DLN: 93493079006180 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990** 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

_			▶ Do not enter soci	al security numbers on this form as it	may be ma	ade public				
Departi Freasur	nent of	the	► Go to <u>www.irs.go</u>	ov/Form990 for instructions and th	ne latest ir	nformation.		Open to Public Inspection		
		ue Servic	re					Inspection		
				ning 09-01-2018 , and ending 08	-31-2019					
	k if app Iress ch	plicable	C Name of organization FARGO-MOORHEAD CONVENTION &	VISITORS		D Employer	ıdentıfı	ication number		
	ne chai	-	BUREAU							
☐ Init	ıal retu	ırn	Doing business as							
		terminate		all is not delivered to street address) I Boom	/custo	E Telephone	number			
	ended i	return 1 pendin	2001 AATH CTREET CW	ail is not delivered to street address) Room,	suite	(701) 282	-3653			
			City or town, state or province, cour	ntry, and ZIP or foreign postal code		(701) 202	. 3033			
			FARGO, ND 58103			G Gross rece	ıpts \$ 3,	249,219		
			F Name and address of principa	l officer	H(a)	Is this a group retu	rn for			
			CHARLES JOHNSON 2001 44TH STREET SW			subordinates?		□Yes 🗹 No		
			FARGO, ND 58103		Н(ь)	Are all subordinates included?	5	☐ Yes ☐No		
[Tax	-exem	pt status	5 ☐ 501(c)(3) ☑ 501(c)(6) 	(insert no) 4947(a)(1) or 527		If "No," attach a list	t (see			
) W	ebsite	: ► W	WW FARGOMOORHEAD ORG	· · · · · · · · · · · · · · · · · · ·		Group exemption n		•		
K Form	of org	janizatio	n 🗹 Corporation 🗌 Trust 🔲 Asso	ciation 🔲 Other ►	L Year o		1 State ID	of legal domicile		
Pa	rt I		nmary escribe the organization's mission of	r most significant activities						
Governance	SC PF PC IM	O THAT OMMUN ROVIDE OTENTI	OUR MEMBERS AND THE COMMUN ITTIES' ECONOMY, CREATE EMPLOY MARKETING OPPORTUNITIES FOR AL CLIENTS WE WILL PROVIDE AS ENTING MEETINGS OF THEIR AFFILI	OWS, AND OTHER BUSINESS TRAVEL, ITY MAY SERVE THEM WHILE THEY AR MENT, AND GENERATE TAX REVENUE THE PRIVATE HOSPITALITY SECTOR S SISTANCE TO ORGANIZATIONS AND I ATIONS WE WILL ALSO HELP TO CRE	RE HERE W FOR THE M SO THAT OU INDIVIDUAL	'E DO THIS TO STRE IETROPOLITAN COM UR MEMBERS MIGH LS IN THE COMMUN	ENGTHI MUNIT T HAVE ITY IN	EN THE Y WE INTEND TO : ACCESS TO SOLICITING AND		
\$	_									
activities &				continued its operations or disposed of body (Part VI, line 1a)		n 25% of its net ass				
			,	the governing body (Part VI, line 1b)			4	11		
∢			•	lendar year 2018 (Part V, line 2a)			5	44		
			imber of volunteers (estimate if nec	, , , , , , , , , , , , , , , , , , , ,		• •	6	0		
			·	VIII, column (C), line 12			7a	11,000		
				n Form 990-T, line 34		• •	7b	3,403		
		ice am	ciated basiness taxable meanic non	7, 1111 330 1, 1112 31 1 1 1 1	' ' ' '	Prior Year	1	Current Year		
_	8 (Contribi	utions and grants (Part VIII, line 1h)				0	0		
en u			n service revenue (Part VIII, line 2g)			3,009,50	8	3,088,525		
Rəvenue		-	nent income (Part VIII, column (A), li			78,39		35,856		
ш	11 (Other re	evenue (Part VIII, column (A), lines !	5, 6d, 8c, 9c, 10c, and 11e)		55	2	70,755		
	12 T	Total re	venue—add lines 8 through 11 (mu	st equal Part VIII, column (A), line 12)		3,088,45	8	3,195,136		
	13 (Grants a	and sımılar amounts paıd (Part IX, c	olumn (A), lines 1–3)		717,62	7	886,052		
	14 B	Benefits	paid to or for members (Part IX, co	olumn (A), line 4)			0	0		
æ	15 S	Salaries	, other compensation, employee be	nefits (Part IX, column (A), lines 5-10))	870,81	3	959,266		
ens	16 a F	Profess	ional fundraising fees (Part IX, colur	nn (A), line 11e)			0	0		
Expenses			draising expenses (Part IX, column (D), I	· -			_			
_			xpenses (Part IX, column (A), lines :	•	<u> </u>	1,511,29	+	1,522,872		
			penses Add lines 13–17 (must equ		-	3,099,73	+	3,368,190		
ي	19 8	Revenu	e less expenses Subtract line 10 ire	om line 12	Regi	-11,27 Inning of Current Yea		-173,054 End of Year		
Net Assets or Fund Balances					begi	ining of current rea	"	Liid of Tear		
sse Bala	20 T	Total as	sets (Part X, line 16)			4,051,38	4	4,182,739		
et P⊑	21 T	Total lia	bilities (Part X, line 26)			1,111,49	6	1,415,905		
žζ	22 N	let ass	ets or fund balances Subtract line 2	21 from line 20		2,939,88	8	2,766,834		
	t II		nature Block					Aba bast sa		
knowl		and bel		ined this return, including accompanyii Declaration of preparer (other than o						
		****	**			2020-02-29				
Sign		Signa	ture of officer			Date				
Here		СНАЯ	RLES JOHNSON PRESIDENT/CEO							
			or print name and title							
		<u>'</u>	Print/Type preparer's name	Preparer's signature	Date	g Check I If PO				
Paic					2020-02-29	self-employed				
	oarei		Firm's name BRADY MARTZ & ASSO	CIATES PC		Firm's EIN ► 45-0310328				
Use	Only	у	Firm's address ► 2537 S UNIVERSITY DR	RIVE		Phone no (701) 280-2100				

