

TOURISM PROMOTION PROGRAM • APPLICATION FOR FUNDING

APPLICANT INFORMATION

TYPE OF PROPOSAL

SUBMISSION REQUIREMENTS

Project Title: PUGET SOUND NAVY MUSEUM FOUNDATION MARKETING
 Project Dates: Beginning: 1 JAN 2021 Ending: 31 DEC 2021
 Name of Organization: PUGET SOUND NAVY MUSEUM FOUNDATION Web Site: PUGET SOUND NAVY MUSEUM.ORG
 Mailing Address: 251 FIRST ST, BREMER TON WA 98337
 Contact Person: GERALD EGAN E-Mail: GERALD.EGAN@PUGET-SOUND-NAVY-MUSEUM.ORG Phone: 360.871.6040
 Amount Requested: \$ 4950 Total Project Cost: \$ 11,929
 Portion of Total Project Cost Requested: 41 (%)
 Signature of Authorized Representative: Gerald Egan

 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

Puget Sound Navy Museum Foundation Budget				2020	12/11/2019
Categories					
Income				Budget	Actual
Donations Total				\$ 35,750.00	
Amazon Smile			\$ 100.00		
Donation Box			\$ 8,000.00		
Fred Meyer Comm Rewards			\$ 100.00		
Individual Contributions			\$ 25,000.00		
Kitsap Great Give			\$ 2,000.00		
PayPal Giving Fund			\$ 50.00		
Penny Jar			\$ 500.00		
Gift Shop Income Total				\$ 47,000.00	
Gift Shop Cash Sales			\$ 20,000.00		
Nontaxable sales					
Gift Shop Credit Card Sales			\$ 27,000.00		
Interest				\$ 3,500.00	
Friendship Dues				\$ 5,000.00	
Other income (unbudgeted)					
TOTAL INCOME				\$ 91,250.00	
Expenses					
Foundation Expense Total				\$ 47,980.00	
Fundraiser Costs				\$ 4,200.00	
Gift Shop Expense Total				\$ 30,350.00	
Cost of Goods			\$ 24,200.00		
Credit Card Proc Fees			\$ 1,000.00		
Sales Tax Paid			\$ 3,500.00		
Store Supplies			\$ 1,500.00		
Use Tax			\$ 150.00		
Insurance				\$ 550.00	
Licenses, Registrations, etc.				\$ 130.00	
Utilities				\$ 2,250.00	
Office Expense				\$ 10,500.00	
Other					
General Museum Expense Total				\$ 13,730.00	
Drinking Water			\$ 950.00		
Field Trip Bus Trans			\$ 3,000.00		
Membership Chamber of Commerce			\$ 250.00		
Membership Navy League			\$ 130.00		
STEM Bus Transportation			\$ 5,000.00		
Volunteer Recognition Events			\$ 4,400.00		
Museum Expense Total				\$ 50,208.00	
Administrative Total				\$ 16,348.00	
DRMO run			\$ 1,000.00		
Ferry Passage Reimbursement			\$ 200.00		
Marketing			\$ 11,158.00		
Membership & Magazine			\$ 485.00		
Misc. Support & Progr. Costs Total			\$ 2,000.00		
Safeway gift card			\$ 100.00		
Vol PSNM/Logo Shirts			\$ 850.00		
Volunteer Badges			\$ 200.00		
Vol of Qtr Plaques			\$ 105.00		
Vol Thank you Program			\$ 250.00		
Collections Management Total				\$ 1,200.00	
Misc. Supplies			\$ 200.00		
Disaster Cabinets			\$ 1,000.00		
Curatorial Support Total				\$ 200.00	
Reference Support			\$ 200.00		
Education & Public Prog Total				\$ 4,400.00	
History Day Awards			\$ 500.00		
Education/Public Prog			\$ 3,900.00		
Exhibits Support Total				\$ 28,060.00	
Exhibit Supplies/Materials			\$ 1,000.00		
Home Depot Gift Card			\$ 500.00		
Desktop comp graphics/fab design			\$ 2,800.00		
Adobe creative suite - business plan			\$ 960.00		
Sketchup			\$ 300.00		
CVN Exhibit			\$ 20,000.00		
Chemistry code exhibi			\$ 1,500.00		
3D Printer/Equipment			\$ 1,000.00		
TOTAL EXPENSE				\$ 111,918.00	
			NET	\$ (20,668.00)	

