Complete App Rcvd: 08/17/23

CITY OF TUMWATER LODGING TAX APPLICATION - Entity Certification

| APPLICATION DEADLINE ATTENTION: | CITY OF TUMWAT | | | incomplete applic | ations will not be accepted |
|--|---|--|------------------------------------|--------------------------------------|--|
| Address/Deliver: | hmiles@ci.tumwa | ater.wa.us OR 555 I | SRAEL ROAD S | W, TUMWATE | R, WA 98501 |
| | Organiza | TION/AGENCY | INFORMATIO | N | |
| Team-Tomorrow, LLC Organization/Agency Na | ume | | <u>83-3238594</u> Federal Tax | ID Number | |
| Christen Greene Contact Name | | | <u>Owner, Head</u> Title | l of Talent | |
| 3701 Pacific Ave SE #403 Mailing Address | 3 | | <u>Olympia</u> City | Wa State | <u>98501</u> Zip |
| 4136956986 Phone | www.SouthSou Website | ndBlockParty.com | Email Addre | | @team-tomorrow.com |
| ⊠ Tourism Promotion/M | | | | | elated Facilities |
| Amount Requested: <u>\$75</u> Brief Description of Tour | | | al Project / Eve Events/Festiva | · · · | |
| A 2-day music festival at the musical legacy of the region affordable price point. This South Sound Region all year | with internationally is year 3 in a 10 year | touring bands. The | festival highligh | hts local comm | erce and tourism at an |
| *If an Event/Festival, con | nplete the following | g: 🗆 New Event | 🛛 Annual Ev | vent for <u>3</u> num | ber of years |
| South Sound Block Party Name of Event/Festival | | 1210 Marine Dr 1 Location | NE (lower lot) | | t 23 and 24 2024 vent/Festival |
| SouthSoundBlockParty.cc Event/Festival Website (if | | August 25 and 2 If an existing ev | | s date of event | :::::::::::::::::::::::::::::::::::::: |
| | | CERTIFICATIO | N | | |
| I hereby state on behalf of \underline{T} | | C dba South Sound H ization/Agency Na | | | that the: |
| Applicant is: \Box Not The applicant has, or can obtain | ^ | For Profit the covering no less than | | ☐ Public Agen ed single limit per | • |

ggregate for personal injury, bodily injury and property damage.

The applicant has on file with the City, or is submitting one copy, of their current articles of incorporation and by-laws. I understand that this is an application for a contract with the City of Tumwater, which, if awarded, will only be paid after the service(s) is rendered - on reimbursement basis, and a signed Lodging Tax Invoice is submitted including proof of payment documentation.

| Х | The applicant has accounting/record-keeping systems which A) show the purposes for which City of Tumwater funds have been spent; B) is open to |
|---|--|
| | |
| | inspection by the City of Tumwater or its agents; and C) is maintained for at least 6 years following the end of contract. |
| | |

I understand that the City of Tumwater will conduct public discussions regarding recommendations for funding to any agency making application to the City of Tumwater and its Lodging Tax Advisory Committee.

XI hereby certify that the information contained in this certification and application for funding with the City of Tumwater is a true and accurate statement of activities and financial status of the organization submitting this application.

I hereby certify that the person signing this application is duly authorized to execute this document on behalf of the applicant entity. 08/07/2023

Christen Greene, owner

Name and Title

Signature (e-signature or original)

7 August 2023

Date

1. What is the purpose of your special event, festival, or tourism-related facility?

To bring people from throughout the region and beyond together for an affordable, fun weekend at a professional live music festival. The South Sound Block Party is the region's only first-class music festival booking multiple internationally touring acts as well as locals who are on the rise. SSBP celebrates the regions rich, musical legacy while increasing local commerce, providing employment and job-training opportuities and reinvigorating the region's entertainment industry.

2. a. For what specific tourism-generating activities will City of Tumwater lodging tax funds be used? Complete and submit the Lodging Tax Budget Form specific to your special event, festival, or tourism related facility. (The Budget Form is also available online at <u>www.ci.tumwater.wa.us/LodgingTax</u>.)

These funds will be used to help cover the cost of the following goods and services necessary to holding a successful event of this size and scope: Booking world-class talent, Staffing (hospitality, security, box office, production), Production: PA, lighting, fencing, stage, Marketing: social media, printed collateral and radio

b. If a returning applicant, identify any major changes in the event or organization since the last funding cycle.

No major changes, we feel we have settled into a good budget and are shifting into growth mode

3. Describe the resources available for the proposed tourism-generating activities? Please include the total number of volunteers and volunteer hours that exist for your special event, festival, or tourism-related facility.

Paid staffing for the festival manages the following activities: accounting, social media marketing, sponsorships, site design, production, securty, box office, parking and more. We worked with over 40 volunteers for contributed at least 750 hours.

4. Do other cities or governmental entities in the county fund your special event, festival, or tourism-related facility? If so, which jurisdictions and how much were you funded from each jurisdiction last year?

Olympia Thurston County 10k 59k

5. Do you intend to apply for lodging tax funds from other jurisdictions this year? If so, which jurisdictions? Please explain how you will use Tumwater's funds separately from other lodging tax funds you may receive?

Yes - both Oly and Thurston County. Funds received from each jurisdiction will each be associated with seperarte line items from the budget. We intend to use any funds received from Tumwater to help cover the costs of accomodations for Artists as well as online targeted marketing on BandsinTown or Meta

6. The request of funds from Tumwater will fund what percentage of your total budget for the proposed special event, festival, or tourism-related facility?

less than 4 %

7. Describe the tourism promotion impact on the economy from your special event, festival, or tourism-related facility within the City of Tumwater, specifically on the lodging and food service sectors.

** I am filling this out before our 2023 event. So these are 2022 stats.

We have brought in patrons from all over the US in 2022 - 23% of the ticket buyers came from outside a 50mile radius. 11% were out of state. We purchased over 35 rooms for bads, crew and staff. At least 5 staff members paid for their own AirBnBs. At least 3 camped at local camp grounds. From the link on our website to our host hotel, we booked over 15 hotel rooms from 9 different zip codes ranging from NY - Wa state. These out of twon guests spend money on hotels, restaurants, bars, parking, recreation and more. In addition we highlight Thurston County parks, hotels, restaurants, events and more on our socials year-round.

8. How broad-based will the tourism promotion benefit be geographically and economically?

See above - due to its central location and our various marketing efforts around the region guests will have the opportrunity to learn about and have tips on where to and how to explore all of Thurston County.

9. How will receiving lodging tax funds result in an increase in the number of people traveling for business or pleasure to Tumwater?

LTAC funding helps keep ticket prices low, making the event acessible to a larger and more diverse audience. These funds also help by increasing the budget for staffing ernsuring a superior, leveled-up, one-of-a-kind event. Having a fully-funded event also ensures that ourp paid, targeted digital marketing reaches its full potential as we reach up into Everett, down into southern Oregon and east to Idaho.

10. For the special event, festival or tourism-related facility, identify the estimated number of participants who will attend in each of the following categories:

| a) | Overall attendance | 5000 |
|----|---|------|
| b) | Staying for the day only <i>and</i> traveling more than fifty miles or more one way from their place of residence or business | 350 |
| c) | Number of participants in any of the above categories who will attend from out-of-state (includes other countries) | 250 |
| d) | Staying overnight in paid accommodations away from their place of residence or business | 500 |
| e) | Staying overnight in unpaid accommodations (e.g. with friends and family) <i>and</i> traveling fifty miles or more one way from their place of residence or business | 150 |
| f) | Total number of paid lodging nights generated in Tumwater | 99 |

g) Describe what methods you will use to determine attendance and to distinguish among the different visitor categories listed above.

Every patron buys tickets through our ticketing partner, ETIX. Their platform tracks data that we use to determine from where the guests are traveling. We can see ticketing data zip codes which allows us to see trends in regions. We use this data as a marketing and targeting tool.

11. If you are awarded a contract, you must be prepared to report to the City the economic benefit from tourists attending your event/facility. Describe how you will document the economic impact from your event/facility; specifically the information requested in question 10. **Submit a sample tracking form, if available.**

I will provide a summary after the festival as I have the last 2 years. I meeting with our host hotel to use codes to track stays generate from our website. We also maintain a South Sound Block Party email list with patron's locations and engagement level.

12. Describe how you will promote overnight stays in Tumwater lodging establishments?

A wide range of marketing goes into SSBP to encourage and educate visitors on all that Thurston County has to offer. This includes our Website (with links to hotels), our email list blasts (over 7k people Nationwide) and various social media outlets (paid nd organic) recommending Tumwater hotels, events, attractions and more. Our partnership with Experience Olympia and Beyond also helps us super-serve the Tumwater region.

13. Describe how you will promote Tumwater and other attractions in the Tumwater area to entice tourists to extend their visit beyond attendance to your special event, festival, or tourism-related facility.

See #12 above. In 2023's marketing (paid and organic) we featured 4 hotels, Tumwater Falls, outdoor recreation, Farmer's markets, commuty events, craft fiars, breweries and bars.

14. What tourism outcome should the City expect if your proposal is only partially funded? Please be specific. *For example: how do you intend to alternatively fund your program / which services will not happen?*

Partial funding in the past has forced us to downsize the event and staffing overall. Specifically we can book less popular acts and have to cut back on staffing. This ultimately leads to lower overall attendence and a less incredible guest experience.

15. List other organizations that you are partnered with for this special event, festival, or tourism-related facility.

Port of Olympia Toyota of Western Washington Topo Chico 4 The Love Founddation (non - profit partner) SPSCC The DoubleTree by Hilton Etix Budd Bay Café The Capitol Mall Experience Olympia and Beyond

16. List any other measurements that demonstrate the impact of increased tourism attributable to your special event, festival, or tourism-related facility. Include any other thoughts that may encourage the Lodging Tax Advisory Committee/Tumwater City Council to use lodging tax funds to support this application.

The South Sound Block Party was a great success in Year 1 (2022). At the time of this application 2023's festival is about 50% ahead in ticket sales - showing massive growth and a great indicator that Year 1 was a success. People love live music here and this region has a vibrant past (and future) as the PNW music canon is written. This festival is the first of its kind in the region in more than 20 years and puts us back on the proverbial map. As a 20+ year music industry veterarn who has called the PNW home for almost just as long, I am thrilled to be able to bring my network and institutional experience to the region to create a diverse, wellbrings from attended and well-run event that folks near and far

In a 2021 COVID-era, NIVA-funded study on live music and the economy we found that independent venues, festivals and promoters are anchor businesses in their communities. The study reported that for every \$1 spent on ticketing for a concert, \$12 is generated in the local economy in bars, hotels, restarants, parking and transport. As a ticketed and marketed event, the South Sound BlockParty is a tourism and revenue-driver.

Lodging Tax Budget Form

Lodging Tax Applicant:

Team-Tomorrow dba South Sound Block Party 2024

Specific to your Tourism-Related Facility, Tourism Promotion Activity, Special Event, or Festival, list the amount and status of funding for all sources from which you have already or intend to receive funds. Please include in-kind donations and funds received from admission fees if applicable.

PROJECTED REVENUE:

| So | urce | Amount | | |
|--|----------------------------------|--------------|--|--|
| Sponsorships: | \$60,000.00 | | | |
| Admission: | \$133,750.00 | | | |
| Reserves: | \$5,000.00 | | | |
| Donations/Contributions: | | | | |
| Grants: | | | | |
| Program Service Fees: | | | | |
| In-kind Donations: | | | | |
| Gift Shop: | | | | |
| Vendor Fees: | | \$1,000.00 | | |
| Fundraising Activities: | | \$15,000.00 | | |
| City of Lacey Lodging Tax: | | \$0.00 | | |
| City of Olympia Lodging Tax: | | \$59,000.00 | | |
| City of Tumwater Lodging Tax: | | \$7,500.00 | | |
| Thurston County Lodging Tax: | | \$5,000.00 | | |
| Other Sources of Revenue: | | | | |
| (please specify) | merchandise | \$1,500.00 | | |
| Other Source: | | | | |
| Other Source: | | | | |
| Other Source: | | | | |
| TOTAL REVENUE: | \$287,750.00 | | | |
| PROJECTED EXPENSES: | | | | |
| Personnel: (salaries and benefits) | | \$111,000.00 | | |
| Administration: (utilities, phone, etc | .) | \$6,500.00 | | |
| Marketing and Promotion: | | \$35,000.00 | | |
| Professional / Consultant Fees: | | | | |
| Equipment: | | \$54,000.00 | | |
| Facility / Event Venue Rental: | \$19,000.00 | | | |
| Travel: (please specify) | flights and livery service | \$10,000.00 | | |
| All Other Expenses: (please specify) | uiforms for volunteers and staff | \$5,600.00 | | |
| Other Expense: | | | | |
| Other Expense: | | | | |
| Other Expense: | | | | |
| TOTAL EXPENSES: | \$241,100.00 | | | |
| PROGRAM EXCESS (DEFICI | PROGRAM EXCESS (DEFICIT): | | | |





CHRISTEN GREENE O/B/O SOUTH SOUND BLOCK PARTY

3701 Pacific Ave SE #403 Olympia, Wa 98501

28 Oct 2022

SCOPE OF SERVICES for SSBP23 -EXHIBIT A

Team Tomorrow is producing the South South Block Party which will create an annual community event to highlight local commerce and live music at an affordable price point. We will produce a 2-day music festival to celebrate and contribute to the region's rich musical legacy while activating an easily overlooked (yet accessible) scenic overlook just a stone's throw from Downtown. With support from the Lodging Tax Funds we will increase local commerce, tourism and provide employment opportunities to reinvigorate our local economy and tourism to the region.

The \$4,900 allotted to us from these funds will be used to help cover a portion of critical festival infrastructure: staffing, production, infastructure and marketing.

Sincerely,

Aug 25 & 26th 2023 at the Northpoint,

CHRISTEN GREENE

Owner, Head of Talent CC: Jessica McCormick, Bookkeeper

> 3701 Pacific Ave SE #403 Olympia, Wa 98501 cg@team-tomorrow.com jess@freepathbookkeeping.com

INVOICE CITY OF TUMWATER TOURISM/LODGING TAX PROGRAM FUNDING

| CONTACT PERSON: Christen Greene | Employer Identification Number: 83 | 3-3238594 |
|---|---------------------------------------|-----------------|
| AGENCY: Team-Tomorrow <u>LLC</u> | DATE: <u>9/15/2022</u> | |
| ADDRESS 3701 Pacific Ave SE #403 | PHONE: <u>413-695-6986</u> | |
| Olympia WA 98501 | EMAIL: cg@team-tomorro | ow.com |
| Proof of Payment | Must Be Attached | |
| The agency identified above provided the following (see RCW 67.28.080). | services to the City of Tumwater to p | promote tourism |
| Services Provided (Scope of Services/Exhibit A) | Date(s) Provided | Cost (Itemized) |
| Fence Screen 4 Less- infrastructure, screen panels | 5/25/2022 | \$816 |
| Peter Corvallis Productions- infrastructure, trash | 8/25/2022 | \$1,186.35 |
| National Construction Rentals- infrastructure, fencing | 6/20/2022 | \$547 |
| | | |
| | | |

| | TOTAL AMOUNT REQUESTED: \$_ | | \$2,400 |
|--|-----------------------------|--|---------|
|--|-----------------------------|--|---------|

AFFIDAVIT OF VERIFICATION

I, the undersigned, do hereby certify under penalty of perjury that materials have been furnished, the services rendered or the labor performed as described herein (and as outlined in the Scope of Services attached as Exhibit A in the contract document), and that the claim is a just, due and unpaid obligation against the City of Tumwater, and that I am authorized to authenticate and certify said claim.

SIGNATURE

Owner/Head of Talent TITLE

<u>Please mail this invoice to:</u> Hanna M. Miles Executive Department 555 Israel Road SW Tumwater, WA 98501 Phone: (360) 754-4120

Invoice

FENCE SCREENS 4 LESS "Your Fence Screen Specialist"

625 S. Palm Street Unit E La Habra, CA 9063

| Date | Invoice # | | |
|-----------|-----------|--|--|
| 5/25/2022 | 34408 | | |

Bill To SOUTH SOUND BLOCK PARTY CHRISTINE GREEN 5344 JOHNSON POINT RD NE OLYMPIA,WA 98516

| Ship To | |
|--------------------------|--|
| SOUTH SOUND BLOCK PARTY | |
| KATIE | |
| 5344 JOHNSON POINT RD NE | |
| OLYMPIA, WA 98516 | |
| | |

| | P.O. Nur | nber | Terms | Rep | Ship | | Via Trackii | | Fracking # |
|---|-----------|--------------|-------------|---------|-----------|---|-------------|-----|------------|
| | VERBA | AL | Credit Card | ALEX | 5/25/2022 | H | FEDEX | | |
| T | Item Code | em Code Desc | | ription | | | Price E | ach | Amount |

| Quantity | Item Code | | Desc | cription | | Price | Each | Amount |
|----------|-----------|----------|---|----------|--|-------|--------|--------|
| 12 | 90PS06502 | 5'8" x 5 | '8" x 50' Black Fence Screen Panels 92% Blockage 200gsm | | | 68.00 | 816.00 | |
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| | | Total | \$816.00 |
|---------------------------------------|----------------------------|-----------------------|----------|
| NO RETURNS OR EXHANGES AT THIS TIME A | ALL SALES ARE FINAL | Payments/Credits -\$8 | |
| www.fencescreens4less.com | info@fencescreens4less.com | Balance Due | \$0.00 |



Portland, OR 97227 (503)222-1664

Peter Corvallis Productions

RESERVATION

136.00

48.00

55.00

48.00

SINCE 1959 Rented To: **Delivery Location:** Ticket# Katie Janovec Res# 22400 1650 Se Hawthorne Blvd # 210 Portland OR 97214 Loc 100 Ordered by: Katie PO/Job # Will Call Delivery/Out: 08/25/22 Thu ACP 08/25/22 Thu Phone: C (402) 580-1806 Setup: Event: Teardown: 08/29/22 Mon TMD Salesperson: Acp Pick-up/In: Item Description Day Rate Total Qty 44 3949 Fence, White Picket - 36' H X 10' L 16.00 704.00 8967 54 Steel, Base, Full - 15 X 15 (14 Lbs) 0.00 54 8972 Steel, Upright - 3' H 0.00 130.00

- 20 Trash Receptacle, Garbage Can - 32 Gal. TC08 6.50 4 1232 Cooler, Ice Chest - 150 Qt 34.00 2 1230 Cooler, Ice Chest - 124 Qt 24.00 GAJE 1 Game, Jenga, 12" W X 40" H 55.00 4 T048 12.00 Table, Banquet, Thin Edge - 8' L X 18 W
- ----- Payments ------******** Credit Card Payments ******** MC Card #: XXXXXXXXXX5705 Type: SALE APPROVAL#: 544457 07/21/22 3:57 PM 300.00 AMOUNT ******** Credit Card Payments ******** MC Card #: XXXXXXXXXXX5705 Type: SALE APPROVAL#: 128242 08/17/22 11:26 AM AMOUNT 886.35

THIS IS A CONTRACT. THE BACK OF THIS CONTRACT CONTAINS IMPORTANT TERMS AND CONDITIONS INCLUDING LESSOR'S DISCLAIMER FROM ALL LIABILITY FOR INJURY OR DAMAGE AND DETAILS OF CUSTOMER'S OBLIGATIONS. THESE TERMS AND CONDITIONS ARE PART OF THIS CONTRACT. READ THEM!

