

# TOURISM PROMOTION PROGRAM • APPLICATION FOR FUNDING

TYPE OF PROPOSAL APPLICANT INFORMATION

**Project Title:** Tourism Infrastructure & Marketing Projects: Visitor Information Center, Heartbeat of Kitsap-Come Play and Stay Campaign, Hotel Concierge Program, Rediscover Kitsap, Business Tourism Expo's, Car Cruise, Taste of Kitsap Tourism Videos, KIOSK, Digital Signage, Podcasts, Uplift Kitsap Kitsap Video Series

**Project Dates:** Beginning: January 1, 2021 Ending: December 31, 2021

**Name of Organization:** Silverdale Chamber of Commerce & Visitor Information Center

**Web Site:** www.silverdalechamber.com

**Mailing Address:** PO Box 1218 Silverdale WA 98383

**Contact Person:** Kathleen Gordon E-Mail: Kathleen@silverdalechamber.com Phone: 360-689-0292

**Amount Requested:** \$143,874.00

**Total Project Cost:** \$480,547

**Portion of Total Project Cost Requested:** 30% (%)

**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)

SUBMISSION REQUIREMENTS



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
<b>Silverdale Chamber Tourism &amp; VIC Income</b>													
Member Dues & Support/Chamb Adv.	8331	8331	8331	8331	8331	8331	8331	8331	8331	8331	8331	8331	99972
Events/Meetings	12400	12400	12400	12400	12400	12400	12400	12400	12400	12400	12400	12400	148800
Tourism Marketing	3100	5650	8550	7700	10700	8100	9100	10850	10600	9100	10600	9100	103150
Lodging Tax	24846	0	0	34680	0	34680	0	34680	0	34680	0	0	128886
<b>Total Income</b>	<b>48677</b>	<b>26381</b>	<b>29281</b>	<b>63111</b>	<b>31431</b>	<b>28831</b>	<b>64511</b>	<b>31581</b>	<b>31331</b>	<b>64511</b>	<b>31331</b>	<b>29831</b>	<b>480808</b>
<b>Expense</b>													
Membership Marketing	250	250	250	250	250	250	250	250	250	250	250	250	3000
Events/Meetings	5605	5605	5605	5605	5605	5605	5605	5605	5605	5605	5605	5605	67260
<b>Tourism Marketing</b>	<b>17725</b>	<b>7763</b>	<b>12677</b>	<b>14791</b>	<b>13725</b>	<b>10775</b>	<b>17250</b>	<b>11187</b>	<b>11500</b>	<b>13625</b>	<b>23000</b>	<b>8625</b>	<b>162643</b>
Payroll	16953	16953	16953	16953	16953	16953	16953	16953	16953	16953	16953	16953	203436
Rent/Phone/Util	2331	2331	2331	2331	2331	2331	2331	2331	2331	2331	2331	2331	27972
Website	499	499	499	499	499	499	499	499	499	499	499	499	5988
Office Sup. Equip. Maint. Dues	679	679	679	679	679	679	679	679	679	679	679	679	8148
Postage	100	100	100	100	1000	100	100	100	100	100	100	100	2100
<b>Total Expense VIC &amp; Tourism Projects</b>	<b>44142</b>	<b>34180</b>	<b>39094</b>	<b>41208</b>	<b>41042</b>	<b>37192</b>	<b>43667</b>	<b>37604</b>	<b>37917</b>	<b>40042</b>	<b>49417</b>	<b>35042</b>	<b>480547</b>
<b>Requested Funds for VIC Support</b>													
Rent/Phone/Util	610	610	610	610	610	610	610	610	610	610	610	610	7320
Postage	33	33	33	33	330	165	33	33	99	99	99	99	1089
Office Supplies/Maintenance	170	170	170	170	170	170	170	170	170	170	170	170	2040
Website	166	166	167	166	166	167	166	167	166	167	166	166	1996
VIC Employee	2600	2600	2600	2600	2600	2600	2600	2600	2600	2600	2600	2600	31200
weekend	485	485	485	486	486	485	486	485	485	486	485	485	5824
<b>Request for Lodging Tax VIC</b>	<b>4064</b>	<b>4064</b>	<b>4065</b>	<b>4065</b>	<b>4362</b>	<b>4197</b>	<b>4065</b>	<b>4065</b>	<b>4130</b>	<b>4132</b>	<b>4130</b>	<b>4130</b>	<b>49469</b>
<b>Tourism Marketing Programs</b>													
Income	0	1350	1750	2800	3250	0	0	0	0	0	0	0	9750
Rediscover Kitsap Staycation Top 5, WTMMap	0	1350	1750	2800	3250	0	0	0	0	0	0	0	9750
Destination Guide	2800	2800	2800	2800	2800	2800	2800	2800	2800	2800	2800	2800	33600
Video/KIOSK	0	600	3700	1800	850	0	1500	2750	1000	0	0	0	12200
Expo/Car Cruise Marketing	300	300	300	300	300	300	300	300	300	300	300	300	3600
Podcasts	300	300	300	300	300	300	300	300	300	300	300	300	3600
<b>Totals</b>	<b>3100</b>	<b>5650</b>	<b>8550</b>	<b>7700</b>	<b>10700</b>	<b>8100</b>	<b>9100</b>	<b>10850</b>	<b>10600</b>	<b>9100</b>	<b>10600</b>	<b>9100</b>	<b>103150</b>
<b>EXPENSES Welcome Bags/Top 5/WTM/Printing/Dearner</b>													
Concierge Service (Key Chains & Supplies)			1689	1000	1500	900							5089
Destination Guide Printing, writer, media kits photo, designer			516	200	500	1500	1500						716
DG, WTM Commissions	1875	2513	3238	3025	3775	3125	3000	3437	3750	3375	3750	3375	17500
small lease for Kiosk & projector	750	750	750	750	750	750	750	750	750	750	750	750	9000
Kiosk	150	150	150	150	150	150	150	150	150	150	150	150	1800
Remote Concierge Kitsap Video Series	10600			5000	5000	5000	5000						25600
Expo-s-Car Cruise-Taste of Kitsap-marketing	0		2500	0	2500	0	2500	2500	2500	2500	2500	2500	12500
Podcasts-Studio & Talk Host	2500	2500	2500	2500	2500	2500	2500	2500	2500	2500	2500	2500	30000
Site & website editing	550	550	550	550	550	550	550	550	550	550	550	550	6600
Advertising	200	200	200	200	200	200	200	200	200	200	200	200	2400
Marketing personal/Marketing expense	1100	1100	1100	1100	1100	1100	1100	1100	1100	1100	1100	1100	13200
<b>Total Expenses for Projects</b>	<b>17725</b>	<b>7763</b>	<b>12677</b>	<b>14791</b>	<b>13725</b>	<b>10775</b>	<b>17250</b>	<b>11187</b>	<b>11500</b>	<b>13625</b>	<b>23000</b>	<b>8625</b>	<b>162643</b>
Costs-WTM, DG, Expos, Kiosk, Video, Podcast, Ads	162643				68238	58% of Project							94405
Cost to run SCOC Visitor Information Center	49469				431078	11% of Project							49469
<b>Seed Money for Kiosk &amp; Video Series</b>													
						30% of Projects							
<b>Total Request for 2020 Lodging Tax</b>													<b>143874</b>