Puget Sound Navy Museum Foundation Marketing
Bold/Underlined items are requested for the Grant
Annual website hosting fee (\$250)
Website Add-ons \$200
 Annual WSDOT Highway Sign Fees (\$800)
 Brochure Rack /Card Printing (\$1500)
Brochure Distribution through "Certified Folder (\$4200)
 Annual Highlights Postcard Printing (\$500)
 Constant Contact Subscription (\$500)
 Survey Monkey (\$408)
Facebook Ads (\$300)
 Macaroni Kids Ads (\$300)
 Exterios Banners (\$2200)



OGDEN UT 84201-0046

In reply refer to: 0423371862
Sep. 22, 2009 LTR 252C E0
91-1445011 000000 00
00004923
BODC: TE

PUGET SOUND NAVY MUSEUM FOUNDATION
251 1ST ST
BREMERTON WA 98337-5612

Taxpayer Identification Number: 91-1445011

Dear Taxpayer:

Thank you for your Form 990-EZ.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you need forms, schedules, or publications, you may get them by visiting the IRS website at www.irs.gov or by calling toll-free at 1-800-TAX-FORM (1-800-829-3676).

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

Sincerely yours,



Kim L. Tolsma
Dept. Manager, Code & Edit/Entity 3

Enclosure(s):
Copy of this letter

Internal Revenue Service

Department of the Treasury

**P. O. Box 2508
Cincinnati, OH 45201**

Date: April 17, 2002

Naval Memorial Museum of The Pacific
130 Washington Avenue
Bremerton, WA 98337

Person to Contact:

Kaye Keyes 31-07416
Customer Service Specialist

Toll Free Telephone Number:

8:00 a.m. to 6:30 p.m. EST
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

911445011

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in March 1989, granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(2).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Naval Memorial Museum of The Pacific
91-1445011

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

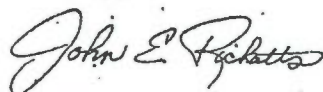
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE
Customer Account Services

Click on the question-mark icons to display help windows.

The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you.

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

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

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning

, 2019, and ending

, 20

<input checked="" type="checkbox"/> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ? Puget Sound Navy Museum Foundation Number and street (or P.O. box if mail is not delivered to street address) ? Room/suite 251 1st Street City or town, state or province, country, and ZIP or foreign postal code Bremerton, WA 98337	D Employer identification number ? 911445011 E Telephone number 360-479-7447 F Group Exemption Number ▶ ?
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). ?
I Website: ▶ _____		
J Tax-exempt status (check only one) – <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 75,735

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) ?

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

	Line	Description	Amount	
Revenue	1	Contributions, gifts, grants, and similar amounts received	18450	
	2	Program service revenue including government fees and contracts	0	
	3	Membership dues and assessments	50	
	4	Investment income	3816	
	5a	Gross amount from sale of assets other than inventory	0	
	5b	Less: cost or other basis and sales expenses	0	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	0	
	6	Gaming and fundraising events:		
		6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	0
		6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	0
		6c	Less: direct expenses from gaming and fundraising events	0
		6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	0
7a	Gross sales of inventory, less returns and allowances		53410	
	7b	Less: cost of goods sold	16171	
	7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	37239	
	8	Other revenue (describe in Schedule O)	0	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	59564	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	0	
	11	Benefits paid to or for members	0	
	12	Salaries, other compensation, and employee benefits ?	0	
	13	Professional fees and other payments to independent contractors ?	0	
	14	Occupancy, rent, utilities, and maintenance	0	
	15	Printing, publications, postage, and shipping	0	
	16	Other expenses (describe in Schedule O) ?	42687	
	17	Total expenses. Add lines 10 through 16	42687	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	16877	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	186699	
	20	Other changes in net assets or fund balances (explain in Schedule O)	604	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	204180	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	9796	28518	29441	36367	18509	122631
2						
3	34819	36047	33452	67960	53410	225698
4						
5						
6	54615	74565	72893	114327	81919	398319
7a						
7b						
8						
Public support. (Subtract line 7c from line 6.)						
Total Public Support						398319