I CERTIFY THAT I HAVE READ AND AGREE TO ALL TERMS OF THIS CONTRACT.

SIGNATURE If other than Customer, signer represents he is an agent of and authorized to sign for Customer

08/17/22 11:27:07 Page 1

Peter Corvallis Productions 2204 North Clark Ave.

Portland, OR 97227 (503)222-1664



Peter Corvallis Productions SINCE 1959

RESERVATION

| Rented To: | Delivery Location: | | Ticket# | |
|--------------------------------|---------------------------|---------------|--------------|-------|
| Katie Janovec | | | Res# 2240 | 0 |
| 1650 Se Hawthorne Blvd # 210 | | | | |
| Portland OR 97214 | | | | |
| | | | Loc 100 | |
| | | | | |
| Ordered by: Katie | <i>PO/Job #</i> Will Call | Delivery/Out: | 08/25/22 Thu | ACP |
| Phone: C (402) 580-1806 | Setup: | Event: | 08/25/22 Thu | |
| Salesperson: Acp | Teardown: | Pick-up/In: | 08/29/22 Mon | TMD |
| Qty Item Description | | Day Rate | | Total |

Χ_

| Rental | s 1,121.00 |
|---|------------|
| Sale | s 0.00 |
| Delivery & Picku | 0.00 |
| Damage Waive | r 58.85 |
| THIS IS A CONTRACT. THE BACK OF THIS CONTRACT CONTAINS IMPORTANT TERMS AND Handlin | g 0.00 |
| CONDITIONS INCLUDING LESSOR'S DISCLAIMER FROM ALL LIABILITY FOR INJURY OR Env. Charge | s 0.00 |
| DAMAGE AND DETAILS OF CUSTOMER'S OBLIGATIONS. THESE TERMS AND CONDITIONS ARE PART OF THIS CONTRACT, READ THEM! Sales Ta | x 0.00 |
| CA | Г 6.50 |
| I CERTIFY THAT I HAVE READ AND AGREE TO ALL TERMS OF THIS CONTRACT. Tota | l 1,186.35 |
| 08/17/22 11:27:07 Page 2 | |
| SIGNATURE If other than Customer, signer represents he is an agent of and authorized to sign for Customer Total Pai | d 1,186.35 |



(253) 863-0348



800-352-5675 • rentnational.com

QUOTE FOR SERVICES

| COMPANY INFO: CUSTOMER # NEW | | JOB SITE INFO | O: SITE # NE | W | | | | |
|--------------------------------|-------------------------|---------------|---------------|-----------------|-----------------|-------------|----------|--------|
| Company: | KAITE JANOVEC | | | Job Name: | SOUTH SOUN | D BLOCK PAR | TY | |
| Requested By: | KATIE LANOVEC | Phone: | 402-580-1806 | Address: | OLYMIPA | | | |
| | | | | | OLYMPIA, WA | 98501 | | |
| E-mail: KATIEJANOVEC@GMAIL.COM | | | | Cross Street: | | | | |
| Other Phone: | | | Site Contact: | Phone: | | | | |
| Billing Address: | | | | Site E-mail: | | | | |
| | , | | | Customer Ref #: | | | | |
| Expected | Install Date | Payment | t Terms | Prevaili | ng Wage | | Job Type |) |
| Thu. Aug | Thu. Aug 25, 2022 COD | | 1 | No | | Special Eve | nt | |
| Quantity UOM Description | | | | Rent | al Term (up to) | Unit Price | Amount | |
| 140 FT | 140 FT FT OF BARRICADES | | | | | 4 Days | 2.19 | 306.60 |
| Fence Notes: | | | | | | | | |

Fence Subtotal: 500.00

Fence Minimum applies: If the total unit price times quantity for the above items <u>does not exceed</u> \$500, this minimum will be charged rather than the per unit price. Note: Damaged, missing, and lease buyout charges are not included in minimum charge.

| Subtotal: | \$500.00 | Sales Tax: | \$47.00 | | Grand Total: | \$547.00 |
|-----------|---|------------|---------|--|--------------|----------|
| | All prices include a one-time Delivery/Installation and a one-time Pick-Up/Removal. | | | | | |

Bids are based on quantity; if quantity changes, bid changes. Additional fees for hillside installations, hand carry, core drilling and inaccessibility. Deliveries and installs are scheduled Mon. - Fri. 7:00 a.m. - 3:00 p.m. Additional charges apply for weekends and after hours work. COD orders are to be paid in advance or upon delivery prior to installation. Orders with driven post(s) require 3-5 business days to complete underground markings. Remove and relocate charges are billed at the same rate as installation price. If services are subject to prevailing wage laws, any penalties or wages not included in this estimate will be paid by the lessee. Certified payroll is available upon request.

| Customer's Signatur | re: | | Date: | |
|---------------------|----------------------|----------------------------|--|---------------------|
| Print Customer Nam | ne: | | PO # | |
| N | OTE: Installation CA | NNOT be confirmed until qu | ote is signed and returned. This bid expires in 14 | days. |
| Date of Quote | Quote Number | Quote Prepared By | Email Address | Fax Signed Quote to |
| Tue. Jun 14, 2022 | 135008 | CTURNER | CTURNER@RENTNATIONAL.COM | |

National Construction Rentals PO BOX 841461 Los Angeles, CA 90084-1461

| Bill To: KAITE JANOVEC | Payment Numbe Date: | r: WEBPMT0000356706 6/20/2022 | |
|---------------------------|------------------------|----------------------------------|----------|
| | | Transaction Details | |
| Capture Amount: | \$547.00 | Status: | Approved |

 Type:
 MasterCard
 Origination ID:
 09BDF89ADE804C0EBE4D12B01268B5C1

Card / Account Number: XXXXXXXXXXX5705 Authorization Code: 567029

City of Tumwater Lodging Tax Final Report Form

| Organization's Name: <u>Team-Tomorrw, obo South Sound</u> | l Block Party |
|---|--|
| Submitted By: <u>christen greene</u> | Date: <u>12 Sept 22</u> |
| Email Address: <u>cg@team-tomorrow.com</u> | Phone: <u>413-695-6986</u> |
| This Report Co | overs: |
| Activity Name: <u>South Sound Block Party</u> | |
| | arketing/Tourism |
| Activity Start Date: <u>26 Aug</u> Activity | ty End Date: <u>27 Aug</u> |
| Total Activity Cost: <u>235,000</u> | |
| Total amount of Tumwater lodging tax funds request | ed: 25,000 |
| Total amount of Tumwater lodging tax funds expende | ed: 2,400 |
| Total amount of lodging tax funds expended from al | ll jurisdictions: \$54,900 (45k Olympia, 2,400 |
| Tumwater, 7,500 Thurston County) | |

DEFINITIONS OF METHODOLOGY FOR QUESTIONS BELOW:

This methodology is defined by the Joint Legislative Audit and Review Committee and is used for reporting to the Legislature about the use of lodging tax for each jurisdiction.

- **Direct Count**: Actual count of visitors using methods such as paid admissions or registrations, clicker counts at entry points, vehicle counts or number of chairs filled. A direct count may also include information collected directly from businesses, such as hotels, restaurants or tour guides likely to be affected by an event.
- **Indirect Count**: Estimate based on information related to the number of visitors such as raffle tickets sold, redeemed discount certificates, brochures handed out, police requirements for crowd control or visual estimates.
- **Representative Survey**: Information collected directly from individual visitors / participants. A representative survey is a highly structured data collection tool, based on a defined random sample of participants, and the results can be reliably projected to the entire population attending an event and includes margin of error and confidence level.
- **Informal Survey**: Information collected directly from individual visitors or participants in a non-random manner that is not representative of all visitors or participants. Informal survey results cannot be projected to the entire visitor population and provide a limited indicator of attendance because not all participants had an equal chance of being included in the survey.
- **Structured Estimate**: Estimate produced by computing known information related to the event or location. For example, one jurisdiction estimated attendance by dividing the square footage of the event area by the international building code allowance for persons (3 sq. ft.).
- **Other**: (please describe)

| | Enter the total number of people predicted to attend this activity (this number would have been submitted on your application for funds); the | PREDICTED: | 1500/day | | |
|------------------------------------|--|---|------------------|--|--|
| Overall Attendance | actual number of people who attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 1100/day | | |
| | METHODOLOGY (definitions provided above): direct EXPLAIN TRACKING METHOD: ticket purch: | count ase data, guest list dat | ta | | |
| | Enter the total number of people who travelled greater than 50 miles predicted to attend this activity (this number would have been submitted | PREDICTED: | 150 | | |
| 50+ Miles - Attendance | on your application for funds); the actual number of people who travelled more than 50 miles to attend this activity; and the method used to determine attendance | ACTUAL (ESTIMATED) | 65 | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): direct estimate EXPLAIN TRACKING METHOD: ticket sales through data and Meta tracking data | ct count, indirect co data, hotel stay data, | | | |
| | Enter the total number of people from outside the state and country predicted to attend this activity (this number would have been submitted on your | PREDICTED: | 250 | | |
| Out of State / | (<i>ins number would have been submitted on your</i> application for funds); the actual number of people from outside the state and country who attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED) | 75 | | |
| Country - Attendance | METHODOLOGY (definitions provided above):direct count, indirect count, structured estimate | | | | |
| | EXPLAIN TRACKING METHOD: ticket sales data, hotel stay data, advertising click through data | | | | |
| | Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted | PREDICTED: | 500 | | |
| Paid for Overnight Lodging - | OVERNIGHT of people who paid for overnight lodging and attended this activity; and the method used to | ACTUAL (ESTIMATED) | 150 | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): direct count, indirect count EXPLAIN TRACKING METHOD: ticket clicks, sales data hotel data, advertising click through and website click through data | | | | |
| Did Not Pay for Overnight | Enter the total number of people predicted to attend this event without paying for overnight | PREDICTED: | 1500 | | |
| | lodging in Tumwater (you would have submitted this number on your application for funds); the actual number of people who attended without paying for overnight lodging; and the method used to determine attendance | ACTUAL (ESTIMATED) | 700 | | |
| Lodging - Attendance | METHODOLOGY (definitions provided above): info count | ormal survey, direct | count, indirect | | |
| | EXPLAIN TRACKING METHOD: chats amongs of ticket buyers and website users | t staff and their friend | ls , demographic | | |
| Paid Lodging Nights | Enter total predicted lodging nights in Tumwater (this number would have been submitted on your | | 500 | | |

| application for funds); and actual number of paid lodging nights. (One lodging night = one or more persons occupying one room for one night); and the method used to determine attendance | | 100 |
|--|-----------------------|-----------------|
| METHODOLOGY (definitions provided above): dire | ct count, indirect | count, informal |
| survey | | |
| EXPLAIN TRACKING METHOD: HOST HOTE | EL SOLD OUT, WE PURCI | hased 35 rooms, |
| NO AIRBANDB'S AVAILABLE, WORD OF MOUTH AM | IONGST STAFF AND LOC | ALS, WEBSITE |
| CLICK THROUGH DATA | | |

Please describe any other information that demonstrates the impact of increased tourism attributable to the special event, festival, or tourism-related facility.

We sold over 1,100 tickets/day for this festival. The average ticket cost was \$62.50 We had an additional 200+ guest list patrons each day @ various price points.

A NIVA-funded, <u>recent COVID-19 study</u> found that **independent venues**, **festivals and promoters are anchor businesses** in their communities. The impact economic study reports that **for every \$1 spent on a concert ticket**, **\$12 is generated in the local economy** at bars, restaurants, hotels, parking and transportation.

OVERNIGHTS/HOTELS:

Our formal host hotel, The Doubletree by Hilton sold out Thursday August 25 - Sunday August 27th. **We purchased over 35 rooms** for bands, crew and on-site staff. At least 5 staff members paid for AirBandBs for their weekend employment. At least 3 staff camped in nearby campgrounds. **From the link on our website which provided a discounted rate for patrons**, we booked over 12 hotel rooms from the following zip codes.

10596 - Verplank, NY 97214 - Portland, Or 98115 - Seattle, Wa 60618 - Chicago, II 98103 - Seattle, Wa 97232 - Portland, Or 98271 - Seattle, Wa 98310 - Seattle, Wa

GENERAL TOURISM:

Pedi-Cabs: We brought in 4 pedi-cab drivers to give patrons rides to/from designated spots in downtown Olympia. The cabs gave over 150 rides over a 2-day span. This initiative was partially paid for by The Downtown Alliance who helped defer hotel rooms costs for the drivers. The pedicabs were mentioned over 15 times digitally from SSBP's channels with over 6,000 impressions across the mailing list and social media. Those posts also mentioned Downtown Olympia Alliance and called out local businesses near the designated Pick Up/Drop Off Zones.

We held a VIP and Friends Wristband Pick-Up Party at The Brotherhood in downtown Olympia. This was marketed as a *'come and gather and meet your fellow VIPs, have a drink on us and get your wristband ahead of time to skip lines.* 'This encouraged visiting and patronizing downtown Olympia before our event started.

TUMWATER SPECIFIC QUESTIONS:

Did you experience a higher number of tourists this year? If not, what do you think was a contributing factor?

- Of all of our ticket buyers 23% came from outside of a 50-mile radius
- 11% are from out of state
- **35% of advanced sales** were from outside of the Oly/Lacey/Tumwater area.
- Ticket purchases **increased 43% in the 2 weeks** leading up to the event.
- 38% of tickets were purchased in advance (*this is slightly below industry average for an event of this size*)

Did you complete all of the items on your Scope of Services consistent with your application submitted to the Lodging Tax Advisory Committee? If not, which items do you still need to complete? Do you plan on completing those items with your own resources? If so, when?

Yes

What expenses did you pay using Tumwater Lodging Tax funds?

Festival infrastructure: sound/stage/lights

Do you plan to do anything differently next year to expand your event, increase tourism to Tumwater, or increase visitors to your facility?

Yes. I would like to include Tumwater hotels more directly.

When planning this festival, no other hotel was responsive when I reached out to create partnerships. Regardless, we featured 7 other hotels (or BnBs) on our website from Olympia and Tumwater. These were the two cities who provided LTAC funding. **Our website received over 33,000 unique users** from April - August 2022. We had 150+ unique clicks on the various hotel links on our website.

It is my intention to continue to reach out to hoteliers to get codes and blocks of rooms for future events. It is my intention to continue to promote our local hotel inventory as part of future festival marketing. I could use your help to do this next year.

TOMORROW

Profit and Loss

January - December 2022

| | TOTAL |
|----------------------------------|-------------|
| Income | |
| Commissions | 27,334.53 |
| Event Income | 9,000.00 |
| PayPal Sales | 0.00 |
| | 0.00 |
| | 19,116.00 |
| Discounts/Refunds Given | -120.44 |
| Merch Sales | 1,406.56 |
| Ticket Sales | 34,729.47 |
| Total SSBP Income | 55,131.59 |
| Total Income | \$91,466.12 |
| Cost of Goods Sold | |
| Shipping | 676.23 |
| Total Cost of Goods Sold | \$676.23 |
| GROSS PROFIT | \$90,789.89 |
| Expenses | |
| Advertising & Marketing | 5,297.45 |
| Bank Charges & Fees | 91.27 |
| PayPal Fees | 1,131.58 |
| Total Bank Charges & Fees | 1,222.85 |
| Contractors | 50.00 |
| Dues & subscriptions | 1,836.75 |
| Interest Paid | 1.10 |
| Job Supplies | 2.50 |
| Legal & Professional Services | 150.00 |
| Meals & Entertainment and travel | 8,778.22 |
| Office Expense | 379.74 |
| QuickBooks Payments Fees | 30.86 |
| Reimbursable Expenses | 1,231.35 |
| Rent & Lease | 0.00 |
| Shows & Events | 661.67 |
| SSBP Expenses | |
| Aesthetic & Lights | 12,556.14 |
| Commissions | 9,525.00 |
| Infrastructure | 13,600.91 |
| Facilities | 9,776.08 |
| Fence/Barricades | 6,338.76 |
| Generators & Electrical | 5,111.20 |
| Tents | 8,458.10 |
| Total Infrastructure | 43,285.05 |

TOMORROW

Profit and Loss

January - December 2022

| | TOTAL |
|----------------------------------|------------|
| Insurance | 2,503.80 |
| Marketing | 1,292.55 |
| Billboard & Mural | 3,170.00 |
| Digital Marketing | |
| Content | 2,846.66 |
| Design & Web Dev | 310.00 |
| Social Media & Ads | 22,710.35 |
| Total Digital Marketing | 25,867.0 |
| Hospitality & Lodging | |
| Lodging | 10,407.5 |
| Other Hospitality | 15,107.7 |
| Transportation | 205.20 |
| Travel | 2,260.1 |
| Total Hospitality & Lodging | 27,980.75 |
| Print Marketing | 5,148.02 |
| Printing & Signage | 12,143.3 |
| Staff Shirts | 1,178.2 |
| Wristbands, Laminates & Stickers | 2,995.3 |
| Total Print Marketing | 21,465.0 |
| Radio Marketing | 4,150.00 |
| Video Marketing | 1,640.00 |
| Total Marketing | 85,565.40 |
| Radios & Production Gear | 2,459.28 |
| SSBP Staffing | 4,740.0 |
| Production Staffing | 12,392.30 |
| Accounting | 1,507.49 |
| Artist Relations | 3,525.0 |
| Clean Up Crew | 1,833.0 |
| Driving/Transport Staff | 1,000.0 |
| Merch Staff | 750.0 |
| Security & Grounds Crew | 9,515.0 |
| Stage & Production Staff | 8,363.0 |
| Ticketing/Box Office Staff | 4,600.00 |
| Total Production Staffing | 43,485.8 |
| Talent | 56,975.0 |
| Total SSBP Staffing | 105,200.8 |
| Stage & Sound | 18,319.94 |
| Total SSBP Expenses | 279,415.40 |
| Subcontracting | 146.83 |
| Taxes & Licenses | 222.73 |
| Telephone Expense | 124.96 |

TOMORROW

Profit and Loss

January - December 2022

| | TOTAL |
|------------------------------------|----------------|
| Travel | 2,481.01 |
| Total Expenses | \$302,033.48 |
| NET OPERATING INCOME | \$ -211,243.59 |
| Other Income | |
| Interest Income | 4.78 |
| Other Income | 2.47 |
| SSBP Grants & Sponsorships | |
| Municipal Lodging & Tourism Grants | 47,923.92 |
| Private Sponsors | 166,750.00 |
| Total SSBP Grants & Sponsorships | 214,673.92 |
| Total Other Income | \$214,681.17 |
| NET OTHER INCOME | \$214,681.17 |
| NET INCOME | \$3,437.58 |



BUSINESS LICENSE

WASHINGTON Limited Liability Company Issue Date: Aug.06, 2021 Unified Business ID #: 604303882 Business ID #: 001 Location: 0001

TEAM-TOMORROW, LLC

(See application for current business address)

TAX REGISTRATION - ACTIVE

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This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

UBI: 604303882 001 0001

TEAM-TOMORROW, LLC FAUX PAS PRODUCTIONS TAX REGISTRATION - ACTIVE

STATE OF WASHINGTON



Annual Report

BUSINESS INFORMATION

Business Name: TEAM-TOMORROW, LLC

UBI Number: 604 303 882

Business Type: WA LIMITED LIABILITY COMPANY

Business Status: ACTIVE

Principal Office Street Address:

скрианон рас.