231315  
FILE NUMBER

DOMESTIC



STATE OF WASHINGTON | DEPARTMENT OF STATE

I, **A. LUDLOW KRAMER**, Secretary of State of the State of Washington and custodian of its seal, hereby certify that

ARTICLES OF INCORPORATION

of CENTRAL KITSAP CHAMBER OF COMMERCE  
a domestic corporation of Silverdale, Washington,

was filed for record in this office on this date, and I further certify that such Articles remain on file in this office.

Filed at request of .....  
J. Michael Koch, Atty. ....  
P.O. Box 368 .....  
Silverdale, Wa 98383 .....  
NON-PROFIT .....

Filing and recording fee ... \$ 20.00

License to June 30, 19..... \$ .....

..... Excess pages @ 25¢ \$ .....

Microfilmed, Roll No. ....

Page .....

In witness whereof I have signed and have affixed the seal of the State of Washington to this certificate at Olympia, the State Capitol,

July 31, 1973

A. LUDLOW KRAMER  
SECRETARY OF STATE

1271  
283  
-286



FILED

JUL 31 1973

A. LUDLOW KRAMER  
SECRETARY OF STATE

ARTICLES OF INCORPORATION  
of the  
CENTRAL KITSAP CHAMBER OF COMMERCE

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We, the undersigned persons, acting as the incorporators of a corporation under the provisions of the Washington Nonprofit Corporation Act (Revised Code of Washington 24.03), adopt the following articles of incorporation for such corporation:

Article One

The name of the corporation shall be the CENTRAL KITSAP CHAMBER OF COMMERCE.

Article Two

The period of duration of the corporation shall be perpetual.

Article Three

The object of the CENTRAL KITSAP CHAMBER OF COMMERCE is to advance the economic, commercial, professional, military, industrial, educational, civic and cultural welfare of the Central Kitsap Area.