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	54615	74565	72893	114327	81919	398319
10a						
10b						
11	1599	1369	1603	2048	3816	10435
12						
13						
14	56214	75934	74496	116375	85735	408754
Total support. (Add lines 9, 10c, 11, and 12.)						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	97.45 %
16	Public support percentage from 2018 Schedule A, Part III, line 15	97.76 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	2.6 %
18	Investment income percentage from 2018 Schedule A, Part III, line 17	2.2 %

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
 b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Puget Sound Navy Museum Foundation

Employer identification number
911445011

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	186699	204180
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	186699	204180
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	186699	204180

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

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

What is the organization's primary exempt purpose? Provide financial support to Puget Sound Navy Museum

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

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

28	Provided funds for mission exhibits library, educational programs, marketing and administration.		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	30019
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	30019

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
George Bieda President Board of Directors	10	0	0	0
Gerry Egan Secretary Board of Directors	10	0	0	0
George Holden Treasurer Board of Directors	20	0	0	0
Dick Vlist Member Board of Directors	2	0	0	0
Bud Cole Member Board of Directors	2	0	0	0
Foslyn Wages Member Board of Directors	2	0	0	0
Myron Gray Member Board of Directors	2	0	0	0
Bill Lounsberry Member Board of Directors	2	0	0	0
Jim Stark Member Board of Directors	2	0	0	0
Patty Lent Member Board of Directors	2	0	0	0
Carol Sue Barker Member Board of Directors	2	0	0	0
Tim Lavin Member Board of Directors	2	0	0	0

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<input checked="" type="checkbox"/>
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of <input type="text"/> Telephone no. <input type="text"/> Located at <input type="text"/> ZIP + 4 <input type="text"/>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country <input type="text"/>	42c	<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text"/>	43	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	<input checked="" type="checkbox"/>

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

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47 Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No

b If "Yes," was the related organization a section 527 organization? 49b Yes No

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

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

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

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

Sign Here Date 2 Apr 2020
 Signature of officer George Holden
 Type or print name and title George Holden Treasurer

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			

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

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization
Puget Sound Navy Museum Foundation

Employer identification number
911445011

Part 1 line 16 "Other Expenses"

Store Supplies	346
Internet	1348
Office Expenses	2123
Telephone	1174
Credit Card Processing Fees	1028
Fundraiser Costs	2510
Licenses and Registration	125
Sales Tax	3369
Insurance	541
Washington Use Tax	104
Museum Support	30019

Part 1 Line 20 "Other Changes in Fund Balances" Retroactive adjustments to bank accounts for uncashed checks.

Kitsap County Tourism Marketing and Brochure Distribution

Puget Sound Navy Museum Foundation

The Puget Sound Navy Museum is located adjacent to the Bremerton Ferry Terminal and as such is frequently the first stop for those arriving on the ferry or the last attraction they take in while waiting for a ferry to leave. Families visiting military personnel, persons conducting business in Kitsap County, and attendees at some of the 117 events hosted at the Museum find it the most interesting and convenient attraction when looking for what to do in Kitsap. They also seem to question **what else is there to do here**. As a public service the Puget Sound Navy Museum Foundation funds the set up and maintenance of a brochure distribution project providing our visitors (76,929 in 2019) with tourist information on Kitsap County and surrounding attractions. This brochure rack is located in the Museum lobby and is the first thing visitors see on arrival and the last that attracts their attention as they prepare to leave. A photo of the distribution rack with 67 brochures is shown below. A sample of brochures is also shown. The area is routinely serviced by the contractor to ensure it is current and well stocked.



Brochure Distribution Rack

Sample Brochures

The funding of the brochure distribution contract (\$4200) also includes the availability of brochures on the Bremerton Ferries.

In addition to the visitors in 2019, the Museum hosted 70 group visits and 117 events including retirements, promotions, reenlistments, museum related conferences and others. Many of these brought family, friends and associates from outside the County. Attendees at these events view the brochures and are introduced to the tourist opportunities for future visits to the Kitsap area.

The Foundation funds an Internet provider, the Museum's website, and the web based social media, Facebook, Twitter and Instagram, which had over 1.7 million views in 2019. Although this does not directly impact the County, the interest shown in the Museum nationally and internationally is an attraction that can assist in planning a trip to Kitsap rather than Seattle or another area. The social media's ability to reach so many potential visitors has attracted Navy ship reunions and other organization's events. The Foundation's funding of the internet marketing is a combined \$750.

