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 2014Ending: 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 Mayorie C. Rowland
Tourism Infrastructure:

performing arts, or to accommodate tourist activities.

Tourism Marketing Activities:

X- 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).

X - 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,

APPLICANTS MUST SUBMIT THE FOLLOWING:

- 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

OR

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: 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

Date: JUN 2 4 2016

Kitsap Maritime Heritage Foundation 9756 Ogle Rd NE Bremerton, WA 98311 Department of the Treasury

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

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

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.

Α	For the	2019 calenda	r year, or tax year beginning	, 2019, and ending			, 20
В	Check if a	eck if applicable: C Name of organization			D Emplo	yer identifi	cation number
	Address ch	nange	KITSAP MARITIME HERITAGE FOUNDATION	27	45	-4853181	L
	Name cha	nge	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Teleph				
	nitial retur	'n			l .		
	inal return	n/terminated	9756 OGLE RD NE		(3	60) 633-7	7421
	Amended r	return	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption	
	Application	pending	BREMERTON, WA 98311		Numbe	er 🕨	
G /	Account	ing Method:	X Cash Accrual Other (specify) ▶	H	Check ▶	x if the o	rganization is not
1 1	Nebsite	: KITS	APMARITIME.COM		required to	attach Sche	edule B
J ·	Tax-exe	mpt status (c	heck only one) - X 501(c)(3)	4947(a)(1) or 527	(Form 990,	990-EZ, or	990-PF).
K	orm of	organization:	X Corporation Trust Association	Other			
L	Add line:	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,	000 or more, or if total a	ssets		
(Pa	rt II, colu	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ			. > \$	26,421
Pa	art I	Revenu	e, Expenses, and Changes in Net Assets or Fur	nd Balances (see th	ne instructio	ns for Par	
		Check if	the organization used Schedule O to respond to any que	stion in this Part I			X
	1	Contributions	s, gifts, grants, and similar amounts received			1	26,410
	2		vice revenue including government fees and contracts + * * * *			2	
	3		dues and assessments			3	
	4		ncome			4	
	5a		nt from sale of assets other than inventory	1 1			
			other basis and sales expenses			1	
	c) from sale of assets other than inventory (Subtract line 5b from lin			5c	
	6		fundraising events:	10 00)			
		•	e from gaming (attach Schedule G if greater than				
e	a		e norm gaming (attach ocheque of it greater than	6a			
ance	h		e from fundraising events (not including \$	of contributions		1	
Revenue	D			Of Contributions			
œ			sing events reported on line 1) (attach Schedule G if the	6b			
			gross income and contributions exceeds \$15,000)			4	
			expenses from gaming and fundraising events			-	
	a		or (loss) from gaming and fundraising events (add lines 6a and 6b			CH	
	_	,				6d	
			of inventory, less returns and allowances			- 1	
			goods sold			-	
			or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8		e (describe in Schedule O)			8	11
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	26,421
	10		imilar amounts paid (list in Schedule O)			10	
	11		to or for members			11	
S	12		er compensation, and employee benefits			12	
nse	13		fees and other payments to independent contractors			13	4,310
Expenses	14		rent, utilities, and maintenance			14	5,492
ш	15		ications, postage, and shipping			15	20
	16		ses (describe in Schedule O) • • • • • • • • • • • • • • • • • •			16	33,978
	17		ses. Add lines 10 through 16			17	43,800
(A)	18		eficit) for the year (Subtract line 17 from line 9)			18	(17,379)
set	19		fund balances at beginning of year (from line 27, column (A)) (mu				
Net Assets		,	igure reported on prior year's return)			19	197,200
et	20		es 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	179,821