Sign Here	CHA	nature of officer		2020-02-29 Date					
 Paid	Тур	e or print name and title Print/Type preparer's name	Preparer's signature	Date 2020-02-29	Check I if self-employed	PTIN P01218756			
Prepare		Firm's name BRADY MARTZ & A			Fırm's EIN ► 4	5-0310328			
Use On	ıy	FIRM's address ► 2537 S UNIVERSITED FARGO, ND 5810			Phone no (701) 280-2100			
May the IR	S dıscu	iss this return with the preparer	shown above? (see instructions) .			. 🗹 Yes 🗌 No			
For Paper	work F	Reduction Act Notice, see the	separate instructions.	Cat N	No 11282Y	Form 990 (2018)			

Form	990 (2018)				Page 2
Pa	nt III Stateme	ent of Program Service Acc	complishments		
	Check if S	Schedule O contains a response or	note to any line in this Part III .		🗹
1		he organization's mission	·		
COM VISI GRO COM MARI WILL	MUNITIES IN TWO TORS INVOLVED W UPS, SO THAT OUF MUNITIES' ECONO KETING OPPORTUN . PROVIDE ASSIST.	STATES WE EXIST TO PROMOTE VITH CONVENTIONS, TRADE SHO' R MEMBERS AND THE COMMUNIT MY, CREATE EMPLOYMENT, AND O NITIES FOR THE PRIVATE HOSPIT ANCE TO ORGANIZATIONS AND I	EAU FUNCTIONS IN A METROPOLIT, THE FARGO-MOORHEAD-WEST FA WS, AND OTHER BUSINESS TRAVEL (MAY SERVE THEM WHILE THEY AF GENERATE TAX REVENUE FOR THE ALITY SECTOR SO THAT OUR MEME NDIVIDUALS IN THE COMMUNITY I IALLY-DIRECTED COMMUNITY MARK	RGO AREA AS A DESTINATION FO ., AS WELL AS INDIVIDUAL VISIT RE HERE WE DO THIS TO STREN METROPOLITAN COMMUNITY WE SERS MIGHT HAVE ACCESS TO PO N SOLICITING AND IMPLEMENTIN	OR GROUPS OF ORS AND TOUR GTHEN THE INTEND TO PROVIDE OTENTIAL CLIENTS WE
2	Did the organizat	tion undertake any significant pro	gram services during the year whicl	h were not listed on	
	the prior Form 99	90 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe	e these new services on Schedule	0		
3	Did the organizat	tion cease conducting, or make si	gnificant changes in how it conducts	s, any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe	e these changes on Schedule O			
4	Section 501(c)(3		nplishments for each of its three lar required to report the amount of g ervice reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data			, (+	,
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
					_
					_
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
					_
<u></u>	Ohlo				
4d	Other program s (Expenses \$	ervices (Describe in Schedule 0)	grants of \$) (Revenue \$	1
_			grantes 01 #) (Nevenue y	j
<u>4e</u>	_ rotar program	service expenses 🟲			