Article Four

The name and address of the initial registered agent of the corporation shall be

Glen A. Gordon, M.D.  
P.O. Box 338  
Highway 3  
Silverdale, Washington 98383

Article Five

The number of directors constituting the initial board of directors of the corporation shall be eleven (11) directors. The names and addresses of the persons who are to serve as the initial directors of the corporation are as follows:

<u>Name</u>	<u>Address</u>
Paul Goheen	P.O. Box 156, Silverdale, Wa. 98383
Glen A. Gordon, M.D.	P.O. Box 338, Silverdale, Wa. 98383
Larry Johnson	Rt. 4, Box 2235, Bremerton, Wa. 98310
Don Lewis	P.O. Box 698, Silverdale, Wa. 98383
Paul Linder	P.O. Box 223, Silverdale, Wa. 98383
Gerry Lyon	P.O. Box 1, Silverdale, Wa. 98383
Cmdr. R. D. Melim	NTS, Keyport, Wa. 98345
Pete Ross	10907 Hiway 3, Bremerton, Wa. 98310
Ron Ross	Rt. 3, Box 372, Poulsbo, Wa. 98370
Rick Smith	P.O. Box 68, Silverdale, Wa. 98383
Pat Tucker	10922 Hiway 3, Bremerton, Wa. 98310

Article Six

The names and addresses of the incorporators of the corporation are as follows:

<u>Name</u>	<u>Address</u>
Glen A. Gordon, M.D.	P.O. Box 338, Silverdale, Wa. 98383
J. Michael Koch	P.O. Box 368, Silverdale, Wa. 98383





JUL 09 2015

Page 1 of 1



SOS

Office of the Secretary of State  
Corporations & Charities Division

FILED  
SECRETARY OF STATE  
JULY 1, 2015  
STATE OF WASHINGTON

This Box For Office Use Only

06/18/15 2936512-001  
\$20.00 K  
tid: 3019908

07/01/15 2946406-001  
\$0.00 D  
tid: 3019908

**Washington Nonprofit Corporation**  
See attached detailed instructions

- Standard Filing Fee \$20.00
- Filing Fee with Expedited Service \$70.00

UBI Number: 600138947

### ARTICLES OF AMENDMENT

Chapter 24.03 RCW

#### SECTION 1

**NAME OF CORPORATION:** (as currently recorded with the Office of the Secretary of State)  
Silverdale Chamber of Commerce

#### SECTION 2

**ARTICLES OF AMENDMENT WERE ADOPTED BY:** (please check and complete one of the following)

- The amendment was adopted by a meeting of members held: (Date) May 27, 2015  
A quorum was present at the meeting and the amendment received at least two-thirds of the votes which members present or represented by proxy were entitled to cast.
- The amendment was adopted by a consent in writing and signed by all members entitled to vote.
- There are no members that have voting rights. The amendment received a majority vote of the directors at a board meeting held: (Date) \_\_\_\_\_

#### SECTION 3

**AMENDMENTS TO ARTICLES ON FILE:** (if necessary, attach additional information)  
the addition of a new section to the Articles of Incorporation which reads as follows: please see attached documentation

#### SECTION 4

**EFFECTIVE DATE OF ARTICLES OF AMENDMENT:** (please check one of the following)

- Upon filing by the Secretary of State
- Specific Date: \_\_\_\_\_ (Specified effective date must be within 30 days AFTER the Articles of Amendment have been filed by the Office of the Secretary of State)

#### SECTION 5

**SIGNATURE:** (see instructions page)

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

	Kathleen Knuckey, Exec Director	6/16/15	360-692-6800
Signature	Printed Name and Title	Date	Phone

Nonprofit Corporation - Amendment

Washington Secretary of State

Revised 07/10

**Attachment to Section 3:**

No director shall be personally liable to the corporation or its members for monetary damages for conduct as a director; PROVIDED, that this section shall not eliminate or limit the liability of a director for acts or omissions that involve intentional misconduct by a director or a knowing violation of law by a director, or for any transaction from which the director will personally receive a benefit in money, property, or services to which the director is not legally entitled, as provided in RCW 24.03.025.



Return of Organization Exempt From Income Tax 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/Form990 for instructions and the latest information.