Form 990-EZ (2019) KITSAP MARITIME HERI		N	45-4	8231	81 Page 2
Part II Balance Sheets (see the instructions for Part					_
Check if the organization used Schedule O to	respond to any qu	estion in this Part			X
			(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)			197,200	26	_
				27	0
27 Net assets or fund balances (line 27 of column (B) must agree			197,200	21	179,821
Part III Statement of Program Service Accomplis			T ()		Expenses
Check if the organization used Schedule O t	to respond to any qu	uestion in this Part		(Regu	uired for section
What is the organization's primary exempt purpose? EDUCATI	ON OF MARITIME	HERITAGE OF	KITSAP)(3) and 501(c)(4)
Describe the organization's program service accomplishments for	each of its three larges	et program services			
as measured by expenses. In a clear and concise manner, describ					izations; optional for
persons benefited, and other relevant information for each program				others	5.)
28 PROVIDE EDUCATION OF MARITIME HERITAGE		OUGH			
PROGRESS OF CONSTRUCTION OF TALL SHIP.					
EVENTS IN COMMUNITY RELATING MARITIME S				28a	20 614
	unt includes foreign gra			20a	39,614
29 BROWNSVILLE APPRECIATION DAY- FISCAL SE		EEMENT			
WITH THE PORT OF BROWNSVILLE TO RAISE M					
ELEMENTARY SCHOOLS IN THE PORT DISTRICT	THROUGH A COM	YTINUM			
(Grants \$) If this amou	ınt includes foreign gra	ints, check here		29a	1,572
30					
(Grants \$) If this amou	ınt includes foreign gra	ints check here		30a	
<u> </u>					
of the program controls (cooling in controls of	ınt includes foreign gra		▶ □	31a	
				32	41 100
32 Total program service expenses (add lines 28a through 31a)				32	41,186
Dowt IV	/U-1I			f D-	
Part IV List of Officers, Directors, Trustees, and Key Em			ed - see the instructions		art IV)
Part IV List of Officers, Directors, Trustees, and Key Em Check if the organization used Schedule O to respo					art IV)
		his Part IV (c) Reportable	ed - see the instructions (d) Health benefits,		art IV)
	nd to any que sti on in th	(c) Reportable compensation	(d) Health benefits, contributions to employe		art IV)
Check if the organization used Schedule O to respo	nd to any question in the	his Part IV (c) Reportable	(d) Health benefits, contributions to employe		art IV)
Check if the organization used Schedule O to respo	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employe benefit plans, and		art IV)
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employe benefit plans, and	e (e	art IV)
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS BOARD CHAIR	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	e (e	e) Estimated amount of other compensation
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS BOARD CHAIR MARJORIE ROWLAND	(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 employe benefit plans, and deferred compensation	e (e	e) Estimated amount of other compensation
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS BOARD CHAIR MARJORIE ROWLAND BOARD SECRETARY/TREASURER	(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 employe benefit plans, and deferred compensation	e (e	e) Estimated amount of other compensation
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS BOARD CHAIR MARJORIE ROWLAND BOARD SECRETARY/TREASURER KEN LAZARUS	(b) Average hours per week devoted to position 20.00	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	е (є	e) Estimated amount of other compensation
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS BOARD CHAIR MARJORIE ROWLAND BOARD SECRETARY/TREASURER	(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 employe benefit plans, and deferred compensation	е (є	e) Estimated amount of other compensation
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS BOARD CHAIR MARJORIE ROWLAND BOARD SECRETARY/TREASURER KEN LAZARUS	(b) Average hours per week devoted to position 20.00	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	е (є	e) Estimated amount of other compensation
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS BOARD CHAIR MARJORIE ROWLAND BOARD SECRETARY/TREASURER KEN LAZARUS DIRECTOR	(b) Average hours per week devoted to position 20.00	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	е (є	e) Estimated amount of other compensation