08/31/2022

Jurisdiction: UNITED STATES, WASHINGTON

Formation/Registration Date: 08/20/2018

Period of Duration: PERPETUAL

Inactive Date:

Nature of Business: ENTERTAINMENT, ARTS & RECREATION

REGISTERED AGENT CONSENT

To change your Registered Agent, please delete the current Registered Agent below. Registered Agent Consent (Check One):

 \mathbf{Y}

I am the Registered Agent. Use my Contact Information.

I am not the Registered Agent. I declare under penalty of perjury that the WA Limited Liability Company has in its records a signed document containing the consent of the person or business named as registered agent to serve in that capacity. I understand the WA Limited Liability Company must keep the signed consent document in its records, and must produce the document on request.

This document is a public record. For more information visit www.sos.wa.gov/corps

Filed Secretary of State State of Washington Date Filed: 07/15/2021 Effective Date: 07/15/2021 UBI #: 604 303 882

(See Application for current business address)

Work Order #: 2021071500428305 - 1 Received Date: 07/15/2021 Amount Received: \$60.00



Filed Secretary of State State of Washington Date Filed: 08/20/2018 Effective Date: 08/20/2018 UBI #: 604 303 882

CERTIFICATE OF FORMATION

UBI NUMBER

UBI Number: 604 303 882

BUSINESS NAME

Business Name FAUX PAS PRODUCTIONS, LLC

REGISTERED AGENT

Registered Agent Name

Street Address

Mailing Address

CHRISTEN GREENE

(See application for current business address.)

Customer provided Registered Agent consent? - Yes

REGISTERED AGENT CONSENT

DURATION

Duration: **PERPETUAL**

EFFECTIVE DATE

Effective Date: **08/20/2018**

OTHER PROVISIONS

Other Provisions:

PRINCIPAL OFFICE

Phone: **413-695-6986**

Email: FAUXPASPRODUCTIONS@GMAIL.COM

| Street Address | 1 | | | | ATES | |
|-----------------------------------|------------------|--------------------|------------|--------------|---------|--|
| Mailing Addre | SS: | | | | | (See application for current business address) |
| EXECUT | OB | | | | 5 | |
| Title | Executor Type | Entity Name | First Name | Last Name | Address | |
| EXECUTOR | INDIVIDUAL | | CHRISTEN | GREENE | | |
| RETURN | ADDRES | S FOR ⁻ | THIS FIL | ING | | |
| Attention: CHRISTEN Email: | GREENE | | | | | |
| | RODUCTIONS | @GMAIL.C | COM | | | |
| Addrosse | | | | | | |
| UPLOAD | | NAL DO | CUMEN | TS | | |
| Name No Value Fou | und. | Doc | ument Type | | | |
| UPLOAD | DED DOCU | IMENTS | 5 | | | |
| Document T No Value Fou | | S | Source | Create | ed By | Created Date |
| EMAIL O | PT-IN | | | | | |

I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

AUTHORIZED PERSON - STAFF CONSOLE

| \checkmark | Document is signed. |
|--------------|---------------------|
| | on Type: |
| IND | IVIDUAL |
| First | Name: |
| ~~~~ | TOTAL T |

CHRISTEN Last Name:

GREENE

Title: **OWNER**

1. What is the purpose of your special event, festival, or tourism-related facility?

The Olympic Flight Museum and the Olympic Air Show's mission is to explore, preserve, educate and promote the history of aviation and the role it has played in world history by featuring flight demonstrations and ground displays. The event serves as the museum's primary fundraising activity, and raises revenue which helps fund the year-round operations of the museum. Because of this event, the museum can provide a year-round attraction and a place to visit when tourists are seeking activities in every season. The Olympic Air Show is also a prominent summertime attraction which not only benefits the local hospitality and tourism industry, but also provides a unique and special experience for the local community as well.

2. a. For what specific tourism-generating activities will City of Tumwater lodging tax funds be used? Complete and submit the Lodging Tax Budget Form specific to your special event, festival, or tourism related facility. (The Budget Form is also available online at <u>www.ci.tumwater.wa.us/LodgingTax.</u>)

City of Tumwater lodging tax funds will be used exclusively for promotion and operation of the 2024 Olympic Air Show, and for the procurement of aerobatic demonstrations and related expenses.

b. If a returning applicant, identify any major changes in the event or organization since the last funding cycle.

The event will be held on the traditional date of Father's Day weekend, June 15-16, 2024.

3. Describe the resources available for the proposed tourism-generating activities? Please include the total number of volunteers and volunteer hours that exist for your special event, festival, or tourism-related facility.

Financial resources include visitor admission fees, facility rentals, and membership donations collected by the museum throughout the year. The event attracts sponsors who make modest financial or in-kind donations. Other resources include an event planning committee of crucial individuals who oversee strategic coordination, museum staff, and volunteers. For the 2023 Olympic Air Show, 68 individuals volunteered for event set-up, implementation, and tear-down. Total number of volunteer hours exceeded 1,326. These museum and event volunteers do not include event partner groups who utilize their own members for specific functions, such as the Civil Air Patrol, Olympia Camera Club, and local service groups.

4. Do other cities or governmental entities in the county fund your special event, festival, or tourism-related facility? If so, which jurisdictions and how much were you funded from each jurisdiction last year?

Port of Olympia \$1,500; City of Olympia \$20,000; Thurston County \$7,500.

5. Do you intend to apply for lodging tax funds from other jurisdictions this year? If so, which jurisdictions? Please explain how you will use Tumwater's funds separately from other lodging tax funds you may receive?

Yes, the Olympic Flight Museum intends to apply for funding from these and other municipalities. Tumwater's lodging tax funds are applied separately for the purpose of performer fees and incentives to include lodging and rental vehicles, marketing and promotion, and operational costs.

6. The request of funds from Tumwater will fund what percentage of your total budget for the proposed special event, festival, or tourism-related facility?

25%: \$45,000 divided by event expense budget of \$174,610 = .25

7. Describe the tourism promotion impact on the economy from your special event, festival, or tourism-related facility within the City of Tumwater, specifically on the lodging and food service sectors.

Thousands of visitors enjoy the Olympic Air Show each year. Visitors are encouraged to stay in Tumwater hotels, in addition to benefitting our community partners, city attractions, dining facilities, and retail establishments. We direct our performer and special guests to stay in Tumwater hotels, resulting in thousands of direct revenue to the lodging industry. In 2023, the Olympic Air Show contributed more than \$9,400 in lodging revenue to Tumwater hotels. In addition to lodging, thousands more were spent on rental vehicles, performer and volunteer meals, and at other local retail establishments.

8. How broad-based will the tourism promotion benefit be geographically and economically?

Manual data collection indicated the 2023 Olympic Air Show attracted 110 visitors from 10 states (outside of Washington), indicating effective promotion and advertising achievements. Advertising for the air show also serves to attract visitors at other times during the year.

In the effort to maintain and expand our market area, event advertising and promotion is applied to a larger regional area over a six month period. National and regional campaigns commence in the late winter and include television, digital, radio, print and social media, in addition to outreach directed to international tour groups. The Olympic Air Show website, originally established in 2013, was significantly enhanced in 2020, and serves to communicate the featured performers, sponsors, lodging, attractions, and ticket information. Since the debut of the www.olympicairshow.com, the website has had thousands of unique visits from all over the world.

9. How will receiving lodging tax funds result in an increase in the number of people traveling for business or pleasure to Tumwater?

Lodging tax funds are primarily expensed for event promotion, performer lodging and incentives, and performer fees. These elements combined with an aggressive marketing campaign reach thousands of viewers over a six month period through multiple mediums. Additionally, the continued national decline of air shows results in greater attention to the few that continue to exist. The Olympic Air Show has a proven record of attracting air and ground displays that are unique to the event. This specialty, combined with regular and continual promotion, results in the consistent, year-round attraction of tourists every year.

10. For the special event, festival or tourism-related facility, identify the estimated number of participants who will attend in each of the following categories:

| a) | Overall attendance | 9119 |
|----|---|----------|
| b) | Staying for the day only and traveling more than fifty miles or more one way from their place of residence or business | 1997 |
| | | |
| c) | Number of participants in any of the above categories who will attend from out-of-state (includes other countries) | 116 |
| d) | Staying overnight in paid accommodations away from their place of residence | 499 |
| | or business | <u> </u> |
| e) | Staying overnight in unpaid accommodations (e.g. with friends and family) and | 1298 |

traveling fifty miles or more one way from their place of residence or business

| f) | Total number of | paid lodging nights | generated in Tumwater | 211 |
|----|-----------------|---------------------|-----------------------|-----|
| | | | | |

g) Describe what methods you will use to determine attendance and to distinguish among the different visitor categories listed above.

10.a. Manual count of patrons at Admissions Gate and estimated viewers outside of airport premises.

10.b. 21.9% of total visitors who traveled 50+ miles to attend as reflected in electronic ticket analysis: $21.9\% \ge 9.119 = 1.997$

10.c. Out of state/country attendance as determined by electronic ticket analysis as well as actual count of performers (pilots and crew).

- 10.d. Estimate 25% of 1,997 tourists in paid accommodations = 499
- 10.e. Estimate of 65% of 1,997 tourists staying in unpaid accommodations = 1,298

10.f. Of the 499 tourists staying in paid accommodations, estimate a family unit of 3.13 is 159; add 52 performer/crew rooms (2 nights) = 211

11. If you are awarded a contract, you must be prepared to report to the City the economic benefit from tourists attending your event/facility. Describe how you will document the economic impact from your event/facility; specifically the information requested in question 10. **Submit a sample tracking form, if available.**

Visitor demographic data is collected and compiled from electronic ticket analysis. The museum also corresponds with local lodging facilities to track their room inventory as it relates to the event.

12. Describe how you will promote overnight stays in Tumwater lodging establishments?

For six months prior to the Olympic Air Show, the museum and air show websites experience a significant increase in viewer traffic. Both websites link to four Tumwater lodging facilities and campgrounds. In addition, we purposely reserve pilot and crew rooms in Tumwater hotels for convenient access to and from the airport.

13. Describe how you will promote Tumwater and other attractions in the Tumwater area to entice tourists to extend their visit beyond attendance to your special event, festival, or tourism-related facility.

The event program contains a page dedicated to other nearby Tumwater attractions, restaurants and places of interest. We print extra programs to distribute to museum patrons during the summer months. The event's long term marketing campaign also serves to entice tourists to visit the Tumwater area all year long.

14. What tourism outcome should the City expect if your proposal is only partially funded? Please be specific. *For example: how do you intend to alternatively fund your program / which services will not happen?*

Without the requested level of assistance from the City of Tumwater, the Olympic Air Show would experience a significant reduction in the number of show performers and featured guests, as well as a reduction in promotion and advertising efforts. These decreases would greatly reduce the advertising/promotion capability along with current and prospective aerobatic performers. Any decrease in these areas would result in a consequential decrease in the museum's ability to reach out to and attract visitors from outside the immediate area and thus their tourism related spending. The Olympic Air Show serves as the museum's primary

fundraising event; shortage of the revenue generated would impact the annual operating capability of the museum.

15. List other organizations that you are partnered with for this special event, festival, or tourism-related facility.

Our organizational and heritage partners include:

City of Olympia; Port of Olympia; Thurston County; South Sound Squadron of the Civil Air Patrol; EAA Cascade Warbird Squadron; Friends of Willie and Joe Living Historians; Hands On Children's Museum; Pacific Harbor Council of Boy Scouts; Olympia Camera Club; Experience Olympia; Puget Sound Antique Aircraft Club; Skookumchuck Grange; Tenino Motorcycle Drill Team; Gamewardens NW Association, Thurston County Readiness Center (Washington National Guard), The Olympian, Tumwater Fire Department, and Olympia Robotics Federation.

16. List any other measurements that demonstrate the impact of increased tourism attributable to your special event, festival, or tourism-related facility. Include any other thoughts that may encourage the Lodging Tax Advisory Committee/Tumwater City Council to use lodging tax funds to support this application.

The Olympic Flight Museum attracts approximately 30,000 visitors annually, which also benefits our community partners, city attractions, lodging properties, dining facilities and services. As a leading producer of Tumwater's tourism economy, the museum also exists for the enjoyment of Tumwater citizens and beyond. The museum actively hosts private and public gatherings and is an anchor organization within city limits. Citizens enjoy our presence as an active and consistent participant in community activities.

The Olympic Flight Museum has strengthened our partnership with the South Sound Squadron of the Civil Air Patrol, and serves as host of their monthly Aerospace enrichment classes as a demonstration of our commitment as an ongoing educational resource.

This year's Olympic Air Show tourist attendance was 21.9%, falling within the historical average of 18% to 22%. The 116 patrons from out-of-state visited from 10 states outside of Washington. Many attendees from outside the area (tourists) enjoy the discounted contact-less ticket availability, while local citizens familiar with the event use the traditional front-gate admission process and are willing to pay for non-discounted tickets in order to support the museum's fundraising activity. In addition, the cancellation of several regional air show gives greater attention as one of the few regional aviation-themed events.

The Olympic Air Show appeals to a broad audience of all age levels and backgrounds, and honors our nation's veterans and aviation heritage. It is the largest annual public gathering within the City of Tumwater.

While the Olympic Air Show's operational costs have undergone significant increases since 2022, funds awarded for 2024 will again be primarily utilized to contract with private aerobatic performers to offset the continued decline of free military support that was previously provided by the U.S. military in the form of static displays and fly-overs. The potential for growth and long-term continuation of the event exists if we can consistently procure renowned and popular aerobatic demonstrations. The acquisition of prominent performers and aerobatic acts is the most important factor in not only maintaining current levels of attendees, but also increasing them.

Lodging Tax Budget Form

Lodging Tax Applicant:

Olympic Flight Museum / Olympic Air Show

Specific to your Tourism-Related Facility, Tourism Promotion Activity, Special Event, or Festival, list the amount and status of funding for all sources from which you have already or intend to receive funds. Please include in-kind donations and funds received from admission fees if applicable.

PROJECTED REVENUE:

| Sc | Amount | |
|---|--|--------------|
| Sponsorships: | \$8,500.00 | |
| Admission: | \$75,000.00 | |
| Reserves: | | |
| Donations/Contributions: | | |
| Grants: | | |
| Program Service Fees: | | |
| In-kind Donations: | | \$5,000.00 |
| Gift Shop: | | \$8,000.00 |
| Vendor Fees: | | \$6,000.00 |
| Fundraising Activities: | | |
| City of Lacey Lodging Tax: | | |
| City of Olympia Lodging Tax: | | \$20,000.00 |
| City of Tumwater Lodging Tax: | | \$45,000.00 |
| Thurston County Lodging Tax: | | \$7,500.00 |
| Other Sources of Revenue: (please specify) | | |
| Other Source: | Beer Garden | \$4,000.00 |
| Other Source: | Port Of Olympia | \$1,500.00 |
| Other Source: | | |
| TOTAL REVENUE: | | \$180,500.00 |
| PROJECTED EXPENSES: | | |
| Personnel: (salaries and benefits) | | \$55,000.00 |
| Administration: (utilities, phone, etc | 2.) | \$4,000.00 |
| Marketing and Promotion: | | \$31,485.00 |
| Professional / Consultant Fees: | | \$34,000.00 |
| Equipment: | \$18,300.00 | |
| Facility / Event Venue Rental: | | |
| Travel: (please specify) | | |
| All Other Expenses: (please specify) | Performer Lodging/Food/Vehicle | \$19,175.00 |
| Other Expense: | Fuels: Avgas, Jet A, Smoke Oil | \$11,600.00 |
| Other Expense: | Licensing | \$400.00 |
| Other Expense: | Contract Labor | \$650.00 |
| TOTAL EXPENSES: | na na mina cun gran in se herrin november contentra contentra contentra contentra contentra contentra esta conte | \$174,610.00 |
| PROGRAM EXCESS (DEFICI | T): | \$5,890.00 |



OLYMPIC FLIGHT MUSEUM SCOPE OF SERVICES – ATTACHMENT A 2023

City of Tumwater Lodging Tax funds will supplement the Olympic Flight

Museum's advertising and promotion of the Olympic Air Show with the goal of increasing tourists and visitors to the Tumwater area. Funds will be dispersed in the following timeframe and manner:

Olympic Air Show

Event Date: June 17-18, 2023

Event marketing and promotional initiatives to include print, web, radio, social media, signage and other forms of advertising media;

Event operational expenses designed to promote tourism to the event;

Performer expenses including fees, lodging, vehicle rental, and other incidental performer expenses.

The Olympic Flight Museum is a 501(c)3 not for profit organization, Tax I.D. # 91-1899948. Located at the Olympia Regional Airport in Tumwater, Washington. 7637-A Old Highway 99 SE, Olympia, WA 98501 (360) 705-3925

| Cľ | TY OF TUMWATER |
|-----|-------------------|
| | SEP 2 1 2022 |
| EXI | CUTIVE DEPARTMENT |

CITY OF TUMWATER TOURISM/LODGING TAX PROGRAM FUNDING

INVOICE

| CONTACT PERSON:_Teri Thorning | Employer Identification Number:_91-1899948 |
|---|---|
| AGENCY: _Olympic Flight Museum | DATE: _September 21, 2022 |
| ADDRESS_7637 Old Highway 99 SE, Bldg. A | PHONE: _(360) 705-3925 |
| _Olympia, WA 98501 | EMAIL: _oas@olympicflightmuseum.com_ |
| Proof of Payment | Must Be Attached |
| The agency identified above provided the following (see RCW 67.28.080). | services to the City of Tumwater to promote tourism |
| Services Provided (Scope of Services/Exhibit A) | Date(s) Provided Cost (Itemized) |
| Please see attached list | |

TOTAL AMOUNT REQUESTED: \$____36,000.00____

AFFIDAVIT OF VERIFICATION

I, the undersigned, do hereby certify under penalty of perjury that materials have been furnished, the services rendered or the labor performed as described herein (and as outlined in the Scope of Services attached as Exhibit A in the contract document), and that the claim is a just, due and unpaid obligation against the City of Tumwater, and that I am authorized to authenticate and certify said claim.