Open to Public Inspection

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

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Silverdale Chamber of Commerce, PO Box 1218, Silverdale, WA 98383. D Employer identification number 91-0911216. E Telephone number (360) 692-6800. G Gross receipts \$ 279,713. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: 501(c)(3) [X] 501(c) ( 6 ) (insert no.) 4947(a)(1) or 527. J Website: www.silverdalechamber.com. K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other. L Year of formation: 1973. M State of legal domicile: WA.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission or most significant activities: Promoting Silverdale area business community. 2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 14. 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0. 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 5. 6 Total number of volunteers (estimate if necessary) 6 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 34,809. 7b Net unrelated business taxable income from Form 990-T, line 39 7b 0. 8 Contributions and grants (Part VIII, line 1h) 137,501. 141,587. 9 Program service revenue (Part VIII, line 2g) 6. 13. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 71,648. 93,175. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 209,155. 234,775. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 123,230. 150,957. 16a Professional fundraising fees (Part IX, column (A), line 11e) 12,376. 3,326. 16b Total fundraising expenses (Part IX, column (D), line 25) 6,713. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 61,109. 91,442. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 196,715. 245,725. 19 Revenue less expenses. Subtract line 18 from line 12 12,440. -10,950. 20 Total assets (Part X, line 16) Beginning of Current Year 99,981. End of Year 101,588. 21 Total liabilities (Part X, line 26) 2,285. 14,842. 22 Net assets or fund balances. Subtract line 21 from line 20 97,696. 86,746.

Part II Signature Block

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 Kathleen Gordon, Date Executive Director.

Paid Preparer Use Only: Print/Type preparer's name Johnnie L Hawkins CPA, Preparer's signature [Signature], Date 7/5/20, Check self-employed [ ] if PTIN P00544650, Firm's name Parker Mooers & Cena PS, CPA's, Firm's address 9222 Bay Shore Dr NW Ste 150 Silverdale, WA 98383, Firm's EIN 91-1702384, Phone no. (360) 692-8808.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

Promoting Silverdale area business community

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 23,039. including grants of \$ ) (Revenue \$ )

Provide services for members by representation at community events and promoting Silverdale area.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 23,039.



**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
4 <b>Section 501(c)(3) organizations.</b> 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.		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	X	
b Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.		X
c Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.		X



**Part IV Checklist of Required Schedules (continued)**

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.		X
b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 'Yes,' complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		



**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . . 2a		
			5
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . 3a	X	
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O . . . . . 3b	X	
4a	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)? . . . . . 4a		X
b	If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . 5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . . 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . 6a	X	
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . 6b		X
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . 7a		
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . 7c		
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . . 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . 7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . 7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . 8		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . . 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . . 9b		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . 10b		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders. . . . . 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . 11b		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . . 12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . . 12b		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. . . . . 13b		
c	Enter the amount of reserves on hand . . . . . 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . . 14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O . . . . . 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . 15		X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . 16		X
If 'Yes,' complete Form 4720, Schedule O.			



**Part VI Governance, Management, and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1 a	14	
b Enter the number of voting members included on line 1a, above, who are independent.	1 b		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8 a		X
b Each committee with authority to act on behalf of the governing body?	8 b		X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O.	9		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	10 a	X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b	
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	12 a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done.	12 c	
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official.	15 a	X
b Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	15 b	X
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b	

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ None
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶  
 Kathleen Gordon 3100 Bucklin Hill Rd Suite 100 Silverdale WA 98383 (360) 692-6800



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) Kathleen Gordon Executive Direc	40 0			X			63,600.	0.	0.
(2) Connie Weisel Director	0 0	X					0.	0.	0.
(3) Ken Sethney Director	0 0	X					0.	0.	0.
(4) Erin Sorensen Director	0 0	X					0.	0.	0.
(5) Steven Boe Director	0 0	X					0.	0.	0.
(6) Rick Soper Director	0 0	X					0.	0.	0.
(7) Jeff Reed Director	0 0	X					0.	0.	0.
(8) Jason Wright Chairman Elect	0 0	X					0.	0.	0.
(9) Rosie Apalisok Director	0 0	X					0.	0.	0.
(10) Marcy Richards Outgoing Chair	0 0			X			0.	0.	0.
(11) Joel Baxter Treasurer	0 0			X			0.	0.	0.
(12) Barry Doll Treasurer	0 0			X			0.	0.	0.
(13) Micki Peak Secretary	0 0			X			0.	0.	0.
(14) Kristal Baker Chairman	0 0			X			0.	0.	0.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									
<b>1 b Subtotal</b> .....						63,600.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....						0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....						63,600.	0.	0.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

	Yes	No
<b>3</b> Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b 108,912.				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 32,675.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f				
	g Noncash contributions included in lines 1a-1f	1 g				
	<b>h Total.</b> Add lines 1a-1f		141,587.			
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
<b>g Total.</b> Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		13.	13.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		6 a				
		b Less: rental expenses	6 b			
	c Rental income or (loss)	6 c				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7 a				
		b Less: cost or other basis and sales expenses	7 b			
	c Gain or (loss)	7 c				
d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8 a	103,304.				
b Less: direct expenses	8 b	44,938.				
c Net income or (loss) from fundraising events		58,366.			58,366.	
9 a Gross income from gaming activities. See Part IV, line 19	9 a					
b Less: direct expenses	9 b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10 a					
b Less: cost of goods sold	10 b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
	11 a Visitors Guide & Adv.		33,839.	33,839.		
	b Advertising		970.	970.		
	c					
	d All other revenue					
<b>e Total.</b> Add lines 11a-11d		34,809.				
<b>12 Total revenue.</b> See instructions		234,775.	13.	34,809.	58,366.	