As shown on the overall budget \$11,929 is provided by the Foundation to cover marketing for the Museum. Although about 59 % of these funds directly benefit the Museum, 41% (\$4,950) have a major benefit to Kitsap County Tourism.

The Museum staff and some of the operating expenses for the Museum are funded by the Navy. The Foundation provides funding for functions that are in addition to those covered by the Navy, one of which is Marketing. The Navy has asked the Foundation to accept more of the expense of operating the Museum over the past year especially in marketing, community outreach, education, and upgrade of the exhibits. The improvement to the aircraft carrier exhibit is currently requiring Foundation participation of \$20,000. The Foundation has aggressively raised funds through visitor donations, a well-stocked store, local restaurant events, a major fund-raising lunch, Kitsap Great Give and other activities. Unfortunately, due to the COVID 19 restrictions this year, the Museum has been closed eliminating visitor donations and store revenue as well as cancellation of most fund-raising efforts.

Approval of the \$4,950 Kitsap County Tourism Promotion Grant will significantly assist the Foundation in continuation of the Brochure Distribution Program and the internet/social media promotions.



Affinity Nonprofits

Affinity Nonprofits
a division of Affinity Insurance Services Inc
2001 K Street, NW, Suite 625 North
Washington, DC 20006

Invoice

Invoice No: 101133743
Invoice Date: 12/05/2019
Due Date: 02/15/2020
Control #: 1

Send To: Puget Sound Naval Museum Foundation
George Bieda
251 First Street
Bremerton, WA 98337

Insured Name: Puget Sound Naval Museum Foundation
Type of Policy: Directors and Officers Insurance
Policy Number: NFP0131720-02
Transactions: Policy
Comments:

Policy Period: 02/15/2020 To 02/15/2021

Gross Premium	\$506.00
Surcharges	\$0.00
Taxes	\$0.00
Fees	\$0.00
Policy Admin. Charges	\$35.00
Total	\$541.00
Invoice Due	\$541.00

QR
pd
CHK#
2156

For questions regarding your policy, please call us at 800-432-7465. We appreciate your business.
For billing inquiries, please contact Customer Service at 800-432-7465.

FATCA Notice: Please go to Aon.com/FATCA to obtain the appropriate W-9.

John,



ARCH INSURANCE COMPANY
(A Missouri Corporation)

Home Office Address:
3100 Broadway, Suite 511
Kansas City, MO 64111

Administrative Address:
One Liberty Plaza, 53rd Floor
New York, NY 10006
Tel: (800) 817-3252

ARCH CANOPY POLICY FOR NONPROFIT ORGANIZATIONSSM

NOTICE: THE LIABILITY COVERAGE PARTS OF THIS POLICY PROVIDE CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE PROVIDED, SUCH COVERAGE APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD AND REPORTED TO THE INSURER NO LATER THAN 60 DAYS AFTER THE END OF THE POLICY PERIOD. EACH APPLICABLE LIMIT OF LIABILITY SHALL BE REDUCED, AND MAY BE EXHAUSTED, BY DEFENSE COSTS PAYMENTS. IF ANY LIMIT OF LIABILITY IS EXHAUSTED, THE INSURER SHALL HAVE NO FURTHER LIABILITY FOR THE COVERAGE TO WHICH SUCH LIMIT APPLIES, INCLUDING LIABILITY FOR DEFENSE COSTS. ALL LOSS PAYMENTS, INCLUDING DEFENSE COSTS PAYMENTS, SHALL APPLY TO THE DEDUCTIBLE.

NOTICE: A DEFINITION OF CLAIM IS OUTLINED IN EACH COVERAGE PART AND IS CRITICAL TO COVERAGE AFFORDED. PLEASE READ THIS POLICY CAREFULLY.