🔵 Kyle Baxter SIGNATURE

_Manager, Olympic Flight Museum_____ TITLE

<u>Please mail this invoice to:</u> Hanna M. Miles Executive Department 555 Israel Road SW Tumwater, WA 98501 Phone: (360) 754-4120

| VENDOR | SERVICE | DATE | PYMT. METHOD | AMOUNT |
|-------------------|-------------------|------------|-----------------|-----------|
| Best Western | Lodging | 6/18-6/19 | | 8330.84 |
| The Olympian | Advertising | 6/10-6/17 | | 3185.00 |
| Hertz | Vehicle Rental | 6/17-6/20 | | 3503.72 |
| Star Rentals | Equip. Rental | 6/18-6/19 | | 387.28 |
| Honey Bucket | Equip. Rental | 6/18-6/19 | | 4782.00 |
| LeMay Pacific | Dumpster/Garb. | | | |
| City of Tumwater | Advert. – Banner | 6/7-6/20 | Check #2089 | 300.00 |
| Northwest | Advertising | 6/9 & 6/16 | | 1000.00 |
| Military | | | | |
| Day Wireless | Equip. Rental | 6/16-6/20 | VISA \$437.60 + | 475.89 |
| | | | \$38.29 | |
| The Chronicle | Advertising | 5/20-6/18 | | 500.00 |
| Wenham Design | Advertising | 3/3-6/19 | | 1898.75 |
| Premier | Advertising | 6/6-6/19 | | 350.00 |
| Broadcasters | | | | |
| Thurston Talk | Advertising | 5/1-6/19 | | 125.00 |
| Clark County Talk | Advertising | 5/1-6/19 | | 125.00 |
| South Sound Talk | Advertising | 5/1-6/19 | | 125.00 |
| Celebrations | Equip. Rental | 6/18-6/19 | | 2836.67 |
| Celebrations | Equip. Rntl. TENT | 6/18-6/19 | | 2530.50 |
| Print NW | Printing – Poster | 4/26 | | 347.14 |
| Print NW | Printing – | 6/17-6/18 | | 3214.65 |
| | Program | | | |
| Shelton Journal | Advertising | 6/9 | | 312.00 |
| Pacific Disposal | Equip. Rntl-Garb. | 6/18-6/19 | | 748.87 |
| Pacific Stage | Equip. Rental | 6/17-6/19 | | 2045.78 |
| Renny Price | Performer | 6/17-6/19 | | 2,000 |
| Anna Serbinenko | Performer | 6/17-6/19 | | 2,000 |
| Greg Howard | Performer | 6/17-6/19 | | 1,000 |
| Royal Eagle | Performer | 6/17-6/19 | | 2,000 |
| Squadron | | | | |
| TOTAL | a | | | 44,124.09 |

Tumwater-Olympia Inn

5188 Capitol Blvd SE OLYMPIA, WA 98501

(360) 956-1235 stay@bwtumwater.com www.bestwestern.com/TumwaterInn

C/O 06/21/2022 01:42 PM Rose

| | | Group ID 1758 | |
|---|--|--|---|
| Registered To: THRONING, TERI Olympic Flight Museum | Bill To: Olympic Flight Museum | OLYMPIC FLIGHT MUSEL OLYMPIC FLIGHT MUSEL | |
| CAPITOL BLVD OLYMPIA, WA 98501 | 7637-A OLD HIGHWAY 99 SE TUMWATER, WA 98501 | Arrival 06/14/22 Departure 06/21/22 | |
| (360) 705-3925 | (360) 705-3925 | Acct Payment City Ledge 271 | r |

Posting Date Oper Acct Code Description From Reference Amount

6/21/22 Rose DIRECT BILLING

DB

Olympic Flight Museum

(\$8,330.84)

Balance Due

(\$8,330.84)

OAS22-Lodging OK Int

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.



Print Images 071/4/2022 4:09 HURTIES 629570001477 KeyBank NA >021300077< DEP Number: Check Number: Posted Date: Check Amount: MEMO PAYTO THE ORDER OF Best Western Tumwater Inn J Type: Description: Account Eight Thousand Three Hundred Thirty and 84/100******* Best Western Turnwater Inn 5188 Capitol Blvd. S. Turnwater, WA'9850'1 OLYMPIC FLIGHT MUSEUM 1000 85th AVE SE Olympia, WA 98501-5707 (360) 705-3925 "OD2114" "325170754" 1401065365" Debit 8330.84 07/15/2022 2119 Memo Debit xxxxx5365 , ***************** Timberland Bank AUTHORIZED SXONATURE \$ **8,330,84 ******* 6/30/2022 #rot. Public these in oversed surveyaw 11S0e30 B10031 PMCCD, and iCB NOBH0□ redited to the account of the payee. DOLLARS Photo S 2119 5 0 1 Ø Id. (Stattin Detalla on Back 1

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Olympic Flight Museum Attn: Accounts Payable 7637 Old Hwy 99 SE Tumwater, Washington 98501 Beaufort Gazette Belleville News-Democrat Bellingharn Herald Bradenton Herald Centre Daily Times Charlotte Observer Columbus Ledger-Enquirer Fresno Bee The Herald - Rock Hill Herald Sun - Durham Idaho Statesman Island Packet Kansas City Star Lexington Herald-Leader Merced Sun-Star Miami Herald el Nuavo Herald - Miami Modesto Bee Raleigh News & Observar The Olympian Sacramento Bee Fort Worth Star-Telegram The State - Columbia Sun Herald - Biloxi Sun News - Myrtle Beach The News Tribune Tacoma The Telegraph - Macon San Luis Obispo Tribune Tri-City Herald Wichita Eagle

Page 1 of 2

| | JUNE INVOICE |
|------------------|-------------------|
| Invoice No.: | 127881 |
| Invoice Date: | 06/30/2022 |
| Due Date: | 07/25/2022 |
| Bill-To Account: | 90007 |
| Sales Rep: | Diane Stojakovich |

Print

| Date | Ad No. | PO Description | Size | Notes Net Amount: |
|------------|--------|--------------------------------------|---------------|-------------------|
| 06/10/2022 | 915888 | OLY-The Olympian - Entertainment Any | B-Eighth Page | \$33.25 |
| 06/12/2022 | 915891 | OLY-The Olympian - Main Any | B-Eighth Page | \$33.25 |
| 06/15/2022 | 915893 | OLY-The Olympian - Main Any | B-Eighth Page | \$33.25 |
| 06/17/2022 | 915889 | OLY-The Olympian - Entertainment Any | B-Eighth Page | \$33.25 |
| 06/10/2022 | 915881 | TAC-News Tribune - Entertainment Any | B-Eighth Page | \$188.00 |
| 06/12/2022 | 915886 | TAC-News Tribune - Main Any | B-Eighth Page | \$188.00 |
| 06/15/2022 | 915887 | TAC-News Tribune - Main Any | B-Eighth Page | \$188.00 |
| 06/17/2022 | 915882 | TAC-News Tribune - Entertainment Any | B-Eighth Page | \$188.00 |

McClatchy Digital

| Dates | Ad No. | PO Description | Stze Net | : Amount |
|-------------------------|--------|-------------------------|-------------------------------|----------|
| 06/17/2022 - 06/17/2022 | 915877 | News Tribune Homepage | Responsive Billboard Takeover | \$600.00 |
| 06/07/2022 - 06/17/2022 | 915880 | News Tribune ROS | Standard Display Sizes | \$700.00 |

Please Return This Portion With Your Payment (Thank You)

McClatchy Company LLC PO Box 510150 Livonia MI 48151

ADVERTISING INVOICE

Olympic Flight Museum Attn: Accounts Payable 7637 Old Hwy 99 SE Tumwater, Washington 98501

| JUNE INVOICE | | | | |
|---------------|-----------------------|--|--|--|
| Invoice No.: | 127881 | | | |
| Account No.: | 90007 | | | |
| Account Name: | Olympic Flight Museum | | | |
| Amount Due: | \$3,185.00 | | | |

Email questions to ssccreditandcollections@mcclatchy.com

McClatchy Company LLC PO Box 510150 Livonia MI 48151

0000090007 0000127881 000318500 5



Baaufort Gazette Belleville News-Democrat Bellingham Herald Bradenton Herald Centre Daily Times Charlotte Observer Columbus Ledger-Enquirer Fresno Bee The Herald - Rock Hill Herald Sun - Durham Idaho Statesman Island Packet Kansas City Star Lexington Herald-Leader Merced Sun-Star Miami Herald el Nuevo Herald - Miami Modesto Bee Raleigh News & Observer The Olympian Sacramento Bee Fort Worth Star-Telegram The State - Columbia Sun Herald - Biloxi Sun News - Myrtle Beach The News Tribune Tacoma The Telegraph - Macon San Luis Obispo Tribune Tri-City Herald Wichita Eagle

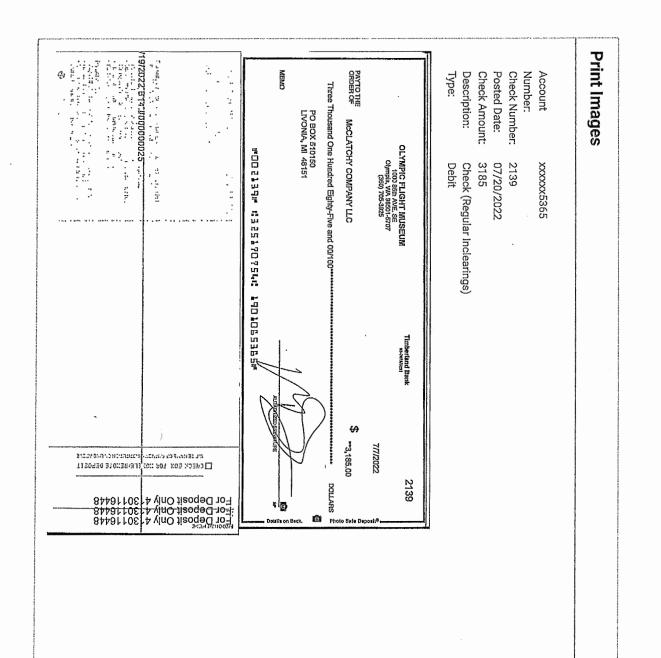
McClatchy Digital

Page 2 of 2

| Dates | Ad No. | PO Description | Size | Net Amount |
|-------------------------|--------|-------------------------|-------------------------------|------------|
| 06/17/2022 - 06/17/2022 | 915878 | The Olympian Homepage | Responsive Billboard Takeover | \$500.00 |
| 06/07/2022 - 06/17/2022 | 915879 | The Olympian ROS | Standard Display Sizes | \$500.00 |
| 00/07/2022 - 00/11/2022 | 913679 | me olympian į kos | Standard Display Sizes | |

| June | e Summary |
|---|---|
| Amount Due: | \$3,185.00 |
| CONTRACTOR OF A | An an a block of the state of the |





| 2400 CARRIAGE LOOP SW OLYMPIA, WA 98502 | Rental Agreement #: Bill Ref #: Invoice Date: Account #: | | 7500-5 [.] 06 | 6RNQSC 105-3971 /20/2022 /5WS001 |
|--|--|---|---|---|
| | BILLING DETAIL | | | |
| and the second sec | Description | Qty/Per | Rate | Amount |
| | TIME & DISTANCE | 3 DAY | 165.00 | 495.00 |
| BILL TO | | Subtotal | | 495.00 |
| OLYMPIC FLIGHT MUSEUM | VEHICLE LICENSE FEE RECOVERY | 3 DAY | 0.49 | 1.47 |
| 7637 OLD HWY 99SE TUMWATER, WA - 98501 | WA STATE RENTAL TAX | PCT | 5.90 | 29.29 |
| RENTAL INFORMATION | SALES TAX | PCT | 9.40 | 46.67 |
| Date/Time Out 06/16/2022 01:15 PM Start Charges 06/17/2022 09:00 AM Date/Time In 06/20/2022 09:01 AM Renter THORNING, TERI `` | Amount Due (USD) Individual line item charges such as rental rates for (e.g., sales taxes and tees or surcharges), and char rounded up or down a whole cent to ensure that the and/or to avoid fractional cents. | Time and Distance rges divided betwee charges equal the | , percentage-b en multiple par actual Total A | 572.43 ased charges les may be mount Due |
| RENTAL VEHICLES |] | | | |
| ColorLicenseModelUnitMiles/KmsSILVERBXH11284RUN7VBTML19,06019,300VIN:JTEMU5JR3M5906969 | (POSTED) | | | |
| CLAIM INFORMATION | | | | |
| Claim# / PO# / RO# Insured | | | | |
| Date of Loss Type of Loss Type of Vehicle | | | | |
| Repair Shop | | | | |

West Coast Ravens

11 ex Invoices 019522 - Rental Vehicles Jotal Sue \$ 3503.72. Ok to pay Int

Tel#: +1 3609563714 SEA99ARADMIN@EHI.COM Payment Due within 30 days of invoice date Late payments are subject to a finance charge.

| | Thank You For Cho | osing Enterprise | | *********** | *** |
|---|----------------------|----------------------------|------------------|--------------|-----|
| Please Return This Portion Wi | Amount I | Amount Due (USD) | | | |
| Remit To :Paid By:ENTERPRISE RENT A CAROLYMPIC FLIGHT MUSEUPO BOX 7497647637 OLD HWY 99SELOS ANGELES, CA 90074-9764TUMWATER, WA 98501 | | | | | |
| Email Remit To: AskNationalP | ayments@ehi.com | | | | |
| Fed Tax Id: 26-4086616 | Account # 45WS001 | Rental Agreement 6RNQSC | Amount 572.43 | GPBR 4525 | |

| 2400 CARRIAGE LOOP SW OLYMPIA, WA 98502 | Rental Agreement #: Bill Ref #: Invoice Date: Account #: | | 7500-5 [.] 06 | 6RNVZW 105-2146 6/20/2022 15WS001 |
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| · 說謝 2 上頭的 《* | BILLING DETAIL | | | en e |
| ್ಯ ಸಂಗೀತ ಸಂಗೀತ ಮಾಲ್ ಮೊದಲ್ಲಿ ಕ್ರಮಿಸಿದ್ದರೆ. ಕ್ರಮ ಸ್ಥಾನ ಕ್ರಮ ಸ್ಥಾನ ಕ್ರಮ ಸ್ಥಾನ | Description | Qty/Per | Rate | Amount |
| • 3: | TIME & DISTANCE | 3 DAY | 165.00 | 495.00 |
| BILL TO | | Subtotal | | 495.00 |
| OLYMPIC FLIGHT MUSEUM | WA STATE RENTAL TAX | PCT | 5.90 | 29.29 |
| 7637 OLD HWY 99SE TUMWATER, WA - 98501 | VEHICLE LICENSE FEE RECOVERY | 3 DAY | 0.49 | 1.47 |
| RENTAL INFORMATION | SALES TAX | PCT | 9.40 | 46.67 |
| Date/Time Out 06/16/2022 01:06 PM Start Charges 06/17/2022 09:00 AM Date/Time In 06/20/2022 08:12 AM Renter THORNING, TERI RENTAL VEHICLES | Amount Due (USD) Individual line item charges such as rental rates for (e.g., sales taxes and fees or surcharges), and char rounded up or down a whole cent to ensure that the and/or to avoid fractional cents. | Time and Distance rges divided betwee charges equal the | , percentage-b n multiple par actual Total A | 572.43 ased charges lies may be mount Due |
| ColorLicenseModelUnitMiles/KmsBLACK1A338NDVOYA7TYMN313,58013,646VIN: 2C4RC1DG5LR176421CLAIM INFORMATION | (Pograd) | | | |
| Claim# / PO# / RO# Insured | and the second of the second o | | | |
| Date of Loss Type of Loss Type of Vehicle Repair Shop | | | | |

Cascade Warburds

Tel#: +1 3609563714 SEA99ARADMIN@EHI.COM Payment Due within 30 days of invoice date Late payments are subject to a finance charge.

| Please Return This Portion With Remi | ttance | Amount [| Due (USD) | | 572.43 |
|--|----------------------|--|----------------------|---------------------|--------|
| Remit To : ENTERPRISE RENT A CAR PO BOX 749764 LOS ANGELES, CA 90074-9764 | | Paid By: OLYMPIC FI 7637 OLD H TUMWATER | | | |
| Email Remit To: AskNationalPayments | s@ehi.com | | | | |
| Fed Tax Id: 26-4086616 | Account # 45WS001 | Rental Agreement 6RNVZW | Amount 572.43 | GPBR 4525 | |

| Carriage LOOP SW OLYMPIA, WA 98502 | Rental Agreement #: Bill Ref #: Invoice Date: Account #: | | 7500-51 06 | 6RP56W 05-2571 /20/2022 5WS001 |
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| | BILLING DETAIL | | | |
| ار این میرود این این میرود این | Description | Qty/Per | Rate | Amount |
| | TIME & DISTANCE | 3 DAY | 165.00 | 495.00 |
| BILL TO | | Subtotal | 3449444 | 495.00 |
| OLYMPIC FLIGHT MUSEUM | WA STATE RENTAL TAX | PCT | 5.90 | 29,29 |
| 7637 OLD HWY 99SE | VEHICLE LICENSE FEE RECOVERY | 3 DAY | 0.49 | 1.47 |
| TUMWATER, WA - 98501 RENTAL INFORMATION | SALES TAX | PCT | 9.40 | 46.67 |
| Date/Time Out 06/16/2022 02:03 PM Start Charges 06/17/2022 10:00 AM Date/Time In 06/20/2022 08:25 AM Renter THORNING, TERI | Amount Due (USD) Individual line item charges such as rental rates for ' (e.g., sales taxes and fees or surcharges), and cherr rounded up or down a whole cent and/or to avoid fractional cents. | Time and Distance ges divided betwee charges equal the | , percentage-ba en multiple parti- actual Total An | 572.43 sed charges es may be pount Due |
| RENTAL VEHICLES |] | | | |
| ColorLicenseModelUnitMiles/KmsBLACK8NSG174DURA7TD3HS60,27060,470VIN: 1C4SDHCT3LC260171 | - B | | | |
| CLAIM INFORMATION | | | | |
| Claim# / PO# / RO# Insured | Managar St. | | | |
| Date of Loss Type of Loss Type of Vehicle | | | | |
| Repair Shop | | | | |

Cascade Warbirds)

Tel#: +1 3609563714 SEA99ARADMIN@EHI.COM Payment Due within 30 days of invoice date Late payments are subject to a finance charge.