Form	990 (2018)			Page 3
Pa	t 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		No
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		No
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	Yes	
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, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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
	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 2	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
е	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	116	Voc	

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13

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11f

12a

12b

13

14a

14b

15

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20a

20b

21

Yes

Nο

Nο

Nο

No

No

Nο

Nο

No

Nο

No

No

No

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Par	Checklist of Required Schedules (continued)			
			Yes	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? <i>If "Yes," complete Schedule J</i>	23		No
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		
С	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)			
а	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
С	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		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		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? <i>If "Yes," complete Schedule R, Part I</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		No
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? 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 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Charle of Cahadula O contains a vacanance or note to any line in this But V			1 1

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h

10a

10b

11a

11b

12b

13b

13c

8

9a

9h

12a

13a

14a

14b

15

No

No

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Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b Gross income from other sources (Do not net amounts due or paid to other sources

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

rai	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	No resp	onse to i	unes ✓
Se	ction 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	11		
	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			
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b	11		
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?	er 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisor of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	$ \ \text{Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?} \textbf{.} \\$	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		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?	7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	by		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Cod		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	e 11 a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	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 independen persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	t		
	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)			ŀ
	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
Ь	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 exemplication with respect to such arrangements?	ot		
C -		16b		
<u>5e</u> 17	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶			
	ND ND			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 ►CHARLES JOHNSON 2001 44TH STREET SW FARGO, ND 58104 (701) 282-3653			

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

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

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

(A) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation director/trustee) organization organizations any hours from the (W- 2/1099-(W-2/1099for related organization and Highest compensated employee individual trustee or director organizations MISC) MISC) related nstitutional below dotted organizations 3 emplo line) ě 1.00 (1) TOM KASPER Х 0 PAST CHAIR 1 00 (2) BRAD RENSLOW Х 0 DIRECTOR 1 00 (3) KONRAD OLSON Х 0 DIRECTOR 1 00 (4) DOUG PETERS 0 DIRECTOR 1 00 (5) HOLLY HEITKAMP 0 DIRECTOR 1 00 (6) KEMBER ANDERSON 0 SECRETARY/TREASURER 1 00 (7) MATT MARSHALL DIRECTOR 1 00 (8) KYLE ANDERSON Х Χ 0 VICE CHAIR 1 00 (9) MIKE PREKEL Х O Х CHAIR 1 00 (10) RAMON SOSA Х 0 DIRECTOR 1 00 (11) KATE DRAXTEN 0 DIRECTOR 40 00 (12) CHARLES JOHNSON 112,626 6.946 PRESIDENT/CEO

Form 990 (2018)									Page 8			
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)	than o	ne bo oth a	ox, un n offic	hest con	son	(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			

	trustee r	cnal Trustee	Hoyee	compensated e		

1b Sub-Total			>		

lb Sub-Total				•		
c Total from continuation sheets to Pa	art VII , Section	Α		▶[
d Total (add lines 1b and 1c)				▶	112,626	

1b \$	Sub-Total	▶			
c ·	Total from continuation sheets to Part VII, Section A	•			
q.	Total (add lines 1b and 1c)	•	112,626	0	6,946
2	Total number of individuals (including but not limited to those listed about of reportable compensation from the organization \blacktriangleright 1	ve) wh	o received more than	\$100,000	

Yes No

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 Nο

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

3 4 4 Nο 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 Νo

Section B. Independent Contractors

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) (B) (C)