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS BOARD CHAIR MARJORIE ROWLAND BOARD SECRETARY/TREASURER KEN LAZARUS DIRECTOR CASSANDRA ROWLAND	(b) Average hours per week devoted to position 20.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	е (є	e) Estimated amount of other compensation 0 0
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS BOARD CHAIR MARJORIE ROWLAND BOARD SECRETARY/TREASURER KEN LAZARUS DIRECTOR CASSANDRA ROWLAND DIRECTOR	(b) Average hours per week devoted to position 20.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	е (є	e) Estimated amount of other compensation 0 0
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS BOARD CHAIR MARJORIE ROWLAND BOARD SECRETARY/TREASURER KEN LAZARUS DIRECTOR CASSANDRA ROWLAND DIRECTOR DARYL MUNSON DIRECTOR	(b) Average hours per week devoted to position 20.00 20.00 1.00	his Part IV (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	е (є	exist (V) exists a control of the compensation 0 0 0
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS BOARD CHAIR MARJORIE ROWLAND BOARD SECRETARY/TREASURER KEN LAZARUS DIRECTOR CASSANDRA ROWLAND DIRECTOR DARYL MUNSON DIRECTOR ASHLEY BERG	(b) Average hours per week devoted to position 20.00 20.00 1.00 1.00	his Part IV (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-))	ed - see the instructions (d) Health benefits, contributions to employe benefit plans, and deferred compensation	е (є	ext IV) * * * * * * * * * * * * * * * * * * *
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS BOARD CHAIR MARJORIE ROWLAND BOARD SECRETARY/TREASURER KEN LAZARUS DIRECTOR CASSANDRA ROWLAND DIRECTOR DARYL MUNSON DIRECTOR	(b) Average hours per week devoted to position 20.00 20.00 1.00	his Part IV (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	е (є	exist (V) exists a control of the compensation 0 0 0
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS BOARD CHAIR MARJORIE ROWLAND BOARD SECRETARY/TREASURER KEN LAZARUS DIRECTOR CASSANDRA ROWLAND DIRECTOR DARYL MUNSON DIRECTOR ASHLEY BERG	(b) Average hours per week devoted to position 20.00 20.00 1.00 1.00	his Part IV (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-))	ed - see the instructions (d) Health benefits, contributions to employe benefit plans, and deferred compensation	е (є	ext IV) * * * * * * * * * * * * * * * * * * *
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS BOARD CHAIR MARJORIE ROWLAND BOARD SECRETARY/TREASURER KEN LAZARUS DIRECTOR CASSANDRA ROWLAND DIRECTOR DARYL MUNSON DIRECTOR ASHLEY BERG	(b) Average hours per week devoted to position 20.00 20.00 1.00 1.00	his Part IV (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-))	ed - see the instructions (d) Health benefits, contributions to employe benefit plans, and deferred compensation	е (є	ext IV) * * * * * * * * * * * * * * * * * * *
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS BOARD CHAIR MARJORIE ROWLAND BOARD SECRETARY/TREASURER KEN LAZARUS DIRECTOR CASSANDRA ROWLAND DIRECTOR DARYL MUNSON DIRECTOR ASHLEY BERG	(b) Average hours per week devoted to position 20.00 20.00 1.00 1.00	his Part IV (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-))	ed - see the instructions (d) Health benefits, contributions to employe benefit plans, and deferred compensation	е (є	ext IV) * * * * * * * * * * * * * * * * * * *
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS BOARD CHAIR MARJORIE ROWLAND BOARD SECRETARY/TREASURER KEN LAZARUS DIRECTOR CASSANDRA ROWLAND DIRECTOR DARYL MUNSON DIRECTOR ASHLEY BERG	(b) Average hours per week devoted to position 20.00 20.00 1.00 1.00	his Part IV (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-))	ed - see the instructions (d) Health benefits, contributions to employe benefit plans, and deferred compensation	е (є	ext IV) * * * * * * * * * * * * * * * * * * *
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS BOARD CHAIR MARJORIE ROWLAND BOARD SECRETARY/TREASURER KEN LAZARUS DIRECTOR CASSANDRA ROWLAND DIRECTOR DARYL MUNSON DIRECTOR ASHLEY BERG	(b) Average hours per week devoted to position 20.00 20.00 1.00 1.00	his Part IV (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-))	ed - see the instructions (d) Health benefits, contributions to employe benefit plans, and deferred compensation	е (є	ext IV) * * * * * * * * * * * * * * * * * * *
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS BOARD CHAIR MARJORIE ROWLAND BOARD SECRETARY/TREASURER KEN LAZARUS DIRECTOR CASSANDRA ROWLAND DIRECTOR DARYL MUNSON DIRECTOR ASHLEY BERG	(b) Average hours per week devoted to position 20.00 20.00 1.00 1.00	his Part IV (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-))	ed - see the instructions (d) Health benefits, contributions to employe benefit plans, and deferred compensation	е (є	ext IV) * * * * * * * * * * * * * * * * * * *
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS BOARD CHAIR MARJORIE ROWLAND BOARD SECRETARY/TREASURER KEN LAZARUS DIRECTOR CASSANDRA ROWLAND DIRECTOR DARYL MUNSON DIRECTOR ASHLEY BERG	(b) Average hours per week devoted to position 20.00 20.00 1.00 1.00	his Part IV (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-))	ed - see the instructions (d) Health benefits, contributions to employe benefit plans, and deferred compensation	е (є	ext IV) * * * * * * * * * * * * * * * * * * *
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS BOARD CHAIR MARJORIE ROWLAND BOARD SECRETARY/TREASURER KEN LAZARUS DIRECTOR CASSANDRA ROWLAND DIRECTOR DARYL MUNSON DIRECTOR ASHLEY BERG	(b) Average hours per week devoted to position 20.00 20.00 1.00 1.00	his Part IV (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-))	ed - see the instructions (d) Health benefits, contributions to employe benefit plans, and deferred compensation	е (є	ext IV) * * * * * * * * * * * * * * * * * * *
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS BOARD CHAIR MARJORIE ROWLAND BOARD SECRETARY/TREASURER KEN LAZARUS DIRECTOR CASSANDRA ROWLAND DIRECTOR DARYL MUNSON DIRECTOR ASHLEY BERG	(b) Average hours per week devoted to position 20.00 20.00 1.00 1.00	his Part IV (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-))	ed - see the instructions (d) Health benefits, contributions to employe benefit plans, and deferred compensation	е (є	ext IV) * * * * * * * * * * * * * * * * * * *
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS BOARD CHAIR MARJORIE ROWLAND BOARD SECRETARY/TREASURER KEN LAZARUS DIRECTOR CASSANDRA ROWLAND DIRECTOR DARYL MUNSON DIRECTOR ASHLEY BERG	(b) Average hours per week devoted to position 20.00 20.00 1.00 1.00	his Part IV (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-))	ed - see the instructions (d) Health benefits, contributions to employe benefit plans, and deferred compensation	е (є	ext IV) * * * * * * * * * * * * * * * * * * *
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS BOARD CHAIR MARJORIE ROWLAND BOARD SECRETARY/TREASURER KEN LAZARUS DIRECTOR CASSANDRA ROWLAND DIRECTOR DARYL MUNSON DIRECTOR ASHLEY BERG	(b) Average hours per week devoted to position 20.00 20.00 1.00 1.00	his Part IV (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-))	ed - see the instructions (d) Health benefits, contributions to employe benefit plans, and deferred compensation	е (є	ext IV) * * * * * * * * * * * * * * * * * * *
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS BOARD CHAIR MARJORIE ROWLAND BOARD SECRETARY/TREASURER KEN LAZARUS DIRECTOR CASSANDRA ROWLAND DIRECTOR DARYL MUNSON DIRECTOR ASHLEY BERG	(b) Average hours per week devoted to position 20.00 20.00 1.00 1.00	his Part IV (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-))	ed - see the instructions (d) Health benefits, contributions to employe benefit plans, and deferred compensation	е (є	ext IV) * * * * * * * * * * * * * * * * * * *
Check if the organization used Schedule O to respo (a) Name and title JONATHAN THOMAS BOARD CHAIR MARJORIE ROWLAND BOARD SECRETARY/TREASURER KEN LAZARUS DIRECTOR CASSANDRA ROWLAND DIRECTOR DARYL MUNSON DIRECTOR ASHLEY BERG	(b) Average hours per week devoted to position 20.00 20.00 1.00 1.00	his Part IV (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-))	ed - see the instructions (d) Health benefits, contributions to employe benefit plans, and deferred compensation	е (є	ext IV) * * * * * * * * * * * * * * * * * * *

New Note Not	Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
detailed description of each activity in Schedule O Were any significant changes made to the organization pro governing documents? If "Yes," attach a conformed copy of the armended documents if they reflects a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 35		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			No
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 rame. Otherwise, explain the change on Schedule C. Sea instructions 3 a Ust the organization have unrelated businesses gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6, and 7, a among others? 5 bit "Nes," to line 36s, has the organization field a Form 990-T for the year? If "Nes," provide an explanation in Schedule O 35b 2 was the organization a section \$10(4), 8,019(6); 5,019(6); 5 or 501(6); 50	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
section 501(c)(3) 501(c)(4), and 501(c)(29) organizations excited the sergenization in a protein the sergenization free total amount involved 3			33		Х
change on Schedule O. See instructions a 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, 6s, and 7s, among others)? 5 If "ins', to line 35s, has the organization field a Form 990-17 for the year? If "No", provide an explanation in Schedule O 35b	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
35 a Did the organization have unrelated business gross income of \$1.000 or more during the year from business at within the properties of the properties o		copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
sactivities (such as those reported on lines 2, 6s, and 7s, among others)? b If Yeas, * bit me Sas, has the organization fleat of present 90-T for the year? If Yea, * provide an explanation in Schedule C 935b. c Was the organization a serction 501c(x)4, 501c(x)6, or 501c(x)6) organization subject to section 503(x)e) notice, reporting, and proxy tax requirements during the year? If Yeas, * complete Schedule C, Part III			34	-	Х
b If "Pise," to line 35s, has the organization field a Form 990-7 for the year? If "No," provide an explanation in Schedule O. Was the organization a section 501(x)4), 501(x)(5), so 501(x)(6), so 201(x)(6) and the comparization subject to section 6030(x) notice. reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35 a				
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, resporting, and proxy tax requirements sturing the year? If "Yes," complete Schedule N				-	X
reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 356 X 37a E Inter amount of political expenditures, circle or indirect, as described in the instructions ▶ 37a 36 X 37a E Inter amount of political expenditures, circle or indirect, as described in the instructions ▶ 37a 37b X 37a E Inter amount of political expenditures, circle or indirect, as described in the instructions ▶ 37a 37b X 37a E Inter amount of political expenditures, circle or indirect, as described in the instructions ▶ 37a 37b X 37a E Inter amount of political expenditures, circle or indirect, as described in the instructions ↑ 37a 37b X 37b E Inter amount of political expenditures, circle or indirect, as described by the property of the service of the ser			35b	-	-
38 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Pes," complete applicable pasts of Schedule N N	С		25-		
during the year? If "Yes," complete applicable parts of Schedule N 3 a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-PDL for this year? 3 a Did the organization file Form 1120-PDL for this year? 3 a Did the organization borrow from, or make any loans to, any officer, director, fusikee, or key employee or were any such loans made in a prior year and still outstanding at the and of the tax year covered by this return? b If "Yes," complete Schedule I., Part II and enter the total amount involved 3 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 . 3 Section 501(c)(3), 501(c)(4), and 501(c)(20) arganizations. Enter amount of tax imposed on the organization during the year under: section 4911			350		X
37 a Enter amount of pollibical expenditures, direct or indirect, as described in the instructions ▶ 27 a 37 b X 38 a Did the organization file Form 1120-POL for this year? 38 a 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? 10 If "Yeas," complete Schedule L. Part II and enter the total amount involved 38 b 38 a X 8	36		36		v
b Did the organization file Form 1120-POL for this year? a Note the organization to prove from, or make any officer, cliractor, fusited, 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? b If "Yes," complete Schedule I, Part II and enter the total amount involved	27 -		30	-	X
38 a Did the organization borrow from, or make any loans to, any officer, director, frustee, 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? b If "Yes," complete Schedule I., Part II and enter the total amount involved			37h		v
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b f"*es," complete Schedule L, Part II and enter the total amount involved 38b 3			0/10		
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39 39 39 39 39 39 39 3	30 a		38a		x
a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities b Gross receipts, included on line 9, for public use of club facilities section 4911 ▶ ; section 4912 ▶ ; section 4915 ▶ Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 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-EZ7 If Teys. "complete Schedule L, Part I	h				- 41
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9 for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax ximposed on the organization during the year under: section 4911 \(\) section 501(c)(3) organizations. Enter amount of tax ximposed on the organization during the year under: section 4911 \(\) section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 \(\) section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax rimposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization et All organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 888-T. List the states with which a copy of this return is filled 42 a The organizations books are in care of \(\) MANJORIER ROWLAND Telephone no. 2[P+4] 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? 42b					
b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911					
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911					
section 4911 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 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c relimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 8866-T List the states with which a copy of this return is filled 2 a The organization's books are in care of MARJORIE ROWILAND Located at P 9756 OGLE RD NR, BREMERTON, WA LiP 4 P 3 At any time during the calendary evar, 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)? 42b X 1 F'Yes," enter the name of the foreign country See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c X 42c X 42c X 43c Y 44a X 45 Did the organization maintain any donor advised funds during the year? If "Yes," enter the name of the foreign country 45 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year 45 Did the organization perate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 5 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-E					
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-E27 If "Yes," complete Statevel L, Part I 40b					
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 40b x Section \$001(c)(3). \$01(c)(4), and \$01(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section \$031(c)(3). \$01(c)(4), and \$01(c)(29) organizations. Enter amount of tax on line 40c relimbursed by the organization 40c relimbursed by t	b				
that has not been reported on any of its prior Forms 990 or 990-EZ? if "Yes," complete Schedule L, Part I 40b X c Section 501c(x)3, 501c(x)4, and 501c(x)29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501c(x)3, 501c(x)4, and 501c(x)29) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 8866-T 40e					
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 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 List the states with which a copy of this return is filed 1 Located at 1 9756 OGLE RD NE, BRENERTON, WA Located at 1 9756 OGLE RD NE, BRENERTON, WA Located at 1 9756 OGLE RD NE, BRENERTON, WA Located at 2 9756 OGLE RD NE, BRENERTON, WA Located at 2 9756 OGLE RD NE, BRENERTON, WA Located at 3 9756 OGLE RD NE, BRENERTON, WA Located at 2 9756 OGLE RD NE, BRENERTON, WA Located at 3 9756 OGLE RD NE, BRENERTON, WA Located at 3 9756 OGLE RD NE, BRENERTON, WA Located at 4 9756 OGLE RD NE, BRENERTON, WA Located at 4 9756 OGLE RD NE, BRENERTON, WA Located at 5 9756 OGLE RD NE, BRENERTON, WA Located at 5 9756 OGLE RD NE, BRENERTON, WA Located at 5 9756 OGLE RD NE, BRENERTON, WA Located at 5 9756 OGLE RD NE, BRENERTON, WA Located at 5 9756 OGLE RD NE, BRENERTON, WA Located at 5 9756 OGLE RD NE, BRENERTON, WA Located at 5 9756 OGLE RD NE, BRENERTON, WA Located at 5 9756 OGLE RD NE, BRENERTON, WA Located at 5 98311 Located at 5 9756 OGLE RD NE, BRENERTON, WA Located at 5 9756 OGLE RD NE, BRENERTON, WA Located at 5 9756 OGLE RD NE, BRENERTON, WA Located at 5 9756 OGLE RD NE, BRENERTON, WA Located at 5 9756 OGLE RD NE, BRENERTON, WA Located at 5 9756 OGLE RD NE, BRENERTON, WA Located at 5 9756 OGLE RD NE, BRENERTON, WA Located at 5 9756 OGLE RD NE, BRENERTON, WA Located at 5 9756 OGLE RD NE, BRENERTON, WA Located at 5 9756 OGLE RD NE, BRENERTON, WA Located at 5 9756 OGLE RD NE, BRENERTON, WA Located at 5 9756 OGLE RD NE, BRENERTON, WA Located at 5 9756 OGLE RD NE, BRENERTON, WA Located at 5 9756 OGLE RD NE, BRENERTON, WA Located a			40b		Х
on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 400 reimbursed by the organization 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 Lost the states with which a copy of this return is filed 2 a The organization's books are in care of MARJORIE ROWLAND Located at 5 a 775 OGLE RD NE, BREMERTON, WA At any time during the calendar year, did the organization have an interest in or a signature or other authority over 6 a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 6 At any time during the calendar year, did the organization have an interest in or a signature or other authority over 7 a see the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 6 At any time during the calendar year, did the organization maintain an office outside the United States? 8 a colin 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here 9 and enter the amount of tax-exempt interest received or accrued during the tax year 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 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 44 c Did the organization persective any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 c Did the organization receive any payments 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	С				
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 8866-T List the states with which a copy of this return is filed 42 a The organization's books are in care of MARJORIE ROWLAND Located at 9756 OGLE RD NE, REMERTON, WA Lift 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)? 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? 42c					
40c reimbursed by the organization 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 8866-T List the states with which a copy of this return is filled 42 a The organization's books are in care of MARJORIE ROWLAND Located at P9756 OGLE RD NE, BREMERTON, WA ZIP + 4 P98311 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)? See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ d Did the organization neceive any payments for indoor tanning services during the year? 44b					
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 List the states with which a copy of this return is filled 42 a The organization's books are in care of MARJORIE ROWLAND Located at Mary 5756 OGLE RD NE, BREMERTON, WA ZIP+4 Mary 198311 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()? See the instructions for exceptions and filling 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 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization perate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? c Did the organization receive any payments for indoor tanning services during the year? d 44c 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 45 a 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	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed Loated at		40c reimbursed by the organization			ŀ
List the states with which a copy of this return is filled Located at \$\begin{array}{cccccccccccccccccccccccccccccccccccc	9				
42 a The organization's books are in care of Located at \$\inspecifies 9756 OGLE RD NE, BREMERTON, WA ZIP + 4 \$\ 98311\$ 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)? 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? 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 44a Did the organization nave a controlled entity within the meaning of section 512(b)(13)? 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)? F"Yes," Form 990 and Schedule R may need to be completed instead of		transaction? If "Yes," complete Form 8886-T	40e		X
Located at \$ 9756 OGLE RD NE, BREMERTON, WA 2IP + 4 98311 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)? 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? 22	41	List the states with which a copy of this return is filed			
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 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No United the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44c	42 a	The organization's books are in care of MARJORIE ROWLAND Telephone no. 360-6	33-7	421	
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 See the instructions for exceptions and filling 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? 42c		Located at ▶ 9756 OGLE RD NE, BREMERTON, WA ZIP+4 ▶ 98311			
If "Yes," enter the name of the foreign country 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 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? 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 44d 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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	b		7	Yes	No
See the instructions for exceptions and filling 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? 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 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Form 990 and Schedule R may need to be completed instead of			42b		X
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 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? 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 44d 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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					
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 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? 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 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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					
If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 143 Yes No 144 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 15 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 15 Did the organization receive any payments for indoor tanning services during the year? 16 If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 16 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			40		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 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 5 Did the organization receive any payments for indoor tanning services during the year? 6 If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 6 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	С		42c		X
and enter the amount of tax-exempt interest received or accrued during the tax year Yes No	40				
At a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 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. c Did the organization receive any payments for indoor tanning services during the year? 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. 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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	43				
A44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? 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 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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		and enter the amount of tax-exempt interest received or accrued during the tax year		Vac	No
completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? 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 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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	44 -	Did the appropriation are intelligence and should found a during the upper If "Von " Form 000 must be		162	140
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. c Did the organization receive any payments for indoor tanning services during the year? 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. 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 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	44 a		442		v
c Did the organization receive any payments for indoor tanning services during the year? 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 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 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	b		444		X.
c Did the organization receive any payments for indoor tanning services during the year? 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 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 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	D		44h		v
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	C				
explanation in Schedule O 44d 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 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			770		Α
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 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	u		44d		
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	45 a				x
meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of					42
	_				
			45b		х

Print/Type preparer's name Preparer's signature Date PTIN Check Paid self-employed CLARKE WHITNEY CPA CLARKE WHITNEY CPA 08-05-2020 XXXXXXXX Preparer Firm's EIN CLARKE WHITNEY CPA INC Use Only Firm's address 19083 Front St Suite 2 Poulsbo WA 98370 360-779-4644 May the IRS discuss this return with the preparer shown above? See instructions No Kitsap Maritime Heritage Foundation 9756 Ogle Rd NE Bremerton, WA. 98311 Tel 360.633.7421 Kitsapmaritime.org

Facebook, Instagram, Twitter, YouTube Kitsap Maritime Heritage Foundation

Subj: Lodging Tax Grant



Kitsap Maritime Heritage Foundation is a nonprofit 501.C.3 organization founded in March 2012 Our mission is to celebrate our region's artistic, cultural and historical maritime heritage through exhibition, education, and helping people of all ages and abilities to have a hands on nautical experience.

After utilizing a "borrowed" sailing vessel for 2 years as a floating classroom and tourist sailing adventure, the vessel was returned to the owner. In 2014 the Fiddlers Dream schooner was donated to Kitsap Maritime Heritage Foundation to be used like the previous vessel. Unfortunately it had set in a marina for 3 years with no use or maintenance. The vessel had to be restored and Kitsap Maritime has been doing that since then as funds become available. We have a devoted volunteer base as well as an experienced Shipwright to lead us through the restoration.

Restoring this vessel started in 2014 and is ongoing. To date we have completed: hull restoration, lead ballast installation, subdeck replacement, deck replacement, cabin chart room restoration, steering replacement, engine rebuild and installation, fuel tank installation and bunk installation. In progress we are constructing the galley, installing sea water system, installing exhaust installation and mast/rigging preparation for installation. In the future the masts and rigging will be installed, sails will be installed, the water tanks and plumbing will be installed, the electrical completed, the navionics installed, safety equipment installed and Coast Guard Inspections complete to certify the vessel for passengers. Coast Guard inspections are ongoing now. With adequate funding our projected completion to become operational is August 2021.

Kitsap Maritime has used and will use a floating classroom to provide an educational program to primary grade students of Kitsap County and other Puget Sound schools and organizations. The program includes history, STEM, marine biology, navigation and charting stations. Once restored, a petition will be submitted to make Fiddlers Dream the Official Tall Ship of Kitsap County.

Kitsap Maritime will attend local festivals and events to promote the maritime heritage of Kitsap County where people of all ages and abilities can have a hands on nautical experience.



A student learns about charting at a learning station about the Fiddler's Dream schooner.

The vessel is currently named Fiddlers Dream but we are going to change it to "The Kitsap" to better represent the community it will serve. This is planned for August 2021 and will have the descendants of Chief Kitsap and Suquamish tribe members. We have contacted the Suquamish tribe and have their approval to rename the vessel. With the completion of the vessel and the renaming this will be an opportunity for tourists to sail a replica of 1932 John Alden design schooner. Hotels and tourist agencies will be given marketing pamphlets to advertise this adventure. Kitsap County will be able to advertise this vessel as something "To Do" in Kitsap County. Marketing will be in local newspapers as well as social media. The renaming ceremony will be the "Kick-Off" for this tourist opportunity and will be an event that will include descendants of Chief Kitsap. Performance Indicators will be in the amount of tourists that utilize this vessel and in the amount of social media lookups.

Once restored and renamed, fundraising will continue to provide ongoing support for regular maintenance of the vessel and to support programming. Fees for students will be charged to assist with funding for the education programs, and fees will be charged for tours and sailing excursions. There are also naming opportunities for a fee of the deck pieces and other structures on the vessel.

Not only will Kitsap Maritime Heritage Foundation provide education (floating classroom and learning stations), social services (programs for at risk students, senior citizens and people with disabilities), culture and the arts (platform for concerts and photography classes), environment (education on marine biology and preserving our waterways), historic preservation (history on Tall Ships and the way of life during this era), and youth programs (partnerships with local schools for students), but also it will provide a tourist attraction for the area.

To further the impact of this program, Kitsap Maritime Heritage Foundation has collaborations with the following organizations: Grays Harbor Historical Society, Foss Waterway Seaport, Port of Brownsville, Central Kitsap School District, Brownsville Yacht Club.

Please consider Kitsap Maritime Heritage Foundation in this grant opportunity to become the tourist attraction it has the potential to be.



This is a picture of Fiddlers Dream prior to down rigging and stowing all removable parts.

North American Specialty Insurance Company 1200 Main St. Suite 800 Kansas City, MO 64105 800-255-6931
 Policy Number
 From
 To

 58M1000040-07
 9/30/2019
 - 9/30/2020

 12:01 A.M. Standard Time at the Address of the Insured assigned here

Hull Builder's Risk

Named Insured and Mailing Address	Insured Representative
Kitsap Maritime Heritage	Allen Insurance and Financial
9756 Ogle Rd	34-36 Elm Street
Bremerton, WA 98311	Camden, ME 04843
Business Description: Boat Builders - 2007 48' SF Dun	das

COMMON POLICY DECLARATIONS

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

Walter To	Coverage Part Description	Premium
	American Institute Builder's Risk Clauses (1979) Limit: \$60,000	\$1,550
	Deductible: \$1,000	
	Protection and Indemnity	\$250
	Limit: \$300,000	
	Deductible(s): \$0 - Bodily Injury / \$1,000 - All Other	