Thank You For Choosing Enterprise

Please Return This Portion With Remittance

Remit To : ENTERPRISE RENT A CAR PO BOX 749764 LOS ANGELES, CA 90074-9764 Paid By: OLYMPIC FLIGHT MUSEUM 7637 OLD HWY 99SE TUMWATER, WA 98501

Amount Due (USD)

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Email Remit To: AskNationalPayments@ehi.com

Fed Tax Id: 26-4086616

Account # 45WS001

Rental AgreementAmount6RP56W572.43

GPBR 4525 572.43

| 2400 CARRIAGE LOOP SW OLYMPIA, WA 98502 | and a second | Rental Agreement #: Bill Ref #: Invoice Date: Account #: | | 7500-51 06 | 6RQ8B8 105-3587 /20/2022 5WS001 |
|---|--|--|--|---|---|
| | | BILLING DETAIL | | | |
| | | Description | Qty/Per | Rate | Amount |
| | [14] A. K. S. | TIME & DISTANCE | 3 DAY | 165.00 | 495.00 |
| BILLTO | | | Subtotal | producted | 495.00 |
| OLYMPIC FLIGHT MUSEUM | | WA STATE RENTAL TAX | PCT | 5.90 | 29.29 |
| 7637 OLD HWY 99SE TUMWATER, WA - 98501 | | VEHICLE LICENSE FEE RECOVERY | 3 DAY | 0.49 | 1.47 |
| RENTAL INFORMATION | | SALES TAX | PCT | 9.40 | 46.67 |
| Renter THORNING, TERI | narges Date/Time In 2 10:00 AM 06/20/2022 08:52 AM | Amount Due (USD) Individual line item charges such as rental rates for (e.g., seles taxes and fees or surcharges), and char rounded up or down a whole cents. | Time and Distance ges divided betwee charges equal the | , percentage-ba an multiple parti actual Total An | 572.43 ased charges les may be nount Due |
| RENTAL VEHICLES | | | | | |
| Color License Model RED MED N582896 JOUR VIN: 3C4PDCAB8LT259766 | Miles/Kms Unit Out In 8D40K9 12,260 12,460 | (boeled) | | | |
| CLAIM INFORMATION | | a san and | | | |
| Claim# / PO# / RO# | Insured | | | | |
| Date of Loss Type of Los | s Type of Vehicle | | | | |
| Repair Shor | 0 | | | | |

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Tel#: +1 3609563714 SEA99ARADMIN@EHI.COM Payment Due within 30 days of invoice date Late payments are subject to a finance charge.

| Please Return This Portion With Remittance A | | Amount [| Due (USD) | 572.43 | |
|--|----------------------|----------------------------|----------------------|---------------------|--|
| ENTERPRISE RENT A CAR PO BOX 749764 | | 7637 OLD H | FLIGHT MUSEUM | | |
| Email Remit To: AskNationalPayments | s@ehi.com | | | | |
| Fed Tax Id: 26-4086616 | Account # 45WS001 | Rental Agreement 6RQ8B8 | Amount 572.43 | GPBR 4525 | |

| 2400 CARRIAGE LOOP SW OLYMPIA, WA 98502 | | Rental Agreement #: Bill Ref #: Invoice Date: Account #: | , | 06 | 6RXJX9 105-3699 5/20/2022 15WS001 |
|--|--|--|--|---|--|
| | | BILLING DETAIL Description | Qty/Per | Rate | Amount |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | TIME & DISTANCE | 3 DAY | 50.00 | 150.00 |
| BILL TO | |] | Subtotal | branch- | 150.00 |
| OLYMPIC FLIGHT MUSEUM 7637 OLD HWY 99SE | | WA STATE RENTAL TAX | PCT | 5.90 | 8.94 |
| TUMWATER, WA - 98501 | | VEHICLE LICENSE FEE RECOVERY | 3 DAY | 0.49 | 1.47 |
| RENTAL INFORMATION | | SALES TAX | PCT | 9.40 | 14.23 |
| Date/Time Out 06/17/2022 09:55 AM Renter THORNING, TERI | Date/Time In 06/20/2022 08:55 AM | Amount Due (USD) Individual line Item charges such as rental rates for (e.g., sales taxes and fees or sucharges), and char rounded up or down a whole cent to ensure that the and/or to avoid fractional cents. | Time and Distance gas divided betwee charges equal the | , percentage-t en multiple par actual Total A | 174.64 ased charges lies may be mount Due |
| RENTAL VEHICLES | | | | | |
| Color License Model Unit BLACK 8TYZ026 VERS 8CC260 VIN: 3N1CN8EV0ML832645 CLAIM INFORMATION | Miles/Kms Out In 3 30,860 30,960 | | | | |
| Laisa-sen keinnin hiddi keinnin hiddi keinne distanti megini minnin para adalah misika keing keina menangkai | ured | and the second sec | | | |
| Date of Loss Type of Loss Typ | be of Vehicle | | | | |
| Repair Shop | | | | | |

Tel#: +1 3609563714 SEA99ARADMIN@EHI.COM Payment Due within 30 days of involce date Late payments are subject to a finance charge.

| ſ | Please Return This Portion With Remittance A | | Amount D | ue (USD) | 174.64 |
|---|---|----------------------|----------------------------|--|---------------------|
| | Remit To : ENTERPRISE RENT A CAR PO BOX 749764 LOS ANGELES, CA 90074-9764 Email Remit To: AskNationalPayments@ehi.com | | 7637 OLD HV | Paid By: OLYMPIC FLIGHT MUSEUM 7637 OLD HWY 99SE TUMWATER, WA 98501 | |
| | | 9 | | | |
| | Fed Tax Id: 26-4086616 | Account # 45WS001 | Rental Agreement 6RXJX9 | Amount 174.64 | GPBR 4525 |

| 2400 CARRIAGE LOOP SW OLYMPIA, WA 98502 | Rental Agreement #: Bill Ref #: Invoice Date: Account #: | 7 | 06 | 6RXJY5 05-3612 /20/2022 5WS001 |
|---|--|---|--|---|
| 四、 其内 主 (202) () | BILLING DETAIL | and the second | | |
| | Description | Qty/Per | Rate | Amount |
| n sa ang ng ting ng ting ting ting ting ting ting ting ti | TIME & DISTANCE | 3 DAY | 50.00 | 150.00 |
| BILL TO | | Subtotal | | 150.00 |
| OLYMPIC FLIGHT MUSEUM | WA MOTOR VEHICLE EXCISE TAX | PCT | 0.30 | 0.45 |
| 7637 OLD HWY 99SE TUMWATER, WA - 98501 | VEHICLE LICENSE FEE RECOVERY | 3 DAY | 0.49 | 1.47 |
| RENTAL INFORMATION | SALES TAX | PCT | 9.40 | 14.24 |
| Date/Time Out 06/17/2022 09:57 AM Date/Time In 06/20/2022 08:53 AM Renter THORNING, TERI Rental RENTAL VEHICLES | Amount Due (USD) Individual line item charges such as rental rates for e.g., sales taxes and fees or succinerges), and char rounded up or down a whole cent to ensure that the and/or to avoid fractional cents. | Time and Distance, ges divided betwee charges equal the | percentage-b n multiple part actual Total Ar | 166.16 ased charges les may be nount Due |
| Miles/Kms Color License Model Unit Out In WHITE C80579U GLAD 7TN2VX 48,395 48,695 VIN: 1C6HJTAG7LL199278 Out In Miles/Kms | | | | |
| CLAIM INFORMATION | | | | |
| Claim# / PO# / RO# Insured | | | | |
| Date of Loss Type of Loss Type of Vehicle Repair Shop | The state state of | | | |

Tel#: +1 3609563714 SEA99ARADMIN@EHI.COM Payment Due within 30 days of invoice date Late payments are subject to a finance charge.

Thank You For Choosing Enterprise Amount Due (USD) 166.16 Please Return This Portion With Remittance Paid By: OLYMPIC FLIGHT MUSEUM 7637 OLD HWY 99SE TUMWATER, WA 98501 **Remit To:** ENTERPRISE RENT A CAR PO BOX 749764 LOS ANGELES, CA 90074-9764 Email Remit To: AskNationalPayments@ehi.com **GPBR Rental Agreement** Amount Fed Tax Id: 26-4086616 Account # 6RXJY5 45WS001 166.16 4525

| 2400 CARRIAGE LOOP SW OLYMPIA, WA 98502 | an a | Rental Agreement #: Bill Ref #: Invoice Date: Account #: | | 06 | 6RZL2B 105-2531 5/20/2022 15WS001 |
|--|--|--|---|--|--|
| | | BILLING DETAIL | | | |
| | | Description | Qty/Per | Rate | Amount |
| the second s | فالقالم والمرجو | TIME & DISTANCE | 3 DAY | 50.00 | 150.00 |
| BILL TO | | | Subtotal | | 150.00 |
| OLYMPIC FLIGHT MUSEUM | | VEHICLE LICENSE FEE RECOVERY | 3 DAY | 0.49 | 1.47 |
| 7637 OLD HWY 99SE TUMWATER, WA - 98501 | | WA STATE RENTAL TAX | PCT | 5,90 | 8.94 |
| RENTAL INFORMATION | | SALES TAX | PCT | 9.40 | 14.23 |
| Date/Time Out 06/17/2022 11:57 AM Renter THORNING, TERI | Date/Time In 06/20/2022 08:24 AM | Amount Due (USD) Individual line item charges such as rental rates for (e.g., alles taxes and tees or surcharges), and char rounded up or down a whole cent to ensure that the and/or to avoid fractional cents. | Time and Distance, ges divided betwee charges equal the | , percentage-b n multiple par actual Total A | 174.64 ased charges lies may be mount Due |
| RENTAL VEHICLES | | | | | |
| Color License Model Unit GRAY LT 8TIX489 VERS 8CKT4K VIN: 3N1CN8EV1ML818639 CLAIM INFORMATION | Miles/Kms Out In 35,600 35,900 | | | | |
| Claim# / PO# / RO# Insur | ed | | | | |
| | of Vehicle | | | | |

Tel#: +1 3609563714 SEA99ARADMIN@EHI.COM Payment Due within 30 days of involce date Late payments are subject to a finance charge.

| | Due (USD) | | 174.64 |
|------------------------------------|--|---|--|
| OLYMPIČ I 7637 OLD I TUMWATE | Paid By: OLYMPIC FLIGHT MUSEUM 7637 OLD HWY 99SE TUMWATER, WA 98501 | | |
| | | | |
| # Rental Agreement 6RZL2B | Amount 174.64 | GPBR 4525 | |
| | OLYMPIČ F 7637 OLD I TUMWATE # Rental Agreement | OLYMPIČ FLIGHT MUSEUM 7637 OLD HWY 99SE TUMWATER, WA 98501 # Rental Agreement Amount | OLYMPIČ FLIGHT MUSEUM 7637 OLD HWY 99SE TUMWATER, WA 98501 # Rental Agreement Amount GPBR |

| 2400 CARRIAGE LOOP SW OLYMPIA, WA 98502 | | Rental Agreement #: Bill Ref #: Invoice Date: Account #: | | • • 7 | 7500-51 06 | 6RZMFN 105-3571 /20/2022 5WS001 |
|--|------------------------------|--|-------------------------------|--|---|---|
| | - - | BILLING DETAIL | | | | |
| i de Second Deservations de la constante de la constante Deservations de la constante de la co | | Description TIME & DISTANCE | - | / Per DAY | Rate 50.00 | Amount 150.00 |
| BILL TO | |] | Su | ubtotal | | 150.00 |
| OLYMPIC FLIGHT MUSEUM 7637 OLD HWY 99SE TUMWATER, WA - 98501 RENTAL INFORMATION | | WA STATE RENTAL TAX VEHICLE LICENSE FEE RECOVERY SALES TAX | 3 | PCT DAY PCT | 5.90 0.49 9.40 | 8.94 1.47 14.23 |
| Date/Time Out Date/T | ime In 22 08:51 AM | Amount Due (USD) Individual line item charges such as rental rates for (e.g., sales taxes and tees or surcharges), and char rounded up or down a whole cent to ensure that the and/or to avoid fractional cents. | Time an ges divi charge | d Distance, ded betwee s equal the : | percentage-bi n multiple part actual Total Ar | 174.64 ased charges les may be nount Due |
| Color License Model Unit Out RED MED BXG7787 VERS 7VY335 24,269 VIN: 3N1CN8EV9ML856197 | s/Kms In 9 24,469 | 1 | | | | |
| | | | | | | |
| Claim# / PO# / RO# Insured Date of Loss Type of Loss Type of Vehi Repair Shop | cle | Ľ. | | | | |

Tel#: +1 3609563714 SEA99ARADMIN@EHI.COM Payment Due within 30 days of invoice date Late payments are subject to a finance charge.

| | Thank You For Cho | osing Enterprise | | | |
|---|----------------------|---|------------------|---------------------|--------|
| Please Return This Portion With Remittance | | Amount I | Due (USD) | | 174.64 |
| Remit To : ENTERPRISE RENT A CAR PO BOX 749764 LOS ANGELES, CA 90074-9764 Email Remit To: AskNationalPa | vments@ehi.com | Paid By: Olympic F 7637 Old H TUMWATER | | | |
| Eman Konne TO: ASkiladonan a | ymenta@eni.com | | | | |
| Fed Tax Id: 26-4086616 | Account # 45WS001 | Rental Agreement 6RZMFN | Amount 174.64 | GPBR 4525 | |

| 2400 CARRIAGE LOOP SW OLYMPIA, WA 98502 | | Rental Agreement #: Bill Ref #: Invoice Date: Account #: | | 06 | 6S0BZ8 105-4700 2/20/2022 5WS001 |
|---|--|--|---|--|--|
| 9 14 14 | | BILLING DETAIL | | | |
| | | Description | Qty/Per | Rate | Amount |
| | · · · · · · · · · · · · · · · · · · · | TIME & DISTANCE | 3 DAY | 50.00 | 150.00 |
| BILL TO | 51 | | Subtotal | person advan | 150.00 |
| OLYMPIC FLIGHT MUSEUM | | VEHICLE LICENSE FEE RECOVERY | 3 DAY | 0.49 | 1.47 |
| 7637 OLD HWY 99SE TUMWATER, WA - 98501 | | WA STATE RENTAL TAX | PCT | 5.90 | 8.94 |
| RENTAL INFORMATION | | SALES TAX | PCT | 9.40 | 14.23 |
| Date/Time Out 06/17/2022 01:01 PM Renter THORNING, TERI RENTAL VEHICLES | 06/20/2022 09:23 AM | Amount Due (USD) Individual line item charges such as rental rates for (e.g. sales taxes and fees or such arges), and char routided up or down a whole cent to ensure that the and/or to avoid fractional cents. | Time and Distance, ges divided betwee charges equal the | percentage-b h multiple part actual Total Ar | 174.64 ased charges lies may be nount Due |
| Color License Model WHITE BXT7541 IONH VIN: KMHC05LC4LU240371 | Unit Out In 7VWG8P 32,050 32,079 | (POSTED) | | | |
| CLAIM INFORMATION | an a | | | | |
| Claim# / PO# / RO# | Insured | • | | | |
| Date of Loss Type of Loss | Type of Vehicle | | | | |
| Repair Shop | | | | | |
| | | | | | |

Tel#: +1 3609563714 SEA99ARADMIN@EHI.COM Payment Due within 30 days of invoice date Late payments are subject to a finance charge.

| Please Return This Portion With Remittance | | Amount E | Amount Due (USD) | | |
|--|----------------------|--|-------------------------|---------------------|--|
| Remit To : ENTERPRISE RENT A CAR PO BOX 749764 LOS ANGELES, CA 90074-9764 | | Paid By: OLYMPIC FLIGHT MUSEUM 7637 OLD HWY 99SE TUMWATER, WA 98501 | | | |
| Email Remit To: AskNationalPayment | s@ehi.com | | | | |
| Fed Tax Id: 26-4086616 | Account # 45WS001 | Rental Agreement 6S0BZ8 | Amount 174.64 | GPBR 4525 | |

| 3 S | DAY | Rate 50.00 | Amount |
|---|--|--|---|
| 3 S | DAY | | |
| s | | 50.00 | |
| - | ubtotol | | 150.00 |
| FEE RECOVERY 3 | ubtotal | B | 150.00 |
| I make a the to the to the set to the other the to the set to the | DAY | 0.49 | 1.47 |
| L TAX | PCT | 5.90 | 8.94 |
| | PCT | 9.40 | 14.23 |
| (USD) s such as rental rates for Time a or surcharges), and charges div le cent to ensure that the charge rents. | nd Distance, pe vided between n es equal the act | ercentage-bas nultiple partie ual Total Am | 174.64 sed charges is may be sumt Due |
| | | | |
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| astati | | | |
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| | | | |
| | l cents. | | ges such as rental rates for Time and Distance, percentage-bas es or such as rental rates for Time and Distance, percentage-bas es or such as rentages divided between multiple parties folds cent to ensure that the charges equal the actual Total Amo l cents. |

Tel#: +1 3609563714 SEA99ARADMIN@EHI.COM Payment Due within 30 days of invoice date Late payments are subject to a finance charge.

| Please Return This Portion With Remittance | | Amount I | Amount Due (USD) | | 174.64 |
|---|----------------------|--|-------------------------|---------------------|--------|
| Remit To : ENTERPRISE RENT A CAR PO BOX 749764 LOS ANGELES, CA 90074-9764 Email Remit To: AskNationalPayments@ehi.com | | Paid By: OLYMPIC FLIGHT MUSEUM 7637 OLD HWY 99SE TUMWATER, WA 98501 | | | |
| Email Remit TO. ASKNauonaiFayi | nems@em.com | | | | |
| Fed Tax Id: 26-4086616 | Account # 45WS001 | Rental Agreement | Amount 174.64 | GPBR 4525 | |

| 2400 CARRIAGE LOOP SV OLYMPIA, WA 98502 | | Rental Agreement #: Bill Ref #: Invoice Date: Account #: | | 06 | 6S0L3S 105-3866 5/20/2022 I5WS001 |
|---|--|---|---|--|---|
| | | BILLING DETAIL | | | |
| | n diana 2000 na batana ang ang ang ang ang ang ang ang ang | Description | Qty/Per | Rate | Amount |
| | | TIME & DISTANCE | 3 DAY | 50.00 | 150.00 |
| BILL TO | and the second | | Subtotal | | 150.00 |
| OLYMPIC FLIGHT MUSEUM | | WA STATE RENTAL TAX | PCT | 5.90 | 8.94 |
| 7637 OLD HWY 99SE TUMWATER, WA - 98501 | | VEHICLE LICENSE FEE RECOVERY | 3 DAY | 0.49 | 1.47 |
| RENTAL INFORMATION | | SALES TAX | PCT | 9.40 | 14.23 |
| Date/Time Out 06/17/2022 12:59 PM Renter THORNING, TERI RENTAL VEHICLES | Date/Time In 06/20/2022 09:00 AM | Amount Due (USD) Individual line item charges such as rental rates for (e.g., sales taxes and fees or sucharges), and char rounded up or down a whole cent to ensure that the and/or to avoid fractional cents. | Time and Distance, rges clivided betwee charges equal the | percentage-b n multiple part actual Total Ar | 174.64 ased charges ies may be nount Due |
| Color License Mode BLUE LT 8WPT991 VERS VIN: 3N1CN8EV9ML890012 CLAIM INFORMATION | | | | | |
| Claim# / PO# / RO# | Insured | لين | | | |
| Date of Loss Type of Lo Repair Sh | | | | | |

174.64

Tel#: +1 3609563714 SEA99ARADMIN@EHI.COM Payment Due within 30 days of invoice date Late payments are subject to a finance charge.

