

TOURISM PROMOTION PROGRAM • APPLICATION FOR FUNDING

Project Title: Restoring and Renaming 2 masted schooner to become Official Tall Ship of Kitsap County

Project Dates: Beginning: December 2014 _____ Ending: August 2021 _____

Name of Organization: Kitsap Maritime Heritage Foundaion

Web Site: kitsapmaritime.com

Mailing Address: 9756 Ogle Rd. NE, Bremerton, WA 98311

Contact Person: Marjorie Rowland_E-Mail: kitsapmaritime@gmail.com Phone: 360-633-7421__

Amount Requested: \$10,000 Total Project Cost: \$88,266

Portion of Total Project Cost Requested: _____ 12(%)

Signature of Authorized Representative Marjorie C. Rowland

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

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

**Kitsap Maritime Heritage Foundation Budget
For Restoration of Historic Schooner**

Income based on 2019	\$26,000
Income for Deck Plank Piece (60 pieces at \$100 each) NOTE: Potential to sell 120 pieces	\$60,000
Volunteer Labor In Kind (1512 hours/year @ \$25/hour)	\$37,798
Renaming Ceremony to "The Kitsap"	\$15,000
TOTAL INCOME FOR PROJECT FOR 2021	\$138,798
Galley Installation	\$3,565
Electrical Installation	\$11,025
Navionics Installation	\$3,400
Mast Preparation and Rigging Installation (Lodging Tax Grant – 20% - \$5,000)	\$25,000
Tanks and Plumbing	\$3,276
Repair and Install Sails	\$5,000
Safety Equipment Installation	\$5,000
USCG Coast Guard Certification and Testing	\$10,000
Consultant	\$12,000
Marketing (Lodging Tax Grant – 50% - \$5,000)	\$10,000
TOTAL EXPENSES FOR PROJECT FOR 2020 AND 2021	\$88,266

All expenses are estimated based on researching material prices and amount of time to completion for labor costs. Estimates were performed by Olympia Shipwright using cost estimates for material from sources.

Volunteer hours are estimated to completion but may change due to duration of project and COVID 19 delays.

Internal Revenue Service

P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: JUN 24 2016

Kitsap Maritime Heritage Foundation
9756 Ogle Rd NE
Bremerton, WA 98311

Employer Identification Number:

45-4853181

Person to Contact - ID Number:

Lee Crouch - 295802

Contact Telephone Number:

877-829-5500 Toll-Free

Form 990 Required:

Yes

Dear Sir or Madam:

In your letter dated March 29, 2016 you requested classification as a public charity described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate you are classified as a private operating foundation. You claim you're erroneously classified and are requesting correction of the error.

Based on the information you provided, we determined you meet the requirements for classification as a public charity described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Code.

Accordingly, we have updated your public charity status in our records as you requested.

Since your exempt status wasn't under consideration, you continue to be classified as an organization exempt from federal income tax under section 501(c)(3) of the Code.

Grantors and contributors may generally rely on this determination of your foundation status unless the Internal Revenue Service publishes notice that you are no longer recognized as tax exempt or classified as a public charity in the Internal Revenue Bulletin. However, if a grantor or contributor takes any action, or fails to take any action, which causes you to lose your exempt status or causes you to be reclassified as a private foundation, that party cannot rely on this determination. Furthermore, a contributor or grantor who knows that the Internal Revenue Service has notified you of any change in your exempt status or foundation status cannot rely on this determination.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, *Compliance Guide for 501(c)(3) Public Charities*, which describes your recordkeeping, reporting, and disclosure requirements.

Because this letter could help resolve any questions about your exempt status and/or foundation status, you should keep it with your permanent records.

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning, 2019, and ending, 20

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

C Name of organization: KITSAP MARITIME HERITAGE FOUNDATION
Number and street (or P.O. box, if mail is not delivered to street address): 9756 OGLE RD NE
City or town, state or province, country, and ZIP or foreign postal code: BREMERTON, WA 98311

D Employer identification number: 45-4853181
E Telephone number: (360) 633-7421
F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual Other (specify)

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

I Website: KITSAPMARITIME.COM

J Tax-exempt status (check only one) - [X] 501(c)(3) [] 501(c)() (insert no.) [] 4947(a)(1) or [] 527

K Form of organization: [X] Corporation [] Trust [] Association [] Other

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 \$ 26,421

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 [X]

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Each section has a column for description, a column for sub-entries, and a column for amounts.

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	20,145	22	14,854
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	177,055	24	164,967
25 Total assets	197,200	25	179,821
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	197,200	27	179,821

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? EDUCATION OF MARITIME HERITAGE OF KITSAP

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

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.

28 <u>PROVIDE EDUCATION OF MARITIME HERITAGE IN KITSAP THROUGH PROGRESS OF CONSTRUCTION OF TALL SHIP. PARTICIPATE IN STEM EVENTS IN COMMUNITY RELATING MARITIME SKILLS TO SCIENCE.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	39,614
29 <u>BROWNSVILLE APPRECIATION DAY- FISCAL SPONSORSHIP AGREEMENT WITH THE PORT OF BROWNSVILLE TO RAISE MONEY FOR THE ELEMENTARY SCHOOLS IN THE PORT DISTRICT THROUGH A COMMUNITY</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	1,572
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	41,186

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
JONATHAN THOMAS BOARD CHAIR	20.00	0	0	0
MARJORIE ROWLAND BOARD SECRETARY/TREASURER	20.00	0	0	0
KEN LAZARUS DIRECTOR	1.00	0	0	0
CASSANDRA ROWLAND DIRECTOR	1.00	0	0	0
DARYL MUNSON DIRECTOR	1.00	0	0	0
ASHLEY BERG DIRECTOR	1.00	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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

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

Table with 3 columns: Question number, Yes, No. Row 46: 46, Yes, 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

Table with 3 columns: Question number, Yes, No. Row 47: 47, Yes, X

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

Table with 3 columns: Question number, Yes, No. Row 48: 48, Yes, X

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 3 columns: Question number, Yes, No. Row 49a: 49a, Yes, X

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question number, Yes, No. Row 49b: 49b, Yes, No

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."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: NONE

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."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: NONE

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

X 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: MARJORIE ROWLAND, Date: 8/5/2020, Type or print name and title: MARJORIE ROWLAND, BOARD SECRETARY/TREASURER

Paid Preparer Use Only: Print/Type preparer's name: CLARKE WHITNEY CPA, Preparer's signature: CLARKE WHITNEY CPA, Date: 08-05-2020, Check self-employed, PTIN: XXXXXXXXX, Firm's name: CLARKE WHITNEY CPA INC, Firm's address: 19083 Front St Suite 2, Poulsbo WA 98370, Phone no.: 360-779-4644

May the IRS discuss this return with the preparer shown above? See instructions

X Yes No