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	63,600.	0.	63,600.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	73,891.	0.	73,891.	0.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	13,466.		13,466.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	3,375.		3,375.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17.	3,326.			3,326.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	17,991.		17,991.	
14 Information technology				
15 Royalties				
16 Occupancy	16,816.		16,816.	
17 Travel	1,000.		1,000.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	160.		160.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,557.		1,557.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Member Services</u>	13,139.	13,139.		
b <u>Visitors Guide</u>	9,673.	9,673.		
c <u>Miscellaneous</u>	7,975.		7,975.	
d <u>Bank Charges</u>	5,881.		5,881.	
e All other expenses	13,875.	227.	10,261.	3,387.
25 Total functional expenses. Add lines 1 through 24e.	245,725.	23,039.	215,973.	6,713.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash – non-interest-bearing	78,401.	1	72,483.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	21,580.	4	29,105.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 34,070.		
	b Less: accumulated depreciation	10b 34,070.	10c	
	11 Investments – publicly traded securities		11	
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	99,981.	16	101,588.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	2,285.	17	14,842.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	2,285.	26	14,842.
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds	97,696.	31	86,746.
32 <b>Total net assets or fund balances</b>	97,696.	32	86,746.	
33 <b>Total liabilities and net assets/fund balances</b>	99,981.	33	101,588.	



**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	234,775.
2	Total expenses (must equal Part IX, column (A), line 25)	2	245,725.
3	Revenue less expenses. Subtract line 2 from line 1	3	-10,950.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	97,696.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	86,746.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

Employer identification number

Silverdale Chamber of Commerce

91-0911216

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2 a
b Total acreage restricted by conservation easements .....	2 b
c Number of conservation easements on a certified historic structure included in (a) .....	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.**

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1 c    |
| d Additions during the year     | 1 d    |
| e Distributions during the year | 1 e    |
| f Ending balance                | 1 f    |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

**Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.**

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.**

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		34,070.	34,070.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.



**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

**Part VIII Investments – Program Related.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.** N/A

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2 a		
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d		2 e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b		4 c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** N/A

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2 a		
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d		2 e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b		4 c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.



**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

Silverdale Chamber of Commerce

Employer identification number

91-0911216

**Part I** Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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-----  
-----  
-----

**Part II Fundraising Events.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Special Events (event type)	(event type)	None (total number)	(add column (a) through column (c))	
REVENUE	1	Gross receipts	103,304.		103,304.	
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	103,304.		103,304.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	44,938.		44,938.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				44,938.
	11	Net income summary. Subtract line 10 from line 3, column (d)				58,366.

**Part III Gaming.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
					(add column (a) through column (c))	
REVENUE	1	Gross revenue				
DIRECT EXPENSES	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If 'No,' explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If 'Yes,' explain: \_\_\_\_\_



11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

Silverdale Chamber of Commerce

91-0911216

**Form 990, Part VI, Line 11b - Form 990 Review Process**

No review was or will be conducted.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

No other documents available to the public.



2019

## Federal Exempt Organization Tax Summary

Page 1

Client 19E3001

Silverdale Chamber of Commerce

91-0911216

7/05/20

11:31 AM

	2019	2018	Diff
<b>REVENUE</b>			
Contributions and grants.....	141,587	137,501	4,086
Investment income.....	13	6	7
Other revenue.....	93,175	71,648	21,527
Total revenue.....	234,775	209,155	25,620
<b>EXPENSES</b>			
Salaries, other compen., emp. benefits...	150,957	123,230	27,727
Professional fundraising expenses.....	3,326	12,376	-9,050
Other expenses.....	91,442	61,109	30,333
Total expenses.....	245,725	196,715	49,010
<b>NET ASSETS OR FUND BALANCES</b>			
Revenue less expenses.....	-10,950	12,440	-23,390
Total assets at end of year.....	101,588	99,981	1,607
Total liabilities at end of year.....	14,842	2,285	12,557
Net assets/fund balances at end of year.	86,746	97,696	-10,950

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

**2019**

For calendar year 2019 or other tax year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_,

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

A  Check box if address changed

B Exempt under section  
 501(c)(6)  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

Check box if name changed and see instructions.)