Please Return This Portion With RemittanceAmount Due (USD)Remit To :
ENTERPRISE RENT A CAR
PO BOX 749764
LOS ANGELES, CA 90074-9764Paid By:
OLYMPIC FLIGHT MUSEUM
7637 OLD HWY 99SE
TUMWATER, WA 98501

Thank You For Choosing Enterprise

Email Remit To: AskNationalPayments@ehi.com

| Fed Tax Id: 26-4086616 | Account # 45WS001 | Rental Agreement 6S0L3S | Amount 174.64 | GPBR 4525 | |
|------------------------|----------------------|----------------------------|-------------------------|---------------------|--|
| | | | | | |



| | | | A-8566 11. 20220708- 3756634808 101 LAC-74,9764. SBOX FOR HOBILEMENDTE DEPOSIT |
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| | | | 22000661< PAYEE ACCT ACK END GTD NK OF AMERICA |
| | xxxxx5365 2122 07/11/2022 3503.72 Check (Regular Inclearings)- Debit | HT MUSEUM WE SE section section section section for the section sectio | and, this much that had a and. this much that had a rest to that the rest to had the first that i can be that and a that rest that and a co |
| Print Images | Account Number: Check Number: Posted Date: Check Amount: Description: Type: | OLYMPIC FLIG OLYMPIC FLIG Outrian, vol. Outrian, | (1) and (1) and (1) and (1) and (1) and (1) (1) and (1) and (1) and (1) and (1) (1) and (1) |

Remit To:

STAR RENTALS INC PO BOX 3875 SEATTLE WA 98124-3875

www.starrentals.com

Invoice

| Closed | Invoice# |
|---------------|-----------|
| Mon 6/20/2022 | 601471-37 |

Bill to:

FOR DESCRIPTION

Customer #: 143012

OLYMPIC FLIGHT MUSEUM 7637-A OLD HWY 99 SE

OLYMPIA WA 98501

JUN 2 4 2022

RECEIVED

BY:

Date Out Fri 6/17/2022

Aging Date

Mon 6/20/2022

Ordered By: THERESA(TERI) THORNING Delivery Fri 6/17/2022 2:00PM

Teri (Theresa Thorni) 360-451-0721 OLYMPIA AIRPORT 7637-A OLD HWY 99 OLYMPIA, WA 98512 For 6-18 and 19

Set Generators 240 /single PHY's e-mail oas@olympicflightmuseum.com and/or mydepartments@gmail.com

Pickup Mon 6/20/2022 7:00AM - 9:00AM

Terms Net 10th

Teri (Theresa Thorni) 360-451-0721 OLYMPIA AIRPORT 7637-A OLD HWY 99 OLYMPIA, WA 98512

OASZZ-Bental Equip. OK

..... Fold Here...

Andy 24 hour contact 360-589-6083

| Qtv | Key | ltems | Ser# | Disc% | Returned Date | Price |
|-----|---|--|---------------------------------------|--|----------------------|--|
| 5 | 1123-0020-37 | TEMPORARY POWER 'Y' | That The B 49 | 100% | Mon 6/20/2022 5:34AM | \$0.00 |
| 6 | 175-0110-37 | TEMP POWER CORD, 50' | | 100% | Mon 6/20/2022 5:34AM | \$0.00 |
| 5 | 175-0120-37 | TEMP POWER CORD, 100' | | 100% | Mon 6/20/2022 5:34AM | \$0.00 |
| 1 | 1123-0010#G14065 | TEMPORARY POWER BOX SOUTHWIRE ELE 01970 | NONE | 100% | Mon_6/20/2022 5:34AM | \$0.00 |
| 1 | 1123-0010#G12831 | TEMPORARY POWER BOX SOUTHWIRE X-TREME BOX | 18910 | 100% | Mon 6/20/2022 5:34AM | \$0.00 |
| 1 | 1123-0010#G12828 | TEMPORARY POWER BOX SOUTHWIRE X-TREME BOX | 18905 | 100% | Mon 6/20/2022 5:34AM | \$0.00 |
| 1 | 1123-0010#G12834 | TEMPORARY POWER BOX VOLTEC T-BOX-6T | V50370292 | 100% | Mon 6/20/2022 5:34AM | \$0.00 |
| 1 | 1123-0010#G12339 | TEMPORARY POWER BOX CEP 6506-GU | 44612 | 100% | Mon 6/20/2022 5:34AM | \$0.00 |
| 1 | 1123-0010#G12539 | TEMPORARY POWER BOX CEP 6506-GU | 112226 | 100% | Mon 6/20/2022 5:34AM | \$0.00 |
| 1 | 1123-0010#G12813 | TEMPORARY POWER BOX SOUTHWIRE X-TREME BOX | 25132 | 100% | Mon 6/20/2022 5:34AM | \$0.00 |
| 1 | 1123-0010#G12948 | TEMPORARY POWER BOX VOLTEC T-BOX-6T | V43610642 | 100% | Mon 6/20/2022 5:34AM | \$0.00 |
| 1 | 1123-0010#G12536 | TEMPORARY POWER BOX CEP 6506-GU | 112223 | 100% | Mon 6/20/2022 5:34AM | \$0.00 |
| 1 | 1123-0010#G12538 | TEMPORARY POWER BOX CEP 6506-GU | 112222 | 100% | Mon 6/20/2022 5:34AM | \$0.00 |
| 1 | 1123-0010#G12836 | TEMPORARY POWER BOX VOLTEC T-BOX-6T | V50370329 | 100% | Mon 6/20/2022 5:34AM | \$0.00 |
| 1 | 175-0030#R2593 | GENERATOR, 45KVA DOOSAN G40 | 492868UDADG67 | | Mon 6/20/2022 5:34AM | \$200.00 |
| | Meter Out: 4892.9 1day \$200.00 1week \$58 | | al hours on meter: 47.1 | | | |
| 1 | 175-0010#R3480 | AIRMAN SDG13LAX 13KVA GENERATOR | 7H6BX10A6KA001057 | | Mon 6/20/2022 5:34AM | \$150.00 |
| | 1day \$150.00 1week \$45 | 0.00 4weeks \$1,075.00 | ٠٣٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠ | Same and a strengt of the strengt of | | ************************************** |

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Current Net 10th

Please pay from this invoice.

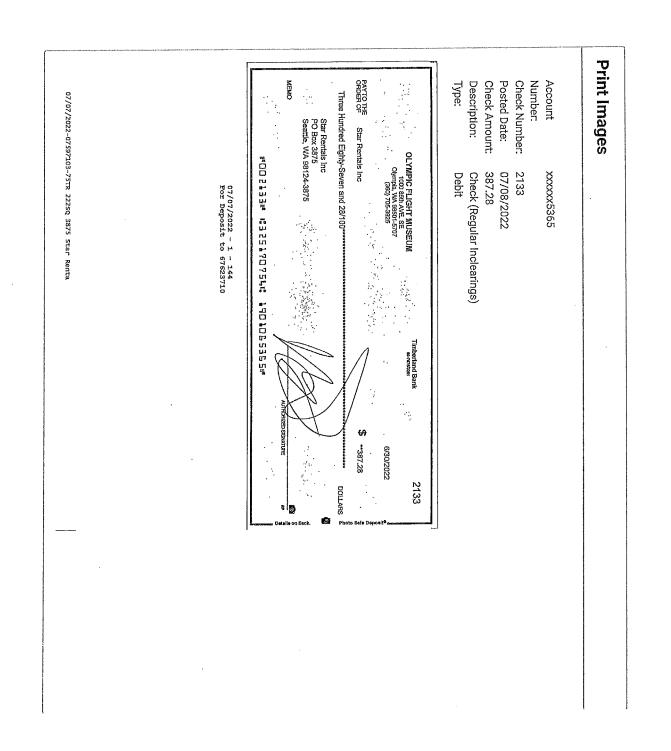
| \$350.00 \$4.38 | 3.4 11. | | - |
|--------------------------------|----------|------|---|
| \$350.00 \$4.38 | 25 04n | In | |
| | \$387.28 | 7.28 | |
| Rental and Sales: 0 VA HERT: 0 | \$32.90 | 2.90 | |
| | olympia: | PIA: | |

 Open Monday through Friday 7:00 am to 5:00 PM, Closed Saturday + Sunday

 Printed On Tue 6/21/2022 5:28:00AM
 Software by Point-of-Rental Software

Modification #6 Contract-Params.SQL.rpt (10)







INVOICE/AGREEMENT #230663-0001

February 23, 2022

| | SILLING ADDRESS | LOCATION | | | | |
|-----------------------------|------------------|--|---------------|--------------|--|--|
| Olympic Flight Museu | m | Olympic Flight Mu | iseum | | | |
| 7637-A Old Highway 9 | 9 SE | 7637-A Old Highw | vay 99 SE | | | |
| Tumwater, WA 98501 | -5728 | Tumwater, WA 98501-5728 | | | | |
| Teri Thorning 360-705-3925 | | Teri Thorning 360 |)-705-3925 | | | |
| SALESPERSON | P.O. NUMBER | Event Date | DELIVERY DATE | PICK-UP DATE | | |
| Summer Taggart | Olympic Air Show | an a | 6/17/2022 | 6/20/022 | | |

This is a legally binding contract. Honey Bucket agree to provide and Customer agrees to accept the following services and equipment at the charges and frequency of service indicated below subject to the terms and conditions specified on page 2 of this agreement.

| | QUANTITY | DESCRIPTION | UNIT PRICE | AMOUNT |
|------------------|-------------------|---|-----------------------|------------|
| 1 2 3 4 | 30 4 2 1 | Standard Restroom ADA Restroom (2-Basin) Hand Wash Station Servicing all equipment 6/19/2022 by 8:00 am The nonrefundable portion for specialty items is - Waived Customer Initial | Event Pkg. Pricing | \$4,782.00 |

TOTAL DEPOSIT DUE BALANCE DUE \$4,782.00 Waived \$4,782.00

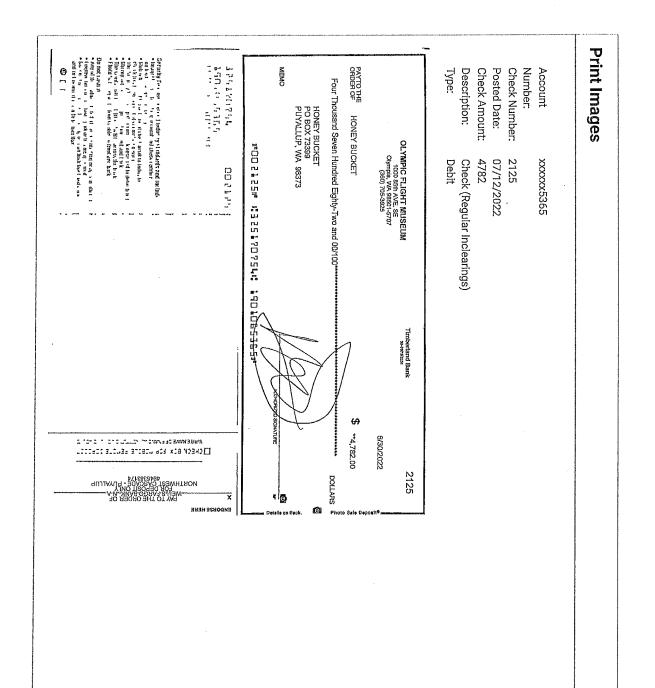
COMMENTS and/or SPECIAL INSTRUCTIONS:

Thank you!

OAS22-Rental Equip pertable toilets & Sonks ok to pay

. Shornin 3/15 20 SIGNATURE DATE





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tor ofto 22



City Hall 555 Israel Road SW Tumwater, WA 98501-6515 Phone: 360-754-5855 Fax: 360-754-4138

BANNER PERMIT AND AGREEMENT

Contact Name: Teri Thorning

Organization: Olympic Flight Museum

Address: 7637-A Old Highway 99 SE

City/State/Zip: Tumwater, WA 98501 oas@olympicflightmuseum.com Permit Application Date: January 3, 2022 Phone Number: (360) 705-3925 Cell Number: (360) 451-0721 Email Address:

Sponsor, Name of Event, Location of Event, Description and Event Date(s): Olympic Flight Museum as host of the OLYMPIC AIR SHOW, to be held at the Olympia Regional Airport on June 18-19, 2022.

Banner Installed Date: June 7, 2022

Banner Pick-up Date: June 21, 2022

(Banners will be installed on Tuesdays for up to a two (2) week period on City-owned street banner poles located on Tumwater Boulevard. If Tuesday is a holiday, the banner will be installed the following business day. Banners must be dropped off one (1) week prior to the approved installation date and picked up the following Tuesday from the banner removal date. Banners left at the City for more than 10 days from the banner pick-up date will be discarded.)

- Permit Fee of \$300.00 is attached (payable to the City of Tumwater). If the Permit is not approved, the check will be returned. Otherwise, there will be no refunds.
- Copy of Certificate of Liability Insurance with limits no less than \$1,000,000.00 each occurrence; \$2,000,000.00 general aggregate listing the City of Tumwater, its officers, agents, employees and volunteers as additional insured is attached.
- Mock up or sample of proposed banner is attached.
- ⊠ Banner meets the eligibility requirements in the Banner Policy and also meets the following physical specifications: 1) 24 to 36 feet in width (maximum width 36 feet) and 3 feet in height with approved message on one or both sides of the banner. 2) Banners must be made of 18 oz, or greater heavy duty vinyl material with sewn in hem on all sides and gusseted corners. 3) Grommets must be placed at each corner and along the top and bottom edges of the banner placed no greater than 2 feet apart. The minimum grommet size shall be ½ inch (inside measurement). 4) Wind vents must be placed in the banner and shall be 6 inch diameter semicircular slits placed 18 inches apart and not less than 6 inches from each end of the banner.

BANNER MAINTENANCE: Any defect in a banner which could cause possible injury, damage to property, or a traffic hazard will cause the banner to be removed by the City without prior notification to the organization. The City will notify the applicant as soon as possible of any damage, defect, or removal. The City of Tumwater will not be responsible for damaged or torn banners (i.e. deterioration, storms, high winds, etc.). Applicants will be responsible for all costs to repair any damage to City owned property caused by the installation, while installed, and/or removal of the banner. Applicants will be responsible for any damage to cars, pedestrians, or neighboring properties due to a defective banner.

HOLD HARMLESS AGREEMENT: The undersigned hereby makes application to the City of Tumwater (City) for hanging banners and certifies the information given in the application and supporting materials is correct. The undersigned further states that he/she has the authority to make this application and agrees to comply with all Federal, State and local regulations. The applicant agrees to indemnify, defend, and hold harmless the City or its officers, agents, employees, from any and all claims, injuries, damages, losses or suits including all costs and attorney fees, alleging damage or injury arising out of the subject matter of this Agreement; provided, however, that such provision shall not apply to the extent that damage or injury results from the sole negligence of the City or its officers, agents, or employees. The

applicant or his/her agent has examined and inspected the banner and equipment for defects and finds them fit and safe for the purpose stated above.

(Signature is required on next page) No liability shall attach to the City by reason of entering into this agreement or issuing this permit except as expressly provided herein.

<u>Jeri Thorning</u> Applicant Signature Teri Thornina Applicant Name (Print)

If a City Department, please list the BARS Line that the Permit Fee will be transferred from:

APPEAL: Applicants may appeal the denial of an application by filing written notice within three (3) business days of notification of denial of permit. Appeals may be mailed to the Mayor's Office, 555 Israel Road SW, Tumwater, WA 98501.

THIS AREA IS FOR STAFF USE ONLY:

Banner will be displayed on:

Reviewed By: Date:

Approved: Denied: Conditions:

Staff contacted applicant on:

If application was denied, permit fee returned on:

Not Approved Due To: Date already in use

Organization/event did not meet Banner Policy Eligibility Requirements:

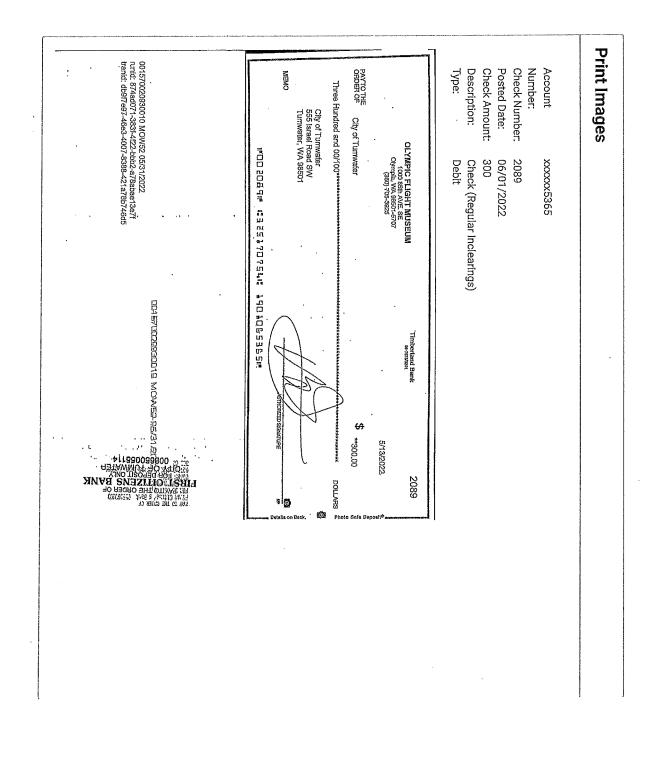
Check Number:

Event Not Located in Tumwater

] For Commercial Advertising

] Organization not a Lodging Tax Funded Event, City Sponsored Event, Public School or College/University, or Public Agency