Policy Premium \$1,800
TRIPRA Premium: \$0

Total Policy Premium: \$1,800

Taxes, Fees and/or Surcharges: \$0.00

Forms and Endorsements applicable to all Coverage Parts:					
Number	Edition	Name			
NAS-BRP1-DEC	01 15	Hull Builder's Risk Common Policy Declarations			
13L	02 79	American Institute Builders Risk Clauses			
NAS-BRP-001	09 12	Addendum To the American Institute Builders Risk Clauses			
NAS-CVP-019	12 09	Extended Radioactive Contamination Exclusion			
NAS-PVP-012	03 10	Absolute Pollution Exclusion			
SP 38	-	Protection & Indemnity Clauses			
NAS-TERR-007	01 15	Cap on Losses from Certified Acts of Terrorism			
NAS-TERR-0090	01 15	Exclusion of Certified Acts of Terrorism			
NAS-TERR-0150	01 15	Exclusion of Other than Certified acts of Terrorism			
SP 3 881	03 07	Signature Page			
SP 5 694	10 12	International Trade Or Economic Sanctions			

These declarations are part of the Policy Declarations containing the named insured and the policy period.

Authorized Representative:

Will be renewed in October for next year majorie Rowland

Producer Code: 06014-00 Maritime Program Group, Inc.

1117 Elm Street

NAS-BRP1-DEC (01/15)



Lodging Tax Request: Organization/Event Description

Final length may not exceed two pages

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

Name of Organization: Kitsap Maritime	<u>e Her</u> itage Foundation
Size of staff and board:	Size of Volunteer Base:
5	12
Geographic Area Served:	Demographic Served:
Kitsap County	Adults and children of all ages and abilities

Type of Service Provided: Floating classroom for children and tourist attraction for tours, festivals and sailing excursions.

Description of Proposed Project:

Kitsap Maritime has been restoring a 2 masted schooner to become a floating classroom and a tourist attraction, as well as a venue for cultural events. The project is approximately 60% complete and with the funding required should complete in August 2021. The vessel is currently named Fiddlers Dream but we are going to change it to "The Kitsap". We have contacted the Suquamish tribe and have their approval to rename the vessel. With the completion of the vessel and the renaming this will be an opportunity for tourists to sail a replica of 1932 John Alden design schooner. Hotels and tourist agencies will be given marketing pamphlets to advertise this adventure. Kitsap County will be able to advertise this vessel as something "To Do" in Kitsap County. Marketing will be in local newspapers as well as social media. The renaming ceremony will be the "Kick-Off" for this tourist opportunity and will be an event that will include descendants of Chief Kitsap. Performance Indicators will be in the amount of tourists that utilize this vessel and in the amount of social media lookups.

History of Organization/Event:

Kitsap Maritime Heritage Foundation was established June 2012. It is a 501C 3 non-profit organization with a board. At this time there are 5 board members. After utilizing a "borrowed" sailing vessel for 2 years as a floating classroom and tourist sailing adventure, the vessel was returned to the owner. In 2014 the Fiddlers Dream schooner was donated to Kitsap Maritime Heritage Foundation to be used like the previous vessel. Unfortunately it had set in a marina for 3 years with no use or maintenance. The vessel had to be restored and Kitsap Maritime has been doing that since then as funds become available. We have a devoted volunteer base as well as an experienced Shipwright to lead us through the restoration.

Scope of Work:

Restoring this vessel started in 2014 and is ongoing. To date we have completed: hull restoration, lead ballast installation, subdeck replacement, deck replacement, cabin chart room restoration, steering replacement, engine rebuild and installation, fuel tank installation and bunk installation. In progress we are constructing the galley, installing sea water system, installing exhaust installation and mast/rigging preparation for installation. In the future the masts and rigging will be installed, sails will

be installed, the water tanks and plumbing will be installed, the electrical completed, the navionics installed, safety equipment installed and Coast Guard Inspections complete to certify the vessel for passengers. Coast Guard inspections are ongoing now. With adequate funding our projected completion to become operational is August 2021.

As part of this process Kitsap Maritime will be renaming the vessel "The Kitsap" to better represent the community it will serve. This is planned for August 2021 and will have the descendants of Chief Kitsap and Suquamish tribe members. The Suquamish tribe has approved this name change.

Once in operation Kitsap Maritime Heritage Foundation will petition Kitsap County Commissioners to designate this vessel as the Official Tall Ship of Kitsap County.

Project Timeline:

Galley Installation	10/2020
Electrical Installation	12/2020
Navionics Installation	03/2021
Mast Preparation and Rigging Installation	01/2021
Tanks and Plumbing	04/2021
Repair and Install Sails	03/2021
Safety Equipment Installation	05/2021
USCG Coast Guard Certification and Testing	07/2021
Marketing and Renaming Event	08/2021