### TOURISM PROMOTION PROGRAM • APPLICATION FOR FUNDING

Project Title: POINT NO POINT LIGHT HOUSE - NATIONAL LIGHTHOUSE DAY
Project Dates: Beginning: 3-1-2/ Ending: 9-1-2/
Name of Organization U.S. UGHTHOUSE SociET Web Site USLHS. ORG
Mailing Address: 9005 POINT NO POINT Rd., NE HANSVILLE, WA 98340
Contact Person: Jeff Gales E-Mail: jeff eusemsong Phone: 415-362-7255
Amount Requested: \$ 18,000. — Total Project Cost: \$ 17,000. —
Portion of Total Project Cost Requested:(%)
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:

- A one-page budget including all income and expenses for the entire project (including matching funds and in-kind contributions) and clearly showing expenses for which County lodging tax dollars will be used.
- 2. Documentation of non-profit status.
- 3. Your organization's most recent tax return or most recent annual financial statement created by an independent source should a tax return not be available. Other documentation showing financial viability may be considered if agency is newly created and the documentation is prepared by an independent source.
- 4. A two-page document including a description of the proposed project with an explanation of how it will assist in building tourism and/or promoting events or activities that will bring tourists to Kitsap County. Include marketing plans and examples of performance indicators and well as plans for future sustainability. For more information see the included template.
- 5. No additional materials will be accepted.
- 6. If these basic criteria are not met, the application will not be reviewed

OR

7. Certificate of Insurance evidencing that any required insurance coverages are, or will be, in effect through the 2021 calendar year.

Send Completed Application and Required Documentation to:

Please submit by mail to: MAILING ADDRESS

WALLING 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.

Ouestions? Call Vicki Martin at 360.337.4788 or e-mail vmartin@co.kitsap.wa.us

# THE POLITY

#### UNITED STATES LIGHTHOUSE SOCIETY

9005 Point No Point Rd. NE Hansville, WA 98340 Phone: 415-362-7255 www.uslhs.org

Lodging Tax Request: Organization / Point No Point Light Station

#### **Budget**

<u>Item</u> <u>County Lodging Tax</u>

Point No Point Lighthouse - National Lighthouse Day:

Marketing Activities

Supplies

Reenactment Costumes

**Event Curriculum** 

Key Note Speakers

Documentation

Virtual Event Participation

Printed Take Away Materials

Subtotal:

\$17,000

**TOTAL Requested:** 

\$17,000.00

**Grantee Match** 

1

U.S. Lighthouse Society Project Management

\$2,000.00

\$10,000

\$7,000

U.S. Lighthouse Society Administrative

\$1,000.00

**TOTAL Match:** 

\$3,000.00

EIN: 94-2919484

ate: FEn 27 1986

Our Letter Dated: March 1984

Unted States Lighthouse Society
13: Street Elmo Way
Sa: Francisco, Ca 94127

Person to Contact: Taxpayer Service Representative

Contact Telephone Number: (800) 424-1040

Der Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi). Your exempt status under section 501(c)(3) of the code is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a granfor or a contributor may not rely on this determination if he or she was m part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) and 170(b)(1)(A)(vi) status, or acquired knowledge that the Internal Revenue Service had giver notice that you would be removed from classification as a section 509(a)(1) and 170(b)(1)(A)(vi) organization.

Because this letter could help resolve any questions about your foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telepione number are shown above.

Sincerely yours,

District Director

January 2020)