DECLARATIONS

Policy No.: NFP0131720-00

Item 1. Named Organization & Address:
Puget Sound Naval Museum Foundation
251 First Street
Bremerton, WA 98337

Item 2. Policy Period:
From: 02/15/2018
To: 02/15/2019
12:01 a.m. local time at the address stated in Item 1

Item 3. Policy Premium: \$506.00
Taxes, Surcharges and other Assessments, if applicable

Premium Attributable to Terrorism Risk Insurance: \$0
Included in Policy Premium
In Addition to Policy Premium

Item 4. Extended Reporting Period (Liability Coverage Parts only):
Additional Period: 1 year
Additional Premium: 50% of annual premium

Item 5. Notices to Insurer:

Claims or Potential Claims:

Arch Insurance Company
 Executive Assurance Claims
 10909 Mill Valley Road, Suite 210
 P.O. Box 542033
 Omaha, NE 68154
 Phone: 877 688-ARCH (2724)
 Fax: 866 266-3630
 E-mail: Claims@ArchInsurance.com

All Other Notices:

Affinity Nonprofits
 Program Administrator
 1120 20th Street, NW, Suite 600
 Washington, DC 20036
 Phone: 800-432-7465
 Fax: 800-701-1982
 Email: info@affinitynonprofits.com

Item 6. Coverage Elections:

Only those Coverage Parts, Insuring Agreements, and Options designated with an X are included under this policy.

<input checked="" type="checkbox"/> Liability Coverage Parts Aggregate Limit of Liability Option:	\$1,000,000
<input checked="" type="checkbox"/> Defense Costs Outside the Aggregate Limit of Liability Option:	Unlimited

<input checked="" type="checkbox"/> Nonprofit Organization Liability Coverage Part:			
Limit of Liability: \$1,000,000			
Insuring Agreement	Sublimit of Liability	Deductible Each Claim	Pending and Prior Litigation Date
A. Insured Person Liability	\$1,000,000	None	02/15/2015
B. Organization Reimbursement	\$1,000,000	\$1,000	02/15/2015
C. Organization Liability	\$1,000,000	\$1,000	02/15/2015
D. Derivative Demands	\$250,000	None	02/15/2015
E. Crisis Management Costs for a Network Security Breach or Privacy Violation	\$250,000	None	02/15/2015

Extension	Sublimit of Liability
Excess Benefit Transaction Excise Tax	\$250,000
<input checked="" type="checkbox"/> Defense Costs Outside the Limit of Liability Option	Unlimited

<input checked="" type="checkbox"/> Employment Practices Liability Coverage Part:			
Limit of Liability: \$1,000,000			
Insuring Agreement	Sublimit of Liability	Deductible Each Claim	Pending and Prior Litigation Date
A. Employment Practices Liability	\$1,000,000	\$1,000	02/15/2015
B. Third Party Liability	\$1,000,000	\$1,000	02/15/2015
<input checked="" type="checkbox"/> Defense Costs Outside the Limit of Liability Option		Unlimited	

<input checked="" type="checkbox"/> Fiduciary Liability Coverage Part:		
Limit of Liability	Deductible Each Claim	Pending and Prior Litigation Date
\$250,000	\$0	02/15/2015
<input type="checkbox"/> Defense Costs Outside the Limit of Liability Option		

<input type="checkbox"/> Crime Coverage Part:			
Insuring Agreement	Limit of Liability	Deductible	Options
<input type="checkbox"/> A. Employee Theft			<input type="checkbox"/> Loss Sustained or <input type="checkbox"/> Loss Discovered (If neither box above is designated with an X, this Policy shall be issued on a Loss Sustained basis) <input type="checkbox"/> Investigation Costs Coverage – Sublimit of Liability:
<input type="checkbox"/> B. Customer Property			
<input type="checkbox"/> C. Inside the Premises			
<input type="checkbox"/> D. Outside the Premises			
<input type="checkbox"/> E. Forgery or Alteration			
<input type="checkbox"/> F. Computer Fraud or Fraudulent Transfer Instructions			
<input type="checkbox"/> G. Currency Fraud			

<input type="checkbox"/> Kidnap, Ransom & Extortion Coverage Part:			
Insuring Agreement	Limit of Liability	Deductible	Options
<input type="checkbox"/> A. Kidnap, Ransom & Extortion			<input type="checkbox"/> F. Repatriation Costs Coverage – Limit of Liability: Deductible: <input type="checkbox"/> G. Recall Costs Coverage – Limit of Liability: Deductible:
<input type="checkbox"/> B. Custody			
<input type="checkbox"/> C. Claims Costs			
<input type="checkbox"/> D. Response Costs 1. R&R Sublimit			
<input type="checkbox"/> E. Personal Injury Benefits 1. Death: 2. Mutilation: 3. Other Injury:			

Security Consultant: Control Risks Group
United States: 1-800-831-1985
Global: +44 20 7939 8900

Item 7. Endorsements: See attached schedule of endorsements and notices.