Print or Type Silverdale Chamber of Commerce  
 PO Box 1218  
 Silverdale, WA 98383

D Employer identification number (Employees' trust, see instructions.)  
 91-0911216

E Unrelated business activity code (See instructions.)  
 541800

C Book value of all assets at end of year  
 101,588.

F Group exemption number (See instructions.) ▶

G Check organization type:  501(c) corporation  501(c) trust  401(a) trust  Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ Newsletter sales and Advertising. If only one, complete Parts I–V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III–V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsubsidiary controlled group? ...  Yes  No  
 If 'Yes,' enter the name and identifying number of the parent corporation ... ▶

J The books are in care of ▶ Kathleen Gordon Telephone number ▶ (360) 692-6800

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales ...			
b	Less returns and allowances ...			
c Balance ▶		1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11	970.	
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	970.	0.
				970.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)	20	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	
21b		21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	970.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	
31	Unrelated business taxable income. Subtract line 30 from line 29	31	970.

COPY



**Part III Total Unrelated Business Taxable Income**

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).....	32	970.
33	Amounts paid for disallowed fringes.....	33	
34	Charitable contributions (see instructions for limitation rules).....	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33.....	35	970.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr.).....	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35.....	37	970.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions).....	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37.....	39	0.

**Part IV Tax Computation**

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21).....	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).....	41	
42	Proxy tax. See instructions.....	42	
43	Alternative minimum tax (trusts only).....	43	
44	Tax on Noncompliant Facility Income. See instructions.....	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies.....	45	0.

**Part V Tax and Payments**

46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).....	46 a	
b	Other credits (see instructions).....	46 b	
c	General business credit. Attach Form 3800 (see instructions).....	46 c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827).....	46 d	
e	Total credits. Add lines 46a through 46d.....	46 e	0.
47	Subtract line 46e from line 45.....	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).....	48	
49	Total tax. Add lines 47 and 48 (see instructions).....	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.....	50	
51 a	Payments: A 2018 overpayment credited to 2019.....	51 a	
b	2019 estimated tax payments.....	51 b	
c	Tax deposited with Form 8868.....	51 c	
d	Foreign organizations: Tax paid or withheld at source (see instructions).....	51 d	
e	Backup withholding (see instructions).....	51 e	
f	Credit for small employer health insurance premiums (attach Form 8941).....	51 f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total.....	51 g	
52	Total payments. Add lines 51a through 51g.....	52	0.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached.....	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed.....	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid.....	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	

**Part VI Statements Regarding Certain Activities and Other Information (see instructions)**

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country here.....	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If 'Yes,' see instructions for other forms the organization may have to file.....		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$.....		0.

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

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **Executive Director**

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: **Johnnie L Hawkins CPA** Preparer's signature: *[Signature]* Date: **7/3/20** Check  if self-employed PTIN: **P00544650**

Firm's name: **Parker Mooers & Cena PS, CPA's** Firm's EIN: **91-1702384**

Firm's address: **9222 Bay Shore Dr NW Ste 150 Silverdale, WA 98383** Phone no.: **(360) 692-8808**

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

1 Inventory at beginning of year.....	1		6 Inventory at end of year.....	6	
2 Purchases.....	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.....	7	
3 Cost of labor.....	3				
4 a Additional section 263A costs (attach schedule)	4 a				
b Other costs (attach sch)	4 b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?.....		Yes No
5 Total. Add lines 1 through 4b.....	5				

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)..... ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)..... ▶

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals..... ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8..... ▶				



**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals .....

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals .....		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals .....		Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).			Enter here and on page 1, Part II, line 25.

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) .....						

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I..... ▶						
Totals, Part II (lines 1– 5)..... ▶	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 26.

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14..... ▶			

BAA



	2019	2018	Diff
<b>REVENUE</b>			
Net advertising income.....	970	585	385
Total revenue.....	970	585	385
<b>DEDUCTIONS</b>			
Total deductions.....	0	0	0
<b>UNRELATED BUSINESS TAXABLE INCOME</b>			
Total unrelated business taxable income.	970	585	385
Unrelated business taxable income before	970	585	385
Specific deduction.....	1,000	1,000	0
Unrelated business taxable income.....	0	0	0
<b>TAX COMPUTATION</b>			
Income tax.....	0	0	0
<b>TAX AND PAYMENTS</b>			
Total tax.....	0	0	0
Total payments and credits.....	0	0	0
<b>REFUND OR AMOUNT DUE</b>			
Tax due.....	0	0	0
Overpayment.....	0	0	0