tment of the Treasury al Revenue Service

#### **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.

2019

OMB No. 1545-0047

Open to Public Inspection

or	the 2	019 calendar y	ear, or tax year beginn			and endir			, 40	
Check if applicable: C Name of organizationUnited States Lighthouse Society Inc								er identification numb	er	
Address change			Doing business as					94-2919484		
lame change		ge	Number and street (or P.O.	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite				E Telephone number		
nitia	return		9005 Point No Po	oint Road NE					(415) 362-72	55
inal	return/	terminated	City or town, state or provin	ice, country, and ZIP or foreign postal code			1	G Gross r	eceipts	
\me	Amended return Hansville, WA 98340							\$ -	2,073	,571
\ppli	cation	pending	F Name and address of princ	ipal officer: Wayne Wheeler					subordinates? X Yes	No
			Same as C above				H(b) Are all su	bordinates	included? X Yes	No
ax-	exempt	status: X 501	(c)(3) 501(c)( )	◀ (insert no.) 4947(a)(1) or	527 STM	L31	If "No," a	ttach a list.	(see instructions)	
	site: D		slhs.org				H(c) Group 6	exemption r	number > 1	111
_		anization: X Cor		ciation Other ►	L Year of form	ation: 198	3 M St	ate of legal	domicile: WA	
rt	-	Summary								
T			the organization's mission	n or most significant activities:	Preservation	n of L	ight sta	tions		
Ì		oriony decoribe	and organization of missis	.,						
	-									
	-									
	2 -	Check this boy I	if the organization	discontinued its operations or dis	nosed of more tha	n 25% of it	s net assets	S.		
				ning body (Part VI, line 1a)				3		9
				of the governing body (Part VI, I				4		8
								5		3
				calendar year 2019 (Part V, line				6		10
			volunteers (estimate if n							0
				Part VIII, column (C), line 12				7a		0
$\perp$	b !	Net unrelated b	usiness taxable income	from Form 990-T, line 39				7b	12.7	
							Prior Year	100	Current Year	5.43
				h)				,411		3,543
	9	Program service	e revenue (Part VIII, line	2g)				,834		,417
	10	Investment inco	me (Part VIII, column (A	), lines 3, 4, and 7d)				,515)		3,578
Ì	11	Other revenue (	Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 11e)			45	,458		1,256
	12							1,658	3,794	
$\top$	13	Grants and simi	lar amounts paid (Part I)	K, column (A), lines 1-3)						0
				, column (A), line 4)						0
				benefits (Part IX, column (A), lin-			201	,200	219	9,987
				olumn (A), line 11e)						0
			g expenses (Part IX, col			0				
			Part IX, column (A), lin				964	,167	1,356	5,099
				equal Part IX, column (A), line 25	)		1,165	,367	1,576	5,086
				8 from line 12			(83	,179)	8:	2,708
0	13	Teveride 1000 c	Aparooc. Cabirdor into	0.000.000			nning of Curre		End of Year	
ומוורמ	20	Total assets (P	art V line 16\		rementa versenservi vers		1,225		1,24	3,792
Dance			(Part X, line 26)					,541		9,355
2	-		,	line 21 from line 20				,623		4,437
_				line 21 Horrille 20			, , , ,	,,,,,,		
ırt	III	Signature	that I have examined this return	m, including accompanying schedules and	statements, and to the b	est of my kno	wledge and be	lief, it is		
, co	rrect, a	nd complete. Declar	ation of preparer (other than offi	cer) is based on all information of which pro	eparer has any knowled	ge.				
		Jeff G						Dat	e -	
ĮΠ		Signature o								
re			Sales, Executive	Director						
			nt name and title					- I	DTIN	
		Print/Type prepa	rer's name	Preparer's signature	Date		Check	X if	PTIN	
id		Duane An	derson		07-31-	2020	self-em	ployed	P00003800	
parer Fim's name ▶ Duane E Anderson CPA Fim's EIN ▶										
-	Only		▶ 261 Marg	aret Street Suite 3			Phone no.			
	•		Port Lud	low WA 98365				360-	437-1392	
v th	ne IRS	discuss this re	tum with the preparer sh	own above? (see instructions)					X Yes	☐ No

m s	990 (2019) United States Lighthouse Societ			94-2919484	Page 2
r	III Statement of Program Service Accomp				
	Check if Schedule O contains a response or note to a	ny line in this Part III			* * *
	Briefly describe the organization's mission:				
	Preservation of Light stations				
	Did the organization undertake any significant program service prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	s during the year which were not li	sted on the	Yes	No
	Did the organization cease conducting, or make significant chaservices?	nges in how it conducts, any progr	am	Yes [	No
	If "Yes," describe these changes on Schedule O.			OMBERS <del>THE</del> LEGITIC HE	ACCOUNT.
	Describe the organization's program service accomplishments	for each of its three largest progra	m services as measured	bý	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are not the total expenses, and revenue, if any, for each program servi-	equired to report the amount of gra	ints and allocations to oth	ers,	
_	(Code: ) (Expenses \$ 1,169,756	including grants of \$	) (Revenue	\$ 1,282,	417)
	Assist, in every possible way, the resto	oration and preservation	on of America's	light stati	ons,
	research the history of light stations,	lightships, and relate	ed aids to navig	ation. To s	erve as
	the means of communication between all v	who care about the pre-	servation and re	storation o	f these
	unique symbols of our maritime heritage				
	unique symbols of our maritime heritage				
	(Code: ) (Expenses \$	including grants of \$	_ ) (Revenue	\$	)
				100	
_					
	(Code:) (Expenses \$	including grants of \$	) (Revenue	\$	)
					.=1
			. And		
_					
i	Other program services (Describe on Schedule O.)		sevi al	100	
	(Expenses \$ including grants of	\$ ) (Reve	enue \$	)	
	Total program service expenses ► 1,169,	756			
_				Form	n 990 (2019)

Page 2

94-2919484



#### Lodging Tax Request: Organization/Event Description

Final length may not exceed two pages

Project Title: Point No Point Lighthouse (Station) - National Lighthouse Day

Name of Organization: U.S. Lighthouse Society

Size of staff and board: 12

Size of Volunteer Base: 30 (in Kitsap)

Geographic Area Served: Northern Kitsap County

Demographic Served: Everyone

Type of Service Provided:

#### **Description of Proposed Project:**

We are proposing to create and publicize an event surrounding National Lighthouse Day which is every year on August 7<sup>th</sup>. In 2021, this is a Saturday, which conforms to our goals. This event would be in cooperation with other lighthouses in the Puget Sound region, other Hansville businesses and the S'kallam Tribe.