Name and business address Description of services Compensation

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

compensation from the organization ▶ 0

	990 (2018)					Page 9
Part						
	Check if Schedule O contains a response or note	(A) Total reve	nue R	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
. v	1a Federated campaigns 1a					
ants	b Membership dues 1b					
ت و	c Fundraising events 1c					
ITS,	d Related organizations					
בּׁי כַּ	e Government grants (contributions)					
ons Sir	f All other contributions, gifts, grants, and similar amounts not included					
Contributions, Giffs, Grants and Other Similar Amounts	above 1f					
	g Noncash contributions included in lines 1a - 1f \$					
<u> </u>	h Total. Add lines 1a-1f	>				
		Business Code				
Program Service Revenue	2a FARGO LODGING TAX	900099	2,317,63	6 2,317,63	6	
4	b WEST FARGO LODGING TAX	900099	314,55	8 314,55	8	
3	c HOUSING BUREAU REVENUE	900099	296,05	3 296,05	3	
ξ	d MOORHEAD LODGING TAX	900099	160,27	8 160,27	8	
Ē	e					
ogra	f All other program service revenue					
Δ	gTotal. Add lines 2a-2f ▶	3,088,525				
	3 Investment income (including dividends, interest, an	d other	35,856			35,856
	similar amounts)	b	33,030			
	5 Royalties	 ▶				
	(ı) Real (ıı) Pers	sonal				
	6a Gross rents					
	b Less rental expenses					
	c Rental income or					
	(loss)					
	d Net rental income or (loss)	>				
	(i) Securities (ii) Ot	her				
	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)	<u> </u>				
	8a Gross income from fundraising events					
nue	(not including \$ of contributions reported on line 1c)					
₹ •	See Part IV, line 18 a					
ά	b Less direct expenses b c Net income or (loss) from fundraising events					
Other Revenue	9a Gross income from gaming activities	<u> </u>				
0	See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	10aGross sales of inventory, less returns and allowances					
	a	72,665				
	b Less cost of goods sold b	54,083				
	c Net income or (loss) from sales of inventory		18,582	18,582		
	Miscellaneous Revenue Business	900099	34,990	34,990		
	11a _{FROSTIVAL}	555555	5 1,530	J T , 270		
	b ADVERTISING	541800	11,000		11,000	
	ADVENTISHING		,			
	c MISCELLANEOUS	900099	6,183	6,183		
	d All other revenue					
	e Total. Add lines 11a-11d	•	52,173			
	12 Total revenue. See Instructions	▶	32,173	3,148,280	11,000	35,856
	ı		,,150,130	3,148,280	11,000	35,856 Form 990 (2018)

	n 990 (2018)				Page 10
	statement of Functional Expenses con 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	inizations must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	886,052	·		
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	116,453			
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	660,334			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	182,479			
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	ı Management				
ŀ	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column	126,939			
-	(A) amount, list line 11g expenses on Schedule O)	·			
	Advertising and promotion	481,485			
13	Office expenses				
14	Information technology	52,766			
15	Royalties				
16	Occupancy	222,037			
17	Travel	130,581			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	100,979			
23	Insurance				
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 HOUSING BUREAU	250,309			
	b DUES, SUBSCRIPTIONS, RE	228,930			
	c SUPPLIES	52,712			
	d MISCELLANEOUS	12,358			
	e All other expenses	-136,224			
25	Total functional expenses. Add lines 1 through 24e	3,368,190			
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)				

10a

10b

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
1	Cash-non-interest-bearing	700	1	700
2	Savings and temporary cash investments	3,342,130	2	3,287,406
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	347,926	4	617,011
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete		_	

820,811

609,800

Page **11**

47.911

211,011

18.700 4.182.739

166.340

1.249.565

1.415.905

2.766.834

2,766,834

4,182,739

Form **990** (2018)

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46.761

10.662

284,505

18.700

4.051.384

221.332

890.164

1.111.496

2.939.888

2.939.888

4.051,384

Part II of Schedule L . . . 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 . Notes and loans receivable, net . Inventories for sale or use .