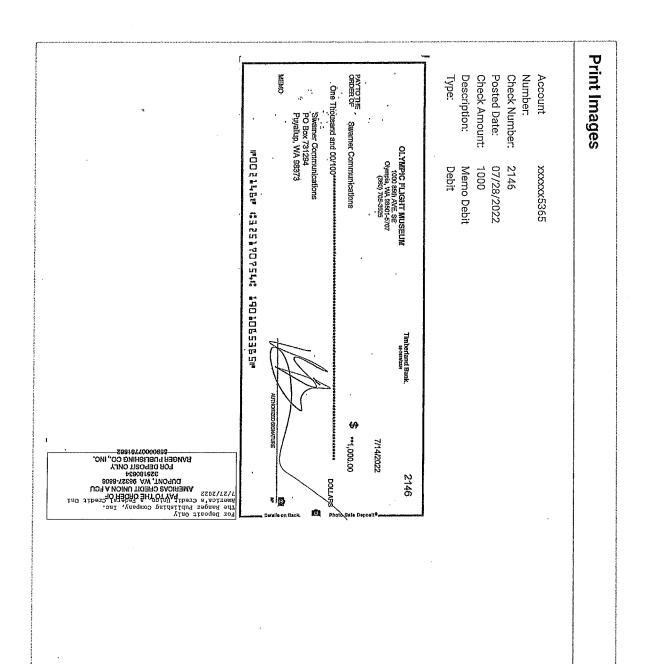


| | Invoice |
|--|--|
| Swarner Communications PO Box 731294 Puyallup, WA 98373 253-584-1212 | Invoice # 91731 Invoice Date: 6/9/2022 Terms: Net 30 Rep: KS |
| Bill to: Bill to ID: 1682 | Sold to: Account ID: 1682 |
| Sarah Hinman Olympic Flight Museum 7637-A Old Hwy 99 SE Olympia, WA 98501 | Sarah Hinman Olympic Flight Museum 7637-A Old Hwy 99 SE Olympia, WA 98501 |
| Ad Insertions included in this InvoiceDateType6/9/22SaleAd2x2 1-8 Units | Charge Disc Applied Total \$500.00 \$500.00 |
| OASZZ-Advert: OK | |
| - Imt | |
| Items: 1 Please make check payable to Swarner Communications Net Due 30 Days. If you prefer to receive this invoice via email please send your request to accounting@northwestmilitary.com | Total Charges \$500.00 Discount Payments Applied |
| | Total Balance Due by 7/9/2022\$500.00 |
| Please return this portion with your payment. | Advertising Invoice |
| Invoice Date: 6/9/2022 Invoice # 91731 Account # 1682 | |
| | Amount Enclosed |
| Remit Payment to: Swarner Communications PO Box 731294 Puyallup, WA 98373 | Advertising Total Balance Due by 7/9/2022 \$500.00 |

| 参Mili | | Ţ | | • | Inv | /oice | |
|--|---|---------------------------------------|----------------|-------------------------|--|---------------------|--------------------------|
| | mmunications 294 A 98373 | | • • | | Invoice # Invoice Date: Terms: Rep: | 6/16/2022 Net 30 | |
| Bill to: Sarah Hinm Olympic Flig 7637-A Old Olympia, W | ght Museum Hwy 99 SE | Bill to ID: 16 | 82 | 7637-A C | nman Flight Museum Did Hwy 99 SE WA 98501 | Accou | nt ID: 1682 |
| Ad Insertions includ Date Type 6/16/22 Sale | ed in this Inv Ad | oice Description 2x2 1-8 Units | | Charg \$500.0 | | Applied | Total \$500.00 |
| | 014 | S22-Adv. OKs Fmt | ert. | | | | |
| Sw | se make check /arner Commu /ou prefer to r Juest to accour | inications eceive this invoice via | email y.com | | Total Char Disco Payments App e Due by 7/16/2 | ount lied | \$500.00 \$500.00 |
| Please return this p Invoice Date: 6/ Invoice # 9 ² Account # 16 | 16/2022 1760 | your payment. | | | Adve | ertising I | nvoice |
| Remit Payment to: Swarner Communica PO Box 731294 Puyallup, WA 98373 | ations | | | | t Enclosed Advertis e Due by 7/16/2 | - | \$500.00 |

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LTAC FILE

Day Wireless Systems 4700 SE International Way Milwaukie OR 97222



Rental Order

#SO46210119

02/14/2022 Customer: 16980

| | | | | | | | stomer. 1030 | |
|---|--|--|--|-------------|---|--------------------|--|--|
| Bill To | | Ship To | Billing | g Informati | ion | Rental Information | í | |
| 16980 Olympic Flight Museum 7637-A Old Hwy 99 SE Olympia WA 98501 United States | | Olympic Flight Museum 7637-A Old Hwy 99 SE Olympia WA 98501 United States | 7637-A Old Hwy 99 SE End: 06/20/2022 Olympia WA 98501 Days: 5 | | 22 Expected F Days: 5 PO#: Credi | | y: 06/16/2022 Return: 06/20/2022 it Card Olympic Air Show | |
| Ferms | | Sales Rep | Conta | ict | | Delivery | | |
| COD ACCT | | | Teri T | horning | | 1 | | |
| Quantity | ltem | | | Days | Billing Details | | Ext. Amoun | |
| 20 | AAH01QDC9JA2 CP200D UHF 160 Replacement Valu | | DIGITAL | 5 | Days: 0 @ \$17.5 Weeks: 0 @ \$17 Months: 1 @ \$1 | .50 | \$350.00 | |
| 30 | NNTN4497-R Ba Battery LI-ION 22 <i>Replacement Val</i> | | , | 5 | \$0.00 | | \$0.0 | |
| 20 | Series | peaker Mic W/2 Pin RX Jack Pin RX JackFor CP Series we: \$88.00 | c For CP | 5 | \$0.00 | | \$0.0 | |
| 1 | | /HF Airband Portable Full # d PortableFull Keypad <i>ue: \$345.00</i> | Keypad | 5 | Days: 0 @ \$50.0 Weeks: 0 @ \$50 Months: 1 @ \$50 | .00 | \$50.0 | |
| 1 | POWER SUPPLY POWER SUPPLY Replacement Valu | | STATION | 5 | \$0.00 | | \$0.0 | |
| 1 | MAG MOUNT W/ MAG MOUNT WI Replacement Valu | and a second sec | ANTENNA | 5 | \$0.00 | | \$0.0 | |
| 3 | AC/DC-6-R SIX U SIX UNIT CHARG <i>Replacement Val</i> u | SER | | 5 | \$0.00 | | \$0.0 | |

Ship to OFM WPS 6/16/2022

 Subtotal
 \$400.00

 Tax Total (%)
 \$37.60

Total

\$437.60

tshipping - 38,29

CUSTOMER AGREES TO RENT THE EQUIPMENT DESCRIBED HEREIN ON THE PAYMENT TERMS SET FOR IN ACUMULEDGES THAT THE TERMS AND CONDITIONS ON THE FINAL PAGE ARE A PART OF THIS AGREEMENT.

TERMS: COD ACCT. A FINANCE CHARGE of 2% per month, which is an ANNUAL PERCENTAGE RATE of 24% will be added to past due accounts. ORDERS SUBJECT TO SHIPPING & HANDLING AND SALES TAX IF APPICABLE.





Day Wireless Systems PO Box 22169 Milwaukie OR 97269-2169 United States

Bill To Olympic Flight Museum 7637-A Old Hwy 99 SE Olympia WA 98501 United States

Payment Receipt

Date

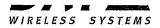
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05/16/2022

Transaction Number Payment Method Credit Card # CUSTPYMT54668 Visa Deposit ************3715

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Day Wireless Systems PO Box 22169 Milwaukie OR 97269-2169 **United States**

Bill To

Olympic Flight Museum 7637-A Old Hwy 99 SE Olympia WA 98501 United States

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Date

Transaction Number Payment Method Credit Card #

CUSTPYMT54669 Visa Deposit *************3715

| Day Winel Shipping. Pd 5-16-2 Teri VISA | 022 | ios Rent 09522 Re | al ntal Eg | wp. |
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Unapplied Total \$38.29 \$38.29 .

BANK OF AMERICA

Bank of America Business Advantage Cash Rewards

Account Information

Web Address: www.bankofamerica.com

Mail Billing Inquiries to: BANK OF AMERICA PO BOX 660441 DALLAS, TX 75266-0441

Mail Payments to: BUSINESS CARD PO BOX 15796 WILMINGTON, DE 19886-5796



THERESA THORNING 4339 9318 6843 **3715** May 05, 2022 - June 04, 2022

Customer Service: 1.800.673.1044, 24 Hours

Outside the U.S.: 1.509.353.6656, 24 Hours

For Lost or Stolen Card: 1.800.673.1044, 24 Hours

Business Offers: www.bankofamerica.com/mybusinesscenter

Cardholder Activity

Account Summary

| 2 C C C C C C C C C C C C C C C C C C C | |
|---|------------|
| Payments and Other Credits | \$0.00 |
| Balance Transfer Activity | \$0.00 |
| Cash Advance Activity | \$0.00 |
| Purchases and Other Charges . | \$819.20 |
| Fees Charged | |
| Total Activity | \$819:20 |
| Credit Limit | \$2,500 |
| Credit Available | \$2,500.00 |
| Statement Closing Date | 06/04/22 |
| Days in Billing Cycle | 31 |
| Payment Due Date | 06/30/22 |
| | |

Important Information: All finance charges for this account are assessed to the Corporate Account.

Transactions

| Posting | Transaction | | | | | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
|---------|-------------|-----------------------------|-----------------|-----|-------------------------|---|
| Date | Date | Description | | | Reference Number | Amount |
| | | Purchases and Other Charges | | | | |
| 05/17 | 05/16 | DAY WIRELESS PORTLAND | 800-503-3433 OR | | 24493982137026454698717 | 437.60 |
| 05/17 | 05/16 | DAY WIRELESS PORTLAND | 800-503-3433 OR | | 24493982137026454796164 | 38.29 |
| 05/19 | 05/17 | TUMWATER PACK AND SHIP | OLYMPIA WA | | 24003412138900017062878 | 34.75 |
| 05/19 | 05/17 | TUMWATER PACK AND SHIP | OLYMPIA WA | | 24003412138900017062886 | 60.37 |
| 05/19 | 05/18 | USPS PO 5461490672 TUM | WATER WA | | 24137462139001328118039 | 1.36 |
| 05/23 | 05/20 | USPS PO 5461490672 TUM | WATER WA | | 24137462141001428821330 | 1.56 |
| 05/26 | 05/25 | USPS PO 5461490672 TUM | WATER WA | | 24137462146001330073850 | 14.96 |
| 05/30 | 05/27 | TUMWATER PACK AND SHIP | olympia wa | · · | 24003412149900017965903 | 7.73 |
| 06/01 | 05/31 | WM SUPERCENTER #3850 | TUMWATER WA | | 24445002152400154315359 | 25.45 |
| 06/02 | 06/02 | TEXACO 0306037 OLYMF | PIA WA | | 24692162153100320080405 | 28.66 |
| 06/02 | 06/02 | TEXACO 0306037 OLYMF | PIA WA | | 24692162153100354326468 | 42.25 |
| 06/02 | 06/02 | TEXACO 0306037 OLYMF | PIA WA | 1 | 24692162153100354326476 | 55.23 |

0000000 0000000 0000000 4339931868433715

<u>ենսակգեսյությերիկ դիկելո</u>սրարթյանը

BUSINESS CARD PO BOX 15796 WILMINGTON, DE 19886-5796

ի վեղեկություններություններություններություններ

THERESA THORNING OLYMPIC FLIGHT MUSEUM 1000 85TH AVE SE OLYMPIA, WA 98501-5707

**NDD3DD36

Account Number: 4339 9318 6843 **3715** May 05, 2022 - June 04, 2022

This is not a bill. No payment is required, see company statement.

If you choose to make a payment, use this remittance slip.

Enter payment amount

\$

For change of address/phone number, see reverse side.

1:549990011:00031868433715"

CT Publishing LLC d/b/a The Chronicle

321 N Pearl St. Centralia, WA 98531 US (360) 736-3311 accounting@chronline.com

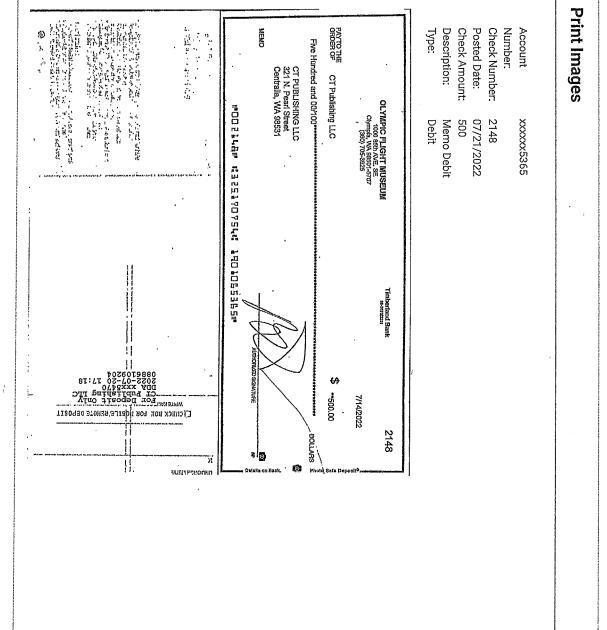
Reflector SIGN PRO

INVOICE

| 7637-A O | light Museum ki Hwy 99 SE WA 98501 | | SHIP TO Olympic Flight M 7637-A Old Hwy Olympia, WA 98 | 99 SE | |
|-------------------------|--|---|---|------------------------|----------|
| INVOICE # 38391 | DATE 05/20/2022 | TERMS Due on receipt | | DUE DATE 06/25/2022 | |
| CUSTOMER NO. 8101652 | | | | | |
| DATE | ACTIVITY | DESCRIPTION | QTY | RATE | AMOUNT |
| 05/20/2022 | Website Advertising | 615931 - 300X250 Color - WEB - Booster Pkg | 1 | 500.00 | 500.00 |
| 05/21/2022 | Advertising - Retail/Corporate/Business | 615932 - 3X4 Color - Booster Pkg - 5/21, 6/11, 6/16 & 6/18 | 4 | 0.00 | 0.00 |
| Booster Pkg | | SUBTOTAL | | | 500.00 |
| | | TAX | | | 0.00 |
| | | TOTAL. | | | 500.00 |
| | | BALANCE DUE | | | \$500.00 |

OAS22-Advert. OK to pay. tmts





Lisa Wenham Design 2711 Karen Frazier Rd SE Olympia, WA 98501

Invoice

| Bill To | |
|-----------------------|--|
| Olympic Flight Museum | |
| | |
| | |
| | |

OAS22-Advert Advert, Branding, Soc Media, poster, program etC. OK to pay

| Date | Invoice No. | P.O. Number | Terms | Project |
|----------|-------------|-------------|----------------|---------------|
| 03/03/22 | 2203-005 | | Due on receipt | 2203-005 Olym |

| ltem | Description | Quantity | Rate | Amount |
|------------------|--|----------|------------------|------------|
| Design for Web | Save the date: Web Banner & FB header OAS OFM | 2 | 35.00 | 70.00 |
| Use | images. Add ticketing to OAS website & FB OAS | | | |
| | Page | | | |
| Design for Print | Poster design variations & Final | 10 | 35.00 | 350.00 |
| Design for Web | Advertising: L-39 Image for TV | 0.25 | 35.00 | 8.75 |
| Use | | | | |
| Design for Web | Ticketing image | 0.5 | 35.00 | 17.50 |
| Use | | | | |
| Design for Web | Research & install new FB live feed to OAS website | 1.5 | 35.00 | 52.50 |
| Use | | | | |
| Design for Web | Post Poster Image as FB Post to OFM & OAS FB | 1.5 | 35.00 | 52.50 |
| Use | pages and to OAS website. Create FB header from | | | |
| | poster | | | |
| Design for Web | Prepare and transfer layered poster image to Corey | 0.5 | 35.00 | 17.50 |
| Use | | | _ | |
| Design for Print | Chronicle Ads 3.91 x 6 Vertical & 300X250 Digital | 1 | 35.00 | 35.00 |
| Design for Web | Thurston talk ad 468x60 | 0.75 | 35.00 | 26.25 |
| Use | | | | |
| Design for Print | Shelton Mason Journal ad 4.84x7.6 | 0.5 | 35.00 | 17.50 |
| Design for Print | Olympian 4.9x5 ad - Responsive ad 1920x600 - | 6.25 | 35.00 | 218.75 |
| | 300x250 - 300x600 728x90 320x50 970x250 | | | |
| | animated | | | |
| Design for Web | Fox 13 pull ads & create new sizes | 0.75 | 35.00 | 26.25 |
| Use | | | | ĸ |
| | | | Subtotal | \$1,898.75 |
| | | | Sales Tax (0.0%) | \$0.00 |
| | | | Total | ****** |

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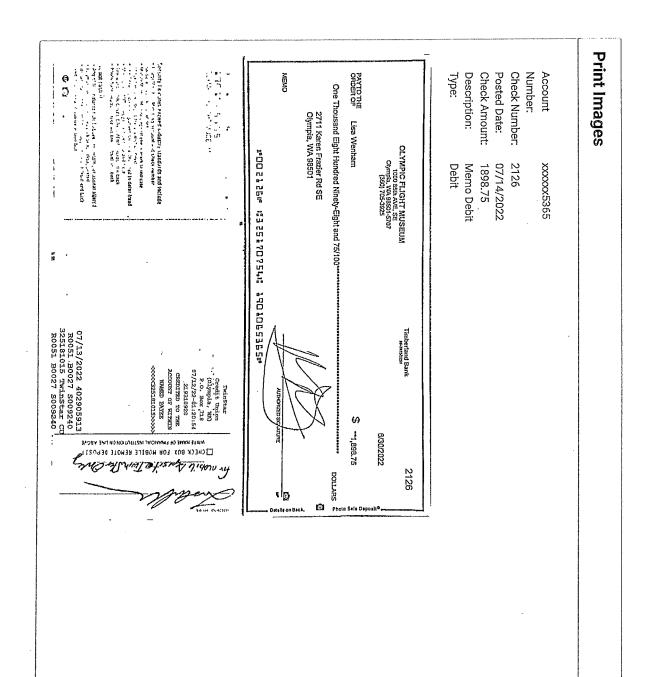
Bill To Olympic Flight Museum

| Date | Invoice No. | P.O. Number | Terms | Project |
|----------|-------------|-------------|----------------|---------------|
| 03/03/22 | 2203-005 | | Due on receipt | 2203-005 Olym |

| ltem | Description | Quantity | Rate | Amount |
|------------------|---|----------|------------------|------------|
| Design for Web | Review Website & Google doc via phone | 1.75 | 35.00 | 61.25 |
| Use | | | | |
| Design for Web | Continued Website revisions | 3 | 35.00 | 105.00 |
| Use | | | | |
| Design for Print | Program | 12 | 35.00 | 420.00 |
| Design for Web | Update google doc for Social media | 12 | 35.00 | 420.00 |
| Use | schedule/calender. Create SCHEDULE FOR 2022 & pre schedule posts. | | | |
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| | | | | |
| | | | Subtotal | \$1,898.75 |
| | | | Sales Tax (0.0%) | \$0.00 |
| | | | Total | \$1,898.75 |

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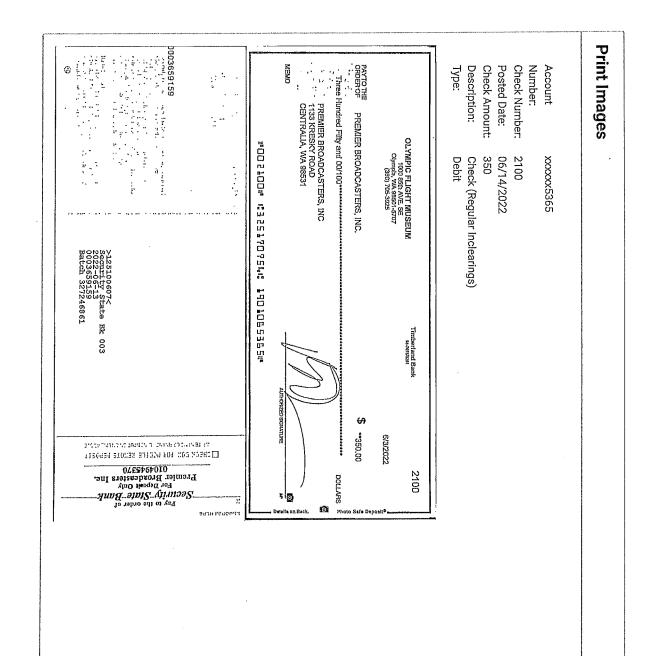




