

TOURISM PROMOTION PROGRAM • APPLICATION FOR FUNDING

APPLICANT INFORMATION

Project Title: Greater Kingston Community Chamber of Commerce LTAC
 Project Dates: Beginning: 1/1/2021 Ending: 12/31/2022
 Name of Organization: Greater Kingston ^{CCOC} Web Site: www.kingstonchamber.com
 Mailing Address: PO Box 78 Kingston, WA 98346
 Contact Person: Miccate Kennedy I E-Mail: director@kingstonchamber.com Phone: 360-860-2239
 Amount Requested: \$ 36,500.00 Total Project Cost: \$ 56,500.00
 Portion of Total Project Cost Requested: 44.65 ^{nu} (%)
 Signature of Authorized Representative: Miccate Kennedy I

 Tourism Infrastructure:

Support tourism-related facilities, which is defined as real or tangible personal property with a usable life of three or more years or constructed with volunteer labor and used to support tourism, performing arts, or to accommodate tourist activities.

 Tourism Marketing Activities:

Activities and expenditures designed to increase tourism, including but not limited to advertising, publicizing or otherwise distributing information for the purpose of attracting and welcoming tourists; developing strategies to expand tourism; operating tourism promotion agencies; and funding marketing of special events and festivals designed to attract tourists (*not a current funding priority*).

APPLICANTS MUST SUBMIT THE FOLLOWING:

1. A one-page budget including all income and expenses for the entire project (including matching funds and in-kind contributions) and clearly showing expenses for which County lodging tax dollars will be used.
2. Documentation of non-profit status.
3. Your organization's **most recent tax return** or most recent annual financial statement created by an independent source should a tax return not be available. Other documentation showing financial viability may be considered if agency is newly created and the documentation is prepared by an independent source.
4. A two-page document including a description of the proposed project with an explanation of how it will assist in building tourism and/or promoting events or activities that will bring tourists to Kitsap County. Include marketing plans and examples of performance indicators and well as plans for future sustainability. For more information see the included template.
5. No additional materials will be accepted.
6. If these basic criteria are not met, the application will not be reviewed
7. Certificate of Insurance evidencing that any required insurance coverages are, or will be, in effect through the 2021 calendar year.

Send Completed Application and Required Documentation to:

Please submit by mail to: OR

MAILING ADDRESS

Vicki Martin, Buyer
 Kitsap County Purchasing Office
 614 Division Street, MS-7
 Port Orchard, WA 98366

Hand deliver to:

PHYSICAL ADDRESS

Vicki Martin, Buyer
 Kitsap County Administration Building
 Purchasing Office – Fourth Floor
 619 Division Street
 Port Orchard, WA 98366

SUBMISSION REQUIREMENTS

All documentation must be received by deadline and contain ALL submission requirements to be considered for funding. Please provide (7) copies of submission package without staples.

Questions? Call Vicki Martin at 360.337.4788 or e-mail vmartin@co.kitsap.wa.us

	2019	2020	2021
Income for Events			
Fundraising/Ticket Sales	\$47,844.34	\$0.00	\$20,000.00
LTAC Grant	\$18,437.50	\$20,000.00	\$36,500.00
			2020 LTAC was from
Total Income	\$66,281.84	\$20,000.00	\$56,500.00

Project 1

Print Advertising/Other Marketing	\$15,191.92	\$15,000.00	\$10,000.00
Digital Marketing Campaign	\$0.00	\$0.00	\$15,000.00
Total Expenses	\$15,191.92	\$15,000.00	\$25,000.00

Project 2

Fourth of July	\$431.00	\$0.00	\$500.00
Kingston Cove Christmas	\$134.29	\$0.00	\$2,000.00
Summer Concerts	\$4,694.72	\$0.00	\$6,000.00
Oktoberfest	\$0.00	\$0.00	\$8,000.00
Other-Event Supplies/Equipment	\$272.74	\$0.00	\$15,000.00
Total Expenses	\$5,532.75	\$0.00	\$31,500.00

Total Expenses for all projects	\$20,724.67	\$15,000.00	\$56,500.00
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9-1655808