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here > 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related See Part IV, line 11

basis Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

b Less accumulated depreciation

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Assets

11

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34

Liabilities 22

Fund Balances

Assets or 30

Net

Form	990 (2018)				Page 12
Pa	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			,195,136
2	Total expenses (must equal Part IX, column (A), line 25)	2			,368,190
3	Revenue less expenses Subtract line 2 from line 1	3			173,054
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,	,939,888
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
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2,	,766,834
Pa	TXII 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				
	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		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	"
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	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	1
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	3a		No

3b

Form **990** (2018)

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

Additional Data

Software ID:

Software Version:

EIN: 45-0363220 Name: FARGO-MOORHEAD CONVENTION & VISITORS

BUREAU

Form 990 (2018)

Form 990, Part III, Line 4a:

OF CAPITAL GRANTS FOR FACILITIES THAT HELP BRING VISITORS TO OUR COMMUNITY

IN THE ONGOING EFFORT TO BRING VISITORS TO FMWF. CVB STAFF ATTENDED ABOUT 20 TRADE SHOWS AND CONFERENCES ACROSS THE COUNTRY AND OVERSEAS THESE INCLUDE CONFERENCES FOR ATTENDEES WHO ARE MEETING OR SPORTING EVENTS PLANNERS THEMSELVES, CONFERENCES FILLED WITH APPOINTMENTS WITH INTERNATIONAL TOUR OPERATORS. AND CONFERENCES THAT WE ARE TRYING TO LURE TO FMWF WE ALSO PURCHASE VARIOUS TYPES OF DESTINATION-PROMOTING ADVERTISING IN A WIDE VARIETY OF PUBLICATIONS. INCLUDING INDUSTRY-SPECIFIC MAGAZINES AND TRAVEL "INSPIRATION" GUIDES WE ACTIVELY PARTICIPATE IN WHAT'S COMMONLY REFERRED TO AS "DESTINATION DEVELOPMENT". INCLUDING SPONSORSHIP AND PRIMARY PRODUCTION OF A WINTER FESTIVAL AND DISTRIBUTION

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

(Form 990)

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.

OMB No 1545-0047

DLN: 93493079006180

Open to Public Inspection

Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** FARGO-MOORHEAD CONVENTION & VISITORS BURFAU 45-0363220 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) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 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 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 Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? 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. 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 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Cat No 52283D

Par	t 1111	Organizations Ma	aintaining Col	lections o	of Art, H	istori	cal Tı	reasu	ires, or	Other	Similar A	ssets (continued)
3	Using	the organization's acq (check all that apply)												
а	✓	Public exhibition				d		Loan	or excha	ange prog	ırams			
b		Scholarly research				e		Othe	r					
С	✓	Preservation for future	e generations											
4	Provid Part >	de a description of the eXIII	organızatıon's col	lections and	l explain h	now the	ey furth	ner the	e organız	ation's ex	xempt purp	ose in		
5		ig the year, did the organise for the sold to raise fur									nılar	☐ Ye	s 🗸	No
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on Forr	m 990	, Part	IV, lı	ne 9, oi	reporte	ed an amo	unt on F	orm 990), Part
1a		e organization an agent ded on Form 990, Part)		an or other	ıntermedi	ary for	contril	bution	s or othe	er assets	not	☐ Ye	ıs 🗌	No
ь	If "Y∈	es," explain the arrange	ement in Part XIII	and comple	ete the fol	llowing	table					Amount		
c	Begin	nning balance		•						1c				
d	Addıt	ions during the year								1d				
е	Dıstrı	butions during the year	r							1e				
f	Endın	ng balance								1f				
2a	Did H	- he organization include	an amount on Fo	rm 990 Par	rt X line 3	21 for	escrow	or cu	stodial a	ccount lia	ability?		s 🗆	No.
		es," explain the arrange										_	:5 Ц	110
	rt V	Endowment Fund												
	1 C V	Lindowillent i uni	us. Complete ii	(a)Currer			rior yea				(d)Three ye		(e)Four ye	ears back
1a	Beginn	ing of year balance .		(=,=====	,	(-).	,		(-,,-		(,,		(-)	
b	Contrib	outions												
С	Net inv	estment earnings, gair	ns, and losses											
d	Grants	or scholarships	•											
е		expenditures for facilitie ograms	es											
f	Admını	strative expenses .												
g	End of	year balance												
2	Provid	de the estimated perce	ntage of the curre	nt vear end	l balance	(line 1	ı. colu	mn (a)) held a	s		L		
а		d designated or quasi-e	=	,		` .		` .	, ,					
b	Perm	anent endowment ▶												
c	Temp	oorarily restricted endov	wment ▶											
·	The percentages on lines 2a, 2b, and 2c should equal 100%													
3а	Are th	here endowment funds nization by				on that	are h	eld an	d admını	stered fo	r the		Yes	s No
	(i) ur	nrelated organizations										3	a(i)	
		elated organizations .											ı(ii)	
		es" on 3a(II), are the rel	-		•			? .				· [:	3b	
4		ribe in Part XIII the inte			n's endow	vment f	unds							
Pa	rt VI	Land, Buildings, Complete if the org			" on For	m 000	Dart	TV/ li	no 11a	Soo Eo	rm 000 D	art V lun	0.10	
	Descri	iption of property	(a) Cost or oth (investme	er basıs	(b) Cost (depreciation		d) Book va	alue
1a	Land													
b	Buildin	gs					41	10,944			273,290			137,654
		old improvements												
		nent					25	59,867			211,510			48,357
-	-4-4-4		 					-0.000			125.000			25.003

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

211,011

	Saa Form 990 Part V lina 17					
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value		(c) Method of or end-of-yea	valuation r market value
	al derivatives					
	Tield equity interests	<u> </u>				
(A)						
[B)						
(C)						
(D)						
(E)						
F)						
(G)						
(H)						
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	Form 990. P	art IV. line	e 11c. See Fo	rm 990. Par	t X. line 13.
	(a) Description of investment		ok value		(c) Method of	
(1)				Cost	or end-or-yea	ir market value
(2)						
3)						
4)						
5)						
6)						
(7)						
(8)						
(8)						
(9)	nn (b) must equal Form 990, Part X. col (B) line 13)					
(9) Fotal. (Colum	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d S	See Form 990,	
9) Fotal. (Column Part IX			n 990, Part	IV, line 11d S	See Form 990,	Part X, line 15 (b) Book value
9) Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	iee Form 990,	
(9) Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
(9) Fotal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
(9) Fotal. (Column Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description		m 990, Part	IV, line 11d S	See Form 990,	
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organization asswered to the organization asswered to the organization as the organization	n				(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15	n		 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
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Page 4

3,320,136

125,000

3,368,190

3.368.190

Schedule D (Form 990) 2018

2e e 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Total revenue, gains, and other support per audited financial statements

Other (Describe in Part XIII)

Supplemental Information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Add lines **4a** and **4b**

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Add lines 2a through 2d

Schedule D (Form 990) 2018

Part XI

1

c

d

3 4

b

5

Part XIII

See Additional Data Table

Return Reference

3,195,136 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b Add lines **4a** and **4b** 4c c

n 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.

3,195,136 Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 3,493,190 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a 125,000

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

2b

2c

2d

4a

4b

Explanation

2e

3

4c

5

Schedule D (Form 990) 2018		
Part XIII Supplemental Info	mation (continued)	
Return Reference	Explanation	

Schedule D (Form 990) 2018

Additional Data

Software Version: **EIN:** 45-0363220

> Name: FARGO-MOORHEAD CONVENTION & VISITORS

> > BUREAU

Supplemental Information

Return Reference Explanation OUR COLLECTIONS CONSIST OF PUBLIC ART AND ARTIFACTS THAT REFLECT OUR MISSION BY PROMOTING

Software ID:

PART III, LINE 4 FARGO-MOORHEAD AS A DESTINATION FOR VISITORS THE COLLECTIONS ARE PLACED ON OUR GROUNDS OR WITHIN THE BUILDING, WITH NO FEES OR ADMISSIONS, TO ACT AS ATTRACTIONS FOR VISITORS TO EN JOY BY DOING SO. WE HOPE THAT THEY REMAIN LONG ENOUGH TO POSSIBLY STAY IN FARGO-MOORHEAD OVERNIGHT, AGAIN REINFORCING OUR REPRESENTATION OF THE DESTINATION

Supplemental Information					
Return Reference	Explanation				
PART X, LINE 2	THE BUREAU BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THA T ARE MATERIAL TO THE FINANCIAL STATEMENTS THE BUREAU WOULD RECOGNIZE FUTURE ACCRUED INTE REST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED				