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

The U.S. Lighthouse Society is a national nonprofit corporation that helped to kick-start the lighthouse preservation movement in America over 35 years ago. The Society has been headquartered at the Point No Point Light Station in Hansville, WA since 2008. Education is at the forefront of its operations and to that end the Society produces a highly respected lighthouse journal, operates educational excursions, extends capital grants to lighthouses annually, provides research and educational services (utilizing its extensive archive and website) to anyone looking to learn more about lighthouse history and tackles specific lighthouse restoration projects nationally. The Society is the proud recipient of numerous preservation awards including a special commendation from The White House. Today, the U.S. Lighthouse Society is made up of dedicated members around the world all contributing to its mission in a variety of ways. The Society is committed to continuing to serve as an important voice for those who are passionate about lighthouse preservation, and is dedicated to making sure that these national maritime treasures survive for future generations.

The U.S. Lighthouse Society is a strong supporter of National Lighthouse Day, an annual commemoration of the anniversary of the federal lighthouse establishment and a day to celebrate lighthouses and the commitment and service of those who tended America's lights for generations.

For the bicentennial of the U.S. Lighthouse Service in 1989, the Society petitioned Congress to declare National Lighthouse Day on August 7 — the date in 1789 that the Ninth Act of the First Congress, establishing federal control of lighthouses, was passed and signed by President George Washington. Senator John H. Chaffee of Rhode Island sponsored the joint resolution which was championed in the House by Representative William J. Hughes of New Jersey, and the measure was signed by President Ronald Reagan as Public Law 100–622 on Nov. 5, 1988.

The U.S. Lighthouse Society encourages lighthouse organizations across the country to celebrate National Lighthouse Day each August 7. It's a perfect day for lighthouse tours, programs and activities, and a fitting way to commemorate a vitally important part of America's rich maritime heritage. We propose that Point No Point become the epicenter of this celebration, bringing national attention to the site.

#### Scope of Work:

Working with the Friends of Point No Point, we will develop an event curriculum, documentation plan, a way for the public to participate virtually and make sure to materials for visitors to take away. In addition, we will be coordinating with local businesses in Hansville in order to create vendor booths for food and other local products. Most of the marketing efforts will be local to the Puget Sound region, but 30% of the effort will focused nationally coordinating with other lighthouses around the country. Marketing will include public service announcements, press releases, articles in newspapers and magazines and online social media.

#### **Project Timeline:**

1 2

National Lighthouse Day in 2021 is August 7 . . . a Saturday. That is the date of the event.

## CORD

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/14/2019

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 SUBROGATIONIS 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).

RODUCER	CONTACT NAME:					
ABD INSURANCE AND FIN SVCS/PHS 52813251 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78265	PHONE (866) 467-8730 F	A/C, No): (888) 443-6112				
	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
NSURED  J.S. LIGHTHOUSE SOCIETY  3005 POINT NO POINT RD N E  HANSVILLE ,WA 98340	INSURER A: The Hartford Casualty Insurance Com	npany 29424				
	INSURER B:					
	INSURER C:					
	INSURER D:					
	INSURER E:					
	INSURER F:					
	TO MOLON MUNICIPAL					

COVERAGES

CERTIFICATE 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.

NSR			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS	
LIK	COMMERCIAL GENERAL LIABILITY	III	1				EACH OCCURRENCE	\$2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	x General Liability						MED EXP (Any one person)	\$10,000
Α		X		52 SBA FV9869	03/06/2018	03/06/2019	PERSONAL & ADV INJURY	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	\$4,000,000
	POLICY PRO-						PRODUCTS - COMP/OP AGG	\$4,000,000
	OTHER:  AUTOMOBILE LIABILITY		-				COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
	ANY AUTO						BODILY INJURY (Per person)	
Α	ALL OWNED SCHEDULED			52 SBA FV9869	03/06/2018	03/06/2019	BODILY INJURY (Per accident)	
	X AUTOS AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
_	LUNDS LALIAS OCCUR		-				EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION\$	1	355					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$1,000,000
Α			N/ A	52 SBA FV9869	03/06/2018	03/06/2019	E.L. DISEASE -EA EMPLOYEE	\$1,000,000
	(Mandatory in NH)  If yes, describe under  DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
Α	EMPLOYMENT PRACTICES LIABILITY			52 SBA FV9869	03/06/2018	03/06/2019	Each Claim Limit Aggregate Limit	\$5,000 \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations. Certificate Holder is an Additional Insured per the Business Liability Coverage Form SS0008 attached to this policy.

CERTIFICATE HOLDER	CANCELLATION
KITSAP COUNTY PARKS 614 DIVISION ST PORT ORCHARD WA 98366-4614	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Susan S. Castaneda

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