORGANIZATIONS IN OUR STATE TO BENCHMARK PAY, WE ALSO UNDERST AND THAT THE MARKET FOR EXECUTIVE TALENT MAY BE BROADER THAN THIS GROUP MARKET INFORMATIO N FROM ADDITIONAL MARKET SEGMENTS AND PUBLISHED NOT-FOR-PROFIT COMPENSATION SURVEYS MAY BE USED AS A SUPPLEMENT IN ADDITION, THE WDV&CB MAY ALSO COLLECT OTHER PUBLISHED SURVEY DAT A, WHEN APPROPRIATE, FOR FOR-PROFIT ORGANIZATIONS FOR SPECIFIC FUNCTIONAL COMPETENCIES SUC H AS FINANCE AND HUMAN RESOURCES TOGETHER WITH DATA FROM THE COMPARABLE ORGANIZATIONS, DA TA FROM THESE MARKET SEGMENTS ARE USED TO FORM A "MARKET COMPOSITE" TO ASSESS THE COMPETIT IVENESS 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 A ND RETAIN SPECIFIC TALENT GOVERNANCE AND PROCEDURES THE WDV&CB'S STAFF COMPENSATION PROG RAM IS ADMINISTERED BY THE EXECUTIVE DIRECTOR, ALONG WITH APPROPRIATE MANAGEMENT PERSONNEL , OF THE WDV&CB THE EXECUTIVE DIRECTOR AND MANAGEMENT STAFFS (KNOWN AS THE COMPENSATION T EAM) ARE RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM F OR THE STAFF OF THE ORGANIZATION THE COMPENSATION TEAM MEETS AS NEEDED TO REVIEW THE COMP ENSATION 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 A PPROVE THEIR OWN COMPENSATION PACKAGE

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 MAK ES 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	ANACKER, BETH - S3214 HIGHWAY 12, BARABOO, WI 53913 BERNANDER, JON - PO BOX 490, WISCONSI N DELLS, WI 53965 BORCHER, BEN - PO BOX 450, WISCONSIN DELLS, WI 53965 CHASTAN, JOHN - P O BOX 590, WISCONSIN DELLS, WI 53965 COLLAR, DAN - PO BOX 660, WISCONSIN DELLS, WI 53965 DIEHL, JILL - 560 WISCONSIN DELLS PKWY, WISCONSIN DELLS, WI 53965 DIEHL, THOMAS - 560 WI SCONSIN DELLS PKWY, WISCONSIN DELLS, WI 53965 ECK, JOE - PO BOX 830, WISCONSIN DELLS, WI 53965 FEARING, CHRIS - PO BOX 4, WISCONSIN DELLS, WI 53965 FICHTER, PATRICIA - PO BOX 30 , WISCONSIN DELLS, WI 53965 GADJA, GLENN - 822 OAK ST, WISCONSIN DELLS, WI 53965 GASSER, BRENT - PO BOX 510, WISCONSIN DELLS, WI 53965 GAVINSKI, DAN - PO BOX 117, WISCONSIN DELL S, WI 53965 GISSAL, JEFFREY - E10755 DELTON RD, BARABOO, WI 53913 GUSSEL, BECKY - S352 U S HWY 12 AND 16, BARABOO, WI 53913 KALCIK, SCOTT - 1533 RIVER ROAD, WISCONSIN DELLS, WI 5 3965 KAMINSKI, MIKE - PO BOX 30, WISCONSIN DELLS, WI 53965 KEMBLOWSKI, MARCUS - PO BOX 7 0, WISCONSIN DELLS, WI 53965 KRUEGER, DANA - PO BOX 409, LAKE DELTON, WI 53940 LANDERS, BRIAN - 300 LA CROSSE STREET, WISCONSIN DELLS, WI 53965 MAKOWSKI, ADAM - PO BOX 5, WISCON SIN DELLS, WI 53965 MCGOWAN, AMANDA - PO BOX 630, WISCONSIN DELLS, WI 53965 NELSON, TRAV IS - PO BOX 590, WISCONSIN DELLS, WI 53965 PREISSEL, BRAD - PO BOX 15, WISCONSIN DELLS, W I 53965 RICKS, KEVIN - S 3444 FOX HILL RD, BARABOO, WI 53913 SNYDER, ROMY - 115 LA CROSS E STREET, WISCONSIN DELLS, WI 53965 SCHMITZ, MARK - 150 WIS DELLS PKWY S, WISCONSIN DELLS , WI 53965 SCHULTZ, DAVE - PO BOX 539, LAKE DELTON, WI 53940 STARZYK, BERNADETTE - PO BO X 12, WISCONSIN DELLS, WI 53965 STEFFES, PATRICK - 2955 WISCONSIN DELLS PKWY, WISCONSIN D ELLS, WI 53965 TOLLAKSEN, PETER - 2183 WISCONSIN DELLS PKWY, WISCONSIN DELLS, WI 53965 W HITFIELD, MARK - 1410 WISCONSIN DELLS PKWY, WISCONSIN DELLS, WI 53965 ZUELKE, MICHELLE - 210 N GASSER RD STE 105, BARABOO, WI 53913 GRUBER, KEVIN - PO BOX 298, WISCONSIN DELLS, W I 53965 KOSCIELNIAK, JOHN - PO BOX 70, WISCONSIN DELLS, WI 53965 LASKARIS, NICK - PO BOX 5, WISCONSIN DELLS, WI 53965 MACINA, MARY - 461 WISCONSIN DELLS PKWY, WISCONSIN DELLS, W I 53965 MORSE, JACKIE - 807 VINE ST, WISCONSIN DELLS, WI 53965

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

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
(1)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) Disproprtionate 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
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity . . .	1a		No
b Gift, grant, or capital contribution to related organization(s) . . .	1b	Yes	
c Gift, grant, or capital contribution from related organization(s) . . .	1c		No
d Loans or loan guarantees to or for related organization(s) . . .	1d		No
e Loans or loan guarantees by related organization(s) . . .	1e		No
f Dividends from related organization(s) . . .	1f		No
g Sale of assets to related organization(s) . . .	1g		No
h Purchase of assets from related organization(s) . . .	1h		No
i Exchange of assets with related organization(s) . . .	1i		No
j Lease of facilities, equipment, or other assets to related organization(s) . . .	1j		No
k Lease of facilities, equipment, or other assets from related organization(s) . . .	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s) . . .	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s) . . .	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . .	1n	Yes	
o Sharing of paid employees with related organization(s) . . .	1o	Yes	
p Reimbursement paid to related organization(s) for expenses . . .	1p	Yes	
q Reimbursement paid by related organization(s) for expenses . . .	1q		No
r Other transfer of cash or property to related organization(s) . . .	1r		No
s Other transfer of cash or property from related organization(s) . . .	1s		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 VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation