

**TOURISM PROMOTION PROGRAM • APPLICATION FOR FUNDING**

APPLICANT INFORMATION

TYPE OF PROPOSAL

SUBMISSION REQUIREMENTS

Project Title: Wayzgoose Kitsap Arts FestivalProject Dates: Beginning: 09/04/2021 Ending: 09/05/2021Name of Organization Wayzgoose Kitsap Web Site www.wayzgoosekitsap.comMailing Address: P.O. Box 1317, Bremerton, WA 98337Contact Person: Hadley Cook-Dryden E-Mail: hadlink4ever@gmail.com Phone: 253-514-9006Amount Requested: \$ 8,000 Total Project Cost: \$ 51,700Portion of Total Project Cost Requested: 6.5 (%)Signature of Authorized Representative  **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](mailto:vmartin@co.kitsap.wa.us)

# Wayzgoose Kitsap

## BUDGET OVERVIEW: FY 2020 BUDGET - FY20 P&L

January - December 2020

	TOTAL
Income	
Contributed Revenue	47,500.00
Earned Income	10,500.00
<b>Total Income</b>	<b>\$58,000.00</b>
GROSS PROFIT	\$58,000.00
Expenses	
Development Expenses	300.00
Office Expenses	600.00
Operational Expenses	2,800.00
PayPal Fees	300.00
Personnel Expenses	300.00
Professional Services	24,410.00
WG Festival Expenses	
Artist Supplies & Materials	6,540.00
Event Insurance	600.00
Event Professional Services	4,500.00
Facility Usage/Permit Fee	100.00
Festival Clean Up	100.00
Festival Supplies	1,500.00
Merchandise	1,500.00
Vendor Management	300.00
Volunteer Management	750.00
WG Marketing	
Advertising	
Banners	600.00
Chalk Artwork	800.00
Facebook Ads	100.00
Kitsap Sun Ads	1,000.00
Rack Cards	1,400.00
SeeFilm Commercial	1,450.00
<b>Total Advertising</b>	<b>5,350.00</b>
Community Events	350.00
Featured Artist for Posters	300.00
Letterpress Posters	500.00
Post Card	300.00
Posters	150.00
Yard Signs	150.00
<b>Total WG Marketing</b>	<b>7,100.00</b>
<b>Total WG Festival Expenses</b>	<b>22,990.00</b>
<b>Total Expenses</b>	<b>\$51,700.00</b>
NET OPERATING INCOME	\$6,300.00
NET INCOME	\$6,300.00

# Wayzgoose Kitsap

BUDGET OVERVIEW: FY 2020 BUDGET - FY20 P&L

January - December 2020

Washington State Department of Revenue

Services Business Lookup WAYZGOOSE KITSAP

License Information:

[New search](#) [Back to results](#)

**Entity name:** WAYZGOOSE KITSAP

**Business name:** WAYZGOOSE KITSAP

**Entity type:** [Nonprofit Corporation](#)

**UBI #:** 604-213-276

**Business ID:** 001

**Location ID:** 0001

**Location:** Active

**Location address:** 904 HIGHLAND AVE  
BREMERTON WA 98337-1825

**Mailing address:** 904 HIGHLAND AVE  
BREMERTON WA 98337-1825

**Excise tax and reseller permit status:** [Click here](#)

**Secretary of State status:** [Click here](#)

**Governing People** *May include governing people not registered with Secretary of State*

<a href="#">Governing people</a>	<a href="#">Title</a>
BOCKELIE, MARIT	
TAPIA, TERRA	

**Registered Trade Names**

<a href="#">Registered trade names</a>	<a href="#">Status</a>	<a href="#">First issued</a>
KITSAP WAYZGOOSE	Active	Mar-01-2018

The Business Lookup information is updated nightly. Search date and time: 8/13/2020 11:02:31 AM

*Working together to fund Washington's future*



**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](http://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>B</b> Check if applicable: <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 checked="" type="checkbox"/> Application pending	<b>C</b> Name of organization WAYZGOOSE KITSAP		<b>D</b> Employer identification number 82-4144657
	Number and street (or P.O. box if mail is not delivered to street address) 602 PACIFIC AVE STE 1317	Room/suite	<b>E</b> Telephone number (360) 620-8967
	City or town, state or province, country, and ZIP or foreign postal code BREMERTON, WA 98337		<b>F</b> Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

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

**I** Website: ▶ N/A

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

**K** Form of organization:  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. ▶ \$ 61,633.

**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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	46,886.
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	14,747.
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</b> Gross income from fundraising events (not including \$ 1,157. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>		
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	61,633.	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	27,614.
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	1,212.
	<b>16</b> Other expenses (describe in Schedule O) See Line 16. Stmt	<b>16</b>	26,558.
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	55,384.	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9)	<b>18</b>	6,249.
	<b>19</b> 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)	<b>19</b>	2,384.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	8,633.