STATE of WASHINGTON SECRETARY of STATE

I, **Ralph Munro**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF INCORPORATION

to

GREATER KINGSTON COMMUNITY CHAMBER OF COMMERCE

a Washington Non Profit corporation. Articles of Incorporation were filed for record in this office on the date indicated below:

U.B.I. Number: 601 580 968

Date: October 6, 1994



Given under my hand and the seal of the State of Washington, at Olympia, the State Capitol

Ralph Munro, Secretary of State

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except private foundations)

2019

Department of the Treasury
 Internal Revenue Service

- ▶ Do not enter social security numbers on this form, as it may be made public.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning _____, 2019, and ending _____, 2019, and ending _____

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C</p> <p>Greater Kingston Community Chamber of Commerce PO Box 78 Kingston, WA 98346</p>	<p>D Employer identification number 91-1655808</p> <p>E Telephone number (360) 297-4500</p> <p>F Group Exemption Number</p>
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G Accounting Method: Cash Accrual Other (specify) _____

I Website: ▶ www.kingstonchamber.com

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (6) ◀(insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **104,073.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	79,146.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	24,927.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	104,073.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	42,188.
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O) See Schedule O	16	64,815.
17	Total expenses. Add lines 10 through 16	17	107,003.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-2,930.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	16,979.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	14,049.

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

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	21,846.	16,655.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	21,846.	16,655.
26 Total liabilities (describe in Schedule O) See Schedule O	4,867.	2,606.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	16,979.	14,049.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 See Schedule O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	45,100.
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	45,100.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MiaCate Kennedy Executive Dir.	20	22,482.	0.	0.
Mickey Munro President	0	0.	0.	0.
Nancy Martin Past {President	0	0.	0.	0.
Linda Fyfe Vice President	0	0.	0.	0.
Shana Ramirez Vice President	0	0.	0.	0.
Dennis Bryan Treasurer	0	0.	0.	0.
Methia Gordon Secretary	0	0.	0.	0.
Bim Prince Director	0	0.	0.	0.
Kate Moglia Director	0	0.	0.	0.
Debi Tanner Director	0	0.	0.	0.
Lisa Maxwell Director	0	0.	0.	0.
Blair Anderson Director	0	0.	0.	0.
Greg Englin Director	0	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved.		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9.		
b Gross receipts, included on line 9, for public use of club facilities.		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41 List the states with which a copy of this return is filed ▶ WA		

42a The organization's books are in care of ▶ Parker, Mooers & Cens PS Telephone no. ▶ (360) 692-8808
 Located at ▶ 9222 Bay Shore Dr NW Suite 150 Silverdale WA ZIP + 4 ▶ 98383

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶		X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country ▶		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I Yes No
 46 X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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 Yes No
 47
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Yes No
 48
 49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
 49a
 b If 'Yes,' was the related organization a section 527 organization? Yes No
 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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

Sign Here
 Signature of officer Date
MiaCate Kennedy Executive Dir.
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name Preparer's signature Date
 Dennis Bryan CPA Dennis Bryan CPA 6-24-20
 Check if self-employed PTIN
 Firm's name ▶ Parker Mooers & Cena PS, CPA's P00314405
 Firm's address ▶ 9222 Bay Shore Dr NW Ste 150 Firm's EIN ▶ 91-1702384
 Silverdale, WA 98383 Phone no. (360) 692-8808

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2019

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization Greater Kingston Community Chamber of Commerce	Employer identification number 91-1655808
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**Form 990-EZ, Part I, Line 16
Other Expenses**

Advertising and Promotion	\$	3,323.
Bank Fees		601.
Contract Labor		240.
Dues & Subscriptions		40.
Fundraising Costs		23,701.
Insurance		1,547.
Meals		40.
Member Luncheons		5,409.
Nonprofit Filing Fee		20.
Office Expenses		4,360.
Rounding Adjustment		-2.
Royalties		11,875.
Tourism & Events		13,661.
Total	\$	64,815.

**Form 990-EZ, Part II, Line 26
Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 4,867.	\$ 2,606.
Total	\$ 4,867.	\$ 2,606.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Maintain and operate visitor center, support local businesses with advertising, promotion, committees, education, government relations, networking events, newsletters forums, other business support activities.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Maintain and operate visitor center, support local businesses with advertising, promotion, committees, education, government relations, networking events, newsletters forums, other business support activities.