- - -

DLN: 93493079006180 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I OMB No 1545-0047 **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. **Open to Public** ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number FARGO-MOORHEAD CONVENTION & VISITORS 45-0363220 BUREAU Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018 Part III Grants and Other Assistance	e to Domestic Individu	Jals. Complete if the or	ganization answered "Yes	on Form 990, Part IV, line 22	Page 2
Part III can be duplicated if addi			(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)	Tecipienes	cash grant	Horicasii assistance	Triv, appraisal, seriety	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
Part IV Supplemental Informa	ation. Provide the inf	formation required in	Part I, line 2; Part III	I, column (b); and any other a	additional information.
Return Reference Explana	ıation				

Additional Data

TRI-CITY SOCCER

MOORHEAD, MN 56560

800 4TH AVE E SUITE 1

WEST FARGO, ND 58078

CITY OF WEST FARGO

3655 23RD ST S

Software ID: Software Version:

33-3346894

45-6002542

EIN: 45-0363220

Name: FARGO-MOORHEAD CONVENTION & VISITORS BUREAU

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

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	ı
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,	1
or government				assistance	other)	1

(a) Name and address of	(D) ETIA	(c) INC Section	(u) Amount of Cash	(e) Amount of non-	(1) Method of Valuation
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,
or government				assistance	other)

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuate
organization		ıf applıcable	grant	cash	(book, FMV, appraisa
or government				assistance	other)

501(C)3

(g) Description of

(h) Purpose of grant non-cash assistance or assistance

2 SETS OF BLEACHERS FOR THE SPORTS BUBBLE

EXPO CENTER

FEASIBILITY STUDY

10,000

12,021

(a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

IBOTI ER REPLACEMENT

15.000

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

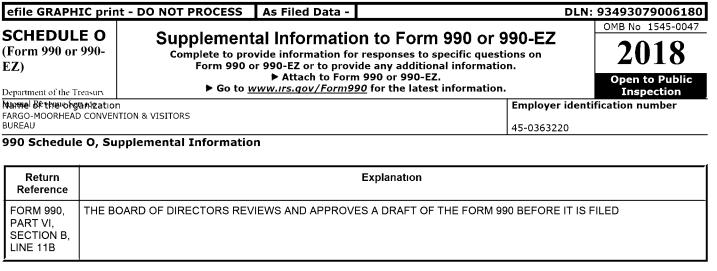
501(C)3

45-0373698

FARGO THEATRE

FARGO, ND 581082190

PO BOX 2190



990 Schedule O, Supplemental Information Return Explanation

Reference

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

PRIOR TO THE DECISION MAKING PROCESS THAT IS UTILIZED TO DETERMINE WHETHER FUNDS WILL BE A
WARDED TO ANY ORGANIZATION, ANY BOARD MEMBER MUST DISCLOSE ANY INFORMATION HE/SHE HAS REGA
RDING POTENTIAL CONFLICT OF INTEREST THE BOARD, PRIOR TO DISCUSSION OF AWARDING A GRANT,
DECIDES IF THERE TRULY IS A CONFLICT OF INTEREST AND REACTS ACCORDING TO THE CONFLICT OF I
NTEREST POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	FOR THE CEO THE BOARD OF DIRECTORS CONDUCTS A PERFORMANCE REVIEW OF THE CEO, COMPARES OUR CEO'S SALARY TO OTHER DESTINATION MARKETING ORGANIZATIONS OF COMPARABLE SIZE, REVIEWS OUR FINANCIAL STATUS AND PROJECTIONS, AND DETERMINES THE NEXT FISCAL YEAR'S COMPENSATION FOR KEY EMPLOYEES THE CEO CONDUCTS A PERFORMANCE REVIEW OF EACH EMPLOYEE, COMPARES SALARIES TO THOSE OF OTHER DESTINATION MARKETING ORGANIZATIONS OF COMPARABLE SIZE, REVIEWS OUR FINA NCIAL STATUS AND PROJECTIONS, AND MAKES SUGGESTIONS TO OUR BOARD OF DIRECTORS AS TO THE NE XT FISCAL YEAR'S COMPENSATIONS RATES THE BOARD OF DIRECTORS DETERMINES THE FINAL COMPENSA TION FOR ALL EMPLOYEES

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 19

FORM 990, THE DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST PART VI, SECTION C.

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT OR SELECTION PROCESS DURING THE YEAR PART XII, LINE 2C