## Lodging Tax Request: Organization/Event Description

Final length may not exceed two pages

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**Name of Organization:** Silverdale Chamber of Commerce and Visitor Information Center

**Size of staff and board:** 3 FT Board 13

**Size of Volunteer Base:** 1-3

**Geographic Area Served:** Kitsap County

**Demographic Served:** All

**Type of Service Provided:** Infrastructure/Marketing

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Our Visitor Information Center (VIC) is in Kitsap Mall for greater visibility and community partnership. Open 7 days a week! VIC has a new fresh look promoting the vitality of Silverdale and Kitsap. Videos stream of area, events, and business to promote Kitsap as a destination. Videos are displayed on website, KIOSK, & VIC screens, visible to 125 mall visitors hourly, 318,000 times a year with current limited Mall hours. We received 25,629 website hits. 49" Kiosk-located shy of center court to date has 64,222 interactions, digital signage on 52" & 100" screens inside our location are visible through our glass storefront, promoting tourism, community, quality of life, business, and encourage guests to explore and spend more time in Kitsap. We are requesting funds to do a series of video's on Kitsap that will brand and promote people to explore and rediscover Kitsap. The VIC is separate from Chamber offices. For COVID-19 Safety we added a proximity sensor and QR codes for a no touch option on the KIOSK. Easily replaced at stage 4 to touch screen. In addition, to ensure safe health measures in our VIC and safety of staff and visitors we require masks, offer gloves, and hand sanitizer. A remote concierge station is an effective solution to protect our Tourism Coordinator as they interact with the public. A Large 50" professional display with soundbar and high-resolution camera would allow our employee to work remotely and safely.

Business Tourism Expo's resume in partnership with Kitsap County, Kitsap Mall, & CK Reporter in 2021 encouraging staying safe & visitors to come to area for our State-of-the-Art Medical, things to do Whether it "Rains or Shines", a third expo in August is Farm to Table with a dinner and music at a local farm promoting agricultural tourism. The Expo's brought in over 5420 people with 500 of them being over 50 miles away. Two Expo's in off peak times aim to bring visitors to stay overnight at Hotels! We are holding a two-day Classic Car Cruise Show in the fall (Some car shows bring in 15,000 people) and a two-day Taste of Kitsap to encourage overnight stays at local Hotels. We began podcasts in 2019. Four weeklies, to promote our area and educate not just locally but worldwide. We added "Uplift Kitsap" webinars in April 2020 to support local business and help them recover, promoting a healthy tourism economy. Listen at [www.heartbeatofkitsappodcasts.com](http://www.heartbeatofkitsappodcasts.com). In addition, WE ARE KITSAP webinars to bring current COVID info to keep businesses open. We began weekly meetings with Kitsap Chamber CEO's to Rediscover Kitsap, this is now part of our Concierge service. We added an all Chamber Rediscover Kitsap Facebook page, created a Rediscover Kitsap Video, and a Staycation package to get residents to Staycation at local Hotels during COVID-19, explore Kitsap, spend money local & help Kitsap economy recover to support tourism endeavors! All due to the infrastructure supported by Lodging Tax dollars. We trademarked "Heartbeat of Kitsap" to mark our tourism efforts shared Countywide. Heartbeat of Kitsap Apparel is being offered to support our community businesses, including Hotels! \$10 is given to business of choice to support and ease the burden of COVID. [https://stores.inksoft.com/silverdale\\_strong/shop/home](https://stores.inksoft.com/silverdale_strong/shop/home)

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### **History of Organization/Event:**

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### **Scope of Work:**

VIC is currently the only tourist facility for Central Kitsap that is open to the public 7 days a week except for Holidays. Our social media presence is continuously monitoring and promoting business, community activities and events related to tourism through multiple Facebook accounts, Twitter, LinkedIn & Instagram. Digital signage 52" & 100" screens inside our center-tourism & TV ads, and Kiosk are displayed to Kitsap Mall goers. In addition, on our website. Event promotion & personalized service through Kitsap to visitors & tourists who call or stop by the VIC. Mobile friendly website includes information & links direct to tourism and visitor information, tourism sites, and our Local Hotels that bring in over 72% of lodging tax dollars. The VIC has a vibrant look at the Mall separated from the Chamber offices but in the same space Tourism Coordinator-Oversees Come Play and Stay Campaign. Fills the racks up weekly and makes calls to the Hotels for Welcome bags. Assimilates welcome bags, delivers them. Distributes through mail or courier DG, WTM, Silverdale Map. Assists all visitors, cleans, maintains, and refills brochure racks, data analytics, research, article prep, writing, editing for DG, coordinates ad info for WTM with designer, creates flyers for promoting tourism. Expos-tracking of visitors. She is the face of the VIC. Gathers all data. Provides information for KIOSK and Digital screens.