**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
<b>22</b> Cash, savings, and investments . . . . .	2,384.	<b>22</b> 8,633.
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25</b> Total assets . . . . .	2,384.	<b>25</b> 8,633.
<b>26</b> Total liabilities (describe in Schedule O) . . . . .		<b>26</b>
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	2,384.	<b>27</b> 8,633.

**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 Part III Stmt

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.)

<b>28</b> ARTS FESTIVAL ..... ..... (Grants \$ 39,296. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	25,704.
<b>29</b> ..... ..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> ..... ..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) ..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a) . . . . .	<b>32</b>	25,704.

**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
MARIT BOCKELIE PREISDENT	5.00	0.	0.	0.
TERRA TAPIA VICE PRESIDENT	1.00	0.	0.	0.
JEREMIAH HOLCOMB TREASURER	1.00	0.	0.	0.
DELILA KATZKA SECRETARY	1.00	0.	0.	0.
BRIANNA COOLBAUGH DIRECTOR	1.00	0.	0.	0.
LYNDA SHERMAN 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

		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		
35b			
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
35c			
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		
37b	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		
38b			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
39a			
b	Gross receipts, included on line 9, for public use of club facilities		
39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
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		X
40b			
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		X
40e			
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of MARIT BOCKELIE Telephone no. (360) 830-6233 Located at 423 PACIFIC AVE, BREMERTON WA ZIP + 4 98337		
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 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
42b			X
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
42c			
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		<input type="checkbox"/>
43			
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
44a			
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
44b			
c	Did the organization receive any payments for indoor tanning services during the year?		X
44c			
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			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45a			
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
45b			

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

Table with 5 columns: (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. Row 1 contains '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 contains '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: MARIT BOCKELIE, DIRECTOR Date: Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: Jonee Dubos Preparer's signature: Jonee Dubos Date: Check [ ] if self-employed PTIN: P00378351 Firm's name: JD and ASSOCIATES INC Firm's EIN: 20-0416403 Firm's address: 3331 Kitsap Way, Suite C, Bremerton, WA 98312 Phone no.: (360) 782-1212

May the IRS discuss this return with the preparer shown above? See instructions . . . . . [X] Yes [ ] No





## **Description of Proposed Project**

As an organization centered in Kitsap County, Wayzgoose Kitsap focuses on three levels of marketing efforts in order to promote our festival, including local community support, extended programming and engaging with industry leaders. On the local level we utilized the local arts scene and artmaking champions in Kitsap County. Wayzgoose is committed to collaborating and aligning our festival with the Blackberry festival over Labor Day weekend. Furthermore, we draw tourism by hosting a conference all about printmaking. Further plans include extending this to a weeklong conference. Fostering relationships with global industry leaders such as Ladies of Letterpress, which will draw in artists from all over the world, is a high priority. As well Wayzgoose is a leader in creating a strong community of artists, not just in Kitsap County, but in Washington State. Artists and vendors from across the state will not only enrich our festival but drive attendance to Kitsap County for the weekend of the festival.

Wayzgoose Kitsap has a strong online marketing presence as well as being committed to involvement with community events throughout the year, such as Bridging Bremerton, Art Walks and Farm Funk. We have partnered with local establishments to host "carve" parties in the months leading up to the festival to support the artists as well as local businesses. We aim to extend this involvement to include the Port Orchard Night Market and businesses around Kitsap County. We will continue our partnership with the Washington State Ferries with rack cards and a digital commercial and Kitsap Sun for advertising leading up the event.

Wayzgoose Kitsap is committed to be an inclusive organization and providing access to anyone interested in printmaking or the arts. Our festival is free and open to the public to aid this commitment. Not only are steamrollers at the heart of the festival in the streets of downtown Bremerton they are a huge draw for crowds of all ages. Our commitment includes activities for all ages, including a fun and interactive kids crafts table, where parents could take their kids to "get inky" and experience the fun of making art in their own way.