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**Project Timeline:** January 1, 2021-December 31, 2021

VIC- Tourism Coordinator January 1, 2021-December 31, 2021

Come Play & Stay Campaign-Sales of WTM Ads begin in January 1, 2021 sales continue to April 15, 2021, Proof and send to Printers by May 1, 2021. Welcome Bags Proofed and Ordered by April 2021, Top 5 Brochure January 1, -April 15, 2021 Proof and send to Printers by May 1, 2021

DG Sales start June 1, 2021 -Dec 15, 2020 for DG 2022, Racks ordered for Concierge Service March 2021, Things to do flyer- Due monthly and in Hotels by 1<sup>st</sup> of month. During COVID Bucket List

Videos for Kitsap, TV, Website, and Kiosk- January 1,2021-Dec 31, 2021 (All Kitsap Executives Meetings to Collaborate) Videographer to update Projector, TV, website, and Kiosk (Monthly or as needed) January 1, 2021-December 31, 2021 It specialist- Kiosk Data Analytics, Lease January 1, 2021-December 31,2021





## Lodging Tax Request: Organization/Event Description

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Pod Casts-4 recorded monthly through UPLIFT KITSAP webinars and edited to podcasts. Then boosted through iTunes, Spotify, and big podcast sites. During Covid-19 Uplift Kitsap webinars were born and shared as Pod Casts giving a library resource for businesses to reopen, Podcasts are recorded by West Sound and edited before airing. Weekly Podcasts.

**Project Timeline:** January 1, 2021-December 31, 2021

VIC- Tourism Coordinator January 1, 2021-December 31, 2021

Come Play & Stay Campaign-Sales of WTM Ads begin in January 1, 2021 sales continue to April 15, 2021, Proof and send to Printers by May 1, 2021. Welcome Bags Proofed and Ordered by April 2021, Top 5 Brochure January 1, -April 15, 2021 Proof and send to Printers by May 1, 2021

DG Sales start June 1, 2021 -Dec 15, 2020 for DG 2022, Racks ordered for Concierge Service March 2021, Things to do flyer- Due monthly and in Hotels by 1<sup>st</sup> of month. During COVID Bucket List

Videos for Kitsap, TV, Website, and Kiosk- January 1,2021-Dec 31, 2021 (All Kitsap Executives Meetings to Collaborate) Videographer to update Projector, TV, website, and Kiosk (Monthly or as needed) January 1, 2021-December 31, 2021 It specialist- Kiosk Data Analytics, Lease January 1, 2021-December 31,2021





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/04/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>David Lee State Farm</b> 10868 NW Myhre Pl Ste 101 Silverdale, WA 98383	CONTACT NAME: <b>Brittani Brennan</b>	FAX (A/C, No): <b>360-613-5550</b>	
	PHONE (A/C, No, Ext): <b>360-613-5550</b>	E-MAIL ADDRESS: <b>brittani.brennan.ecb8@statefarm.com</b>	
INSURED <b>SILVERDALE CHAMBER OF COMMERCE</b> PO BOX 1218 SILVERDALE WA 98383-1218	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : <b>State Farm Fire and Casualty Company</b>		<b>25143</b>
	INSURER B : <b>State Farm Fire and Casualty Company</b>		<b>25143</b>
	INSURER C :		
	INSURER D :		
	INSURER E :		

COVERAGES                      CERTIFICATE NUMBER:                      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		98-B4-W781-1	01/21/2020	01/21/2021	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY					PRODUCTS - COMP/OP AGG \$ 2,000,000
	ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	ALL OWNED AUTOS					BODILY INJURY (Per person) \$
	SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	NON-OWNED AUTOS					\$
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	CLAIMS-MADE				AGGREGATE \$
	DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N				WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	N/A				OTHER
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 ADDITIONAL INSURED: KITSAP COUNTY, COUNTY OF KITSAP, ITS OFFICERS, ELECTED OFFICIALS AGENTS, EMPLOYEES & VOLUNTEERS 614 DIVISION ST MSC 1 PORT ORCHARD WA 98366-4614

<b>CERTIFICATE HOLDER</b>  KITSAP COUNTY, COUNTY OF KITSAP, ITS OFFICERS, ELECTED OFFICIALS AGENTS, EMPLOYEES & VOLUNTEERS 614 DIVISION ST MSC 1 PORT ORCHARD WA 98366-4614	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  BRITTANI BRENNAN ECB8

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