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| 350.00 | | Q2-2022 | R | .00 | 350.00 | | Jun-22 | | | 0.00 | 0 | | | May-22 | | Billing: 0.00 | rojected E | Calendar Month Projected Billing: Apr-22 |
| 150.00 120.00 60.00 20.00 0.00 | 30.00 20.00 20.00 | ₩ 04044 | 2800 2800 2800 2800 2800 2800 | | Spot Spot Spot No-Charge | 8888888 | いせいちい | <u>د در</u> | | | | | ···· | | 06:00 AM - 10:00 AM 03:00 PM - 06:00 PM 10:00 AM - 06:00 PM 03:00 PM - 06:00 PM 10:00 AM - 03:00 PM | | All Weeks All Weeks All Weeks All Weeks All Weeks | 66/2022 - 6/12/2022 6/15/2022 - 6/18/2022 6/18/2022 - 6/18/2022 6/13/2022 - 6/19/2022 6/13/2022 - 6/13/2022 6/6/2022 - 6/19/2022 |
| Total Cost | Item Cost T | Q. Y | Copy ID | Avail Type | Description | Length D | Week L Total | Sun V | Sat | Fri | Thu | Wed | Mon Tue | M | Run Times | | Run Weeks | Run Dates |
| Page 1 | | 2 | 22 | onth /19/20 | Calendar Month Times/Rates 6/6/2022 - 6/19/2022 52 \$350.00 KITI-FM | Cal 7 Int: 52 1 / KIT | BillingCycle: InvoiceType: Run Dates: Items Ordered: Ordered Amount: & K263BS-FM / I Auseum | BillingCycle: InvoiceType: Run Dates: Items Ordered Ordered Amo & K263BS-I Auseum | Billi Billi Muse | 1-AM light | BillingC Invoice Run Dat Items O Orderec Orderec Olympic Flight Museum | yn(s) Olym | Statie | uied | BillingCycle: InvoiceType: T Run Dates: 6 Items Ordered: 5 Ordered Amount: \$ Olympic Flight Museum | OPTERS SE STON 985 | AVENUE PM | NORTHWEST HELICOPTERS 1000 85TH AVENUE SE OLYMPIA, WASHINGTON 98501 |
| 824-001 Nympic Flight Museum Nympic Flight Museum | | | iseum | yht Mu | 2824-001 Olympic Flight Museum Olympic Flight Museum Kari Driver | | OrderID: Sponsor: Product: Estimate/PO: AccountRep: | OrderID: Sponsor: Product: Estimate/PO: AccountRep: | Acc Estil | | | | | | | s, inc. | ASTER: D 8531 | REMIER BROADCASTERS, INC. 133 KRESKY ROAD ENTRALIA, WA 98531 60)736-1355 |

| | | | | | | PU | IRCI | HAS |)E (O | RDER | | | | | | Ki Afrika (Lindya) Maria | |
|--|------------------------------|---|----------------|-------------|--|----------|---|------------------------------|------------|--|-------------------|---|-----------|------------------|--|--|--|
| Customer | Olympic F | light l | Muse | um | | | | | | | CT CODE | 104/118 | Date | 2/2 | 25/2 | 2 | Rifering. |
| Bill To | Northwest | Helic | coptei | `S | | | ***** | | | RATEC | ARD# | | Freq | | A 545 | | |
| Address | 1000 85th | Ave. | SE | | | | | | | | | | | and the state of | | | STEP 1979 |
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| City | Olympia | | | | | ***** | ***** | St | WA | LOC | GGED AS | Olympic | Flight Mu | Jseum, | | | 12 (Tableton |
| | 98501 | | | | | | | - | | | RT DATE | | /22 | Day | ١ ١ | Ned | |
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| Fax | | , <u>, , , , , , , , , , , , , , , , , , </u> | | | | | | | | | | | | | | | |
| Contact | Kyle Baxte | er | | | | | | | | | x | СОМВО | x | ILOCAL | | al an | |
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| DATE | DATE | MON | ITUE | WE |) THU | FRI | SAT | SUN | WEEK | TIME | TIME | LENGTH | NO | RATE | 1. | Neek | Sector Con- |
| 6/6 | 6/12 | 1 | 1 | 1 | 1 | 1 | | | 5 | 6a | 10a | 30 | | \$30.00 | \$ | 150.00 | Received |
| 6/13 | 6/18 | | | 1 | 1 | 1 | 1 | | 4 | 3р | 6р | 30 | | \$30.00 | \$ | 120.00 | |
| 6/18 | 6/19 | | | | | | 1 | 1 | 2 | 10a | Зр | 30 | | \$30.00 | \$ | 60.00 | |
| 6/13 | 6/13 | 1 | Τ | Τ | 1 | | | | 1 | Зр | 6p | 30 | | \$20.00 | \$ | 20.00 | |
| 6/6 | 6/12 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 7 | 10a | 3p | 30 | | bonus | #V | ALUE | 20489400 |
| 6/13 | 6/19 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 7 | 10a | 3p | 30 | | bonus | #∨ | ALUE! | |
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| | TOTALO | | | | | | | | | J. | | Number | Of Weeks | | Ψ I | 330.00 | |
| | | | an | l 👘 | eb | 1 N | Nar- | A | pril | May | Jun | | | TOTAL | \$ | 350:00- | Contraction of the local distribution of the |
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| | | | 129132455 | 100000077 | <i>v</i> | | | | 5267722793 | | \$ 350.00 | | . Charter | | øn | - KVI I | |
| | | | Jul | l Arthough | Nug | | ер | | Dot | Nov | Dec | | Variation | | | | |
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| | Name: | | | | | | | | Title | | | - | | | | | 調整に |
| | | | | | | No. | | | | | | | | . | | | |
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ThurstonTalk Inc. 2962 Limited Lane NW Olympia, WA 98502 US (360)482-1671 billing@thurstontalk.com

BILL TO Terl Thoming Olympic Flight Museum 7637-A Old Highway 99 SE Olympia, WA 98501

17135

DATE 06/20/2022 TERMS Due upon receipt

DUE DATE 06/21/2022

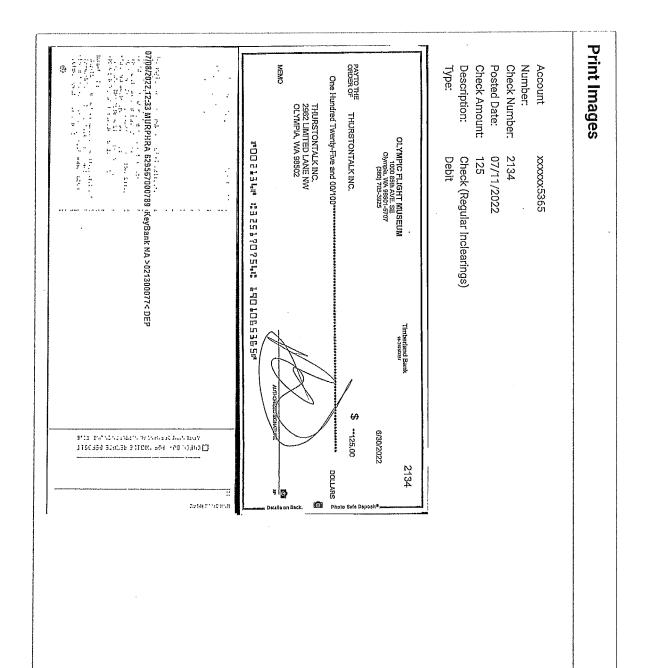
| ACTIVITY | QTY | RATE | AMOUNT |
|--|-----|---------|---------|
| Banner Ad Banner Ad up for up to 45 days prior to the event | 1 | 775.00 | 775.00 |
| Trade Sponsorship Trade | 1 | -650.00 | -650.00 |

Thank you for being part of our community.

TOTAL DUE \$125.00

OAS22-Advert. OK Imt





ClarkCountyTalk.inc.

2962 Limited Lane NW Olympia, WA 98502 US billing@clarkcountytalk.com www.clarkcountytalk.com



BILL TO

Teri Thorning Olympic Flight Museum 7637-A Old Highway 99 SE Olympia, WA 98501



INVOICE # 1045 DATE 06/20/2022 DUE DATE 06/20/2022 TERMS Due on receipt

| DESCRIPTION Banner Ad | 1 | 775.00 | 775.00 |
|---|-------------|---------|----------|
| Banner Ad up for up to 45 days prior to the event | | | |
| Trade Event Sponsorship | 1 | -650.00 | -650.00 |
| | | | ***** |
| | BALANCE DUE | | \$125.00 |

OAS 22- Advert. Ok tmt



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Print Images Projektov Constantine State St MEMO ORDER OF CLARKCOUNTYTALK INC. Posted Date: 3 Type: Description: Check Amount: Check Number: Number: Account One Hundred Twenty-Five and 00/100****** ÷ :--, CLARKCOUNTYTALK INC. 2962 LIMITED LANE NW OLYMPIA, WA 98502 . OLYMPIC FLIGHT MUSEUM 1000 85th AVE, SE Clympia, WA 98501-5707 (360) 705-3825 "235553010P# \$17570712562" "157500" 125 2121 Debit Check (Regular Inclearings) 07/11/2022 xxxxx5365 -, Timberland Bank . STRUCTURE SUISION \$ ---125.00 ********* 6/30/2022 TIDMEN BICKER BILLS WARK IN ARADY Oredited to the account of the payee. 2121 DOLLARS 3 **G** Ж Ô 1974 0340644 Details on Back. Photo Safe Deposite.



SouthSoundTalk Inc.

2962 Limited Lane NW Olympia, WA 98502 (360)482-1671 billing@southsoundtalk.com http://southsoundtalk.com

INVOICE

BILL TO

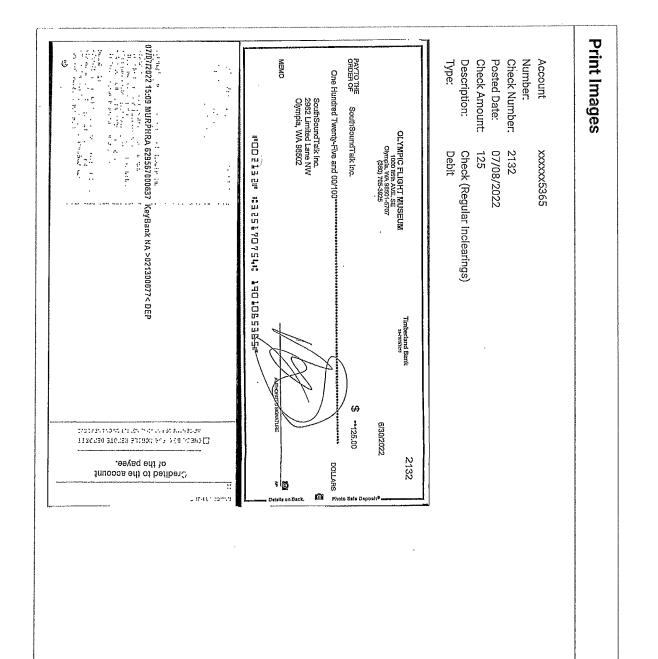
Teri Thorning Olympic Flight Museum 7637-A Old Highway 99 SE Olympia, WA 98501

INVOICE # 2271 DATE 06/20/2022 DUE DATE 06/20/2022 TERMS Due on receipt

| Thank you for being part of our community. | BALANCE DUE | | \$125.00 |
|--|-------------|---------|----------|
| Trade Sponsorship Trade | 1 | -650.00 | -650.00 |
| Banner Ad Banner Ad up for up to 45 days prior to the event | 1 | 775.00 | 775.00 |
| ACTIVITY | QTY | RATE | AMOUNT |

OAS22-Advert. OK Imt





Remit To:

CELEBRATIONS and EVENTS PO BOX 8940 LACEY, WA 98509

www.celebrationsstore.com

OLYMPIC FLIGHT MUSEUM 7637-A OLD HIGHWAY 99 SE

OLYMPIA, WA 98501

Fold Hate

Invoice

| Closed | Invoice# |
|---------------|----------|
| Mon 6/20/2022 | 215237 |

OAS22-PRINTAL Equip. OK to pay 2 tmt Job Descr: MDG/TERI

Customer #: 20061

Date Out Thu 6/16/2022

Feld Hate

| Terms | Aging Date |
|------------|---------------|
| On Account | Mon 6/20/2022 |

CUSTOMER PICK UP AND DROP OFF TIMES ARE MON - FRI 8:00 - 5:00 AND SAT 8:00 - 3:30

| Qty | ftem# | Items | Each | Status | Event End Date | Price |
|------|-------------------------------------|---|---|-----------------------|---|-----------------|
| 15 | 13752 | 30" BISTRO TABLE, PLYWOOD TOP | \$11.25 | Returned | Mon 6/20/2022 4:08PM | \$168.75 |
| 15 | 5932 | 42" LEGS COCKTAIL BISTRO (COMP) | \$0,00 | Returned | Mon 6/20/2022 4:08PM | \$0.00 |
| 10 | 542 | 6' RECTANGLE TABLE, PLYWOOD TOP | \$10.80 | Returned | Mon 6/20/2022 4:08PM | \$108.00 |
| | HANGER VENDORS | | | | | |
| 5 | 11476 | 8' RECTANGLE TABLE, PLASTIC TOP | \$11.25 | Returned | Mon 6/20/2022 4:08PM | \$56,25 |
| 4.77 | PILOTS LOUNGE | | | | | |
| 17 | 11699 | 6' RECTANGLE TABLE, PLASTIC TOP | \$10.80 | Returned | Mon 6/20/2022 4:08PM | \$183.60 |
| 200 | FOOD COURT | | 6 4 00 | Determined | N | |
| 200 | 14299 | CHAIR, DINING WHITE ALUMINUM | \$1.80 | Returned | Mon 6/20/2022 4:08PM | \$360.00 |
| 1 | 4876 | 20' X 30' TENT | \$415.80 | Returned | Mon 6/20/2022 4:08PM | \$415.80 |
| | BEER GARDEN ****NON-REFUNDABLE | ITEM****ADVANCE PAYMENT REQUIRED****NO REFU | NDS**** | | | |
| 1 | 11249 | TENT CANCELLATION POLICY | \$0.00 | Returned | Mon 6/20/2022 4:08PM | \$0.00 |
| 12 | 5950 | TENT WEIGHTS, LARGE | \$4.95 | Returned | Mon 6/20/2022 4:08PM | \$59.40 |
| 1 | 5627 | 20' X 20' TENT | \$299.70 | Returned | Mon 6/20/2022 4:08PM | \$299.70 |
| | ENTRANCE TENT ****NON-REFUNDABLE | ITEM****ADVANCE PAYMENT REQUIRED****NO REFU | NDS**** | | | |
| 1 | 11249 | TENT CANCELLATION POLICY | \$0.00 | Returned | Mon 6/20/2022 4:08PM | \$0.00 |
| 10 | 5950 | TENT WEIGHTS, LARGE | \$4.95 | Returned | Mon 6/20/2022 4:08PM | \$49.50 |
| 1 | 15070 | 10' X 10' TENT, HIGH PEAK STYLE | \$77.40 | Returned | Mon 6/20/2022 4:08PM | \$77.40 |
| | FAA TENT | | | | | |
| | | ITEM****ADVANCE PAYMENT REQUIRED****NO REFU | | Deturned | Man 0/00/0000 1-00/01/ | * **** |
| 1 | 15067 | MAST SET, 10 X 10 PEAK, (COMP) | \$0.00 | Returned | Mon 6/20/2022 4:08PM | \$0.00 |
| 1 | 15066 | CABLE SET,PEAK,10X10 (2) | \$0.00 | Returned | Mon 6/20/2022 4:08PM | \$0.00 |
| 4 | 15028 | TENT WEIGHT, SMALL | \$2.70 | Returned | Mon 6/20/2022 4:08PM | \$10.80 |
| 1 | 5352 SOUND TENT | 10' X 20' TENT | \$159.30 | Returned | Mon 6/20/2022 4:08PM | \$159.30 |
| | | ITEM****ADVANCE PAYMENT REQUIRED****NO REFU | NDS**** | | | |
| 1 | 11249 | TENT CANCELLATION POLICY | \$0.00 | Returned | Mon 6/20/2022 4:08PM | \$0.00 |
| 12 | 5950 | TENT WEIGHTS, LARGE | \$4.95 | Returned | Mon 6/20/2022 4:08PM | \$59.40 |
| 20 | 1960 | 7' WINDOW SIDEWALL, 20' SECTION | \$1.305 | Returned | Mon 6/20/2022 4:08PM | \$26.10 |
| | Sound tent ****Non-Refundable | ITEM****ADVANCE PAYMENT REQUIRED****NO REFU | NDS**** | | | |
| 10 | 14929 | 7' WINDOW SIDEWALL, 10' SECTION | \$1.305 | Returned | Mon 6/20/2022 4:08PM | \$13.05 |
| | SOUND TENT | | | | | |
| | ****NON-REFUNDABLE | ITEM****ADVANCE PAYMENT REQUIRED****NO REFU | NDS**** | | | |
| | | | | | | |
| | OOM HOUDS Man Eri 7:30 | 5:30 Set 8:00-4:00 Closed Sunday | ₩₩₩,₩\$ | and the second second | n har were the faith of the sector of the | Madification #9 |

SHOW ROOM HOURS: Mon-Fri 7:30-5:30 Sat 8:00-4:00 Closed Sunday Printed On Mon 6/20/2022 4:10:34PM

Invoice #: 215237

OLYMPIC FLIGHT MUSEUM

| Service And Application of the Service of the Servi | german and the second | ###################################### | ĦĨŎŎŦĹĬĬĬŎĹŦĸĨŦĊĬĬĬĬĬĬĬĬĬĿĬĸŦĬŎĊŎĊŎĬĬĬĬĬŎĿĹĬĬŎĿĹĨĬŎĿĿĬŎŎĿĔĊŎŎĿŦŎĿĬĿŎĿŎĿŎĿĬĬĬĬĬĬĬĬĬĬĬĬ | | | w history and the second state of the second s | |
|--|--|---|---|----------|--------|--|----------|
| Qty | Item# | Items | Each | | Status | Event End Date | Price |
| 1 | 649 | DEL & P/U ZONE 1 | | \$80.00 | Sold | an a | \$80.00 |
| | MAIN DELIVER | RY THURSDAY | | | | | |
| 1 | 14217 | FUEL SURCHARGE | DELIVERY | \$10.00 | Sold | | \$10.00 |
| 1 | 1616 | DELIVERY ONLY | | \$45.00 | Sold | | \$45.00 |
| | FRIDAY 6/17 D | ELIVERY/SETUP FAA TENT, SOL | JND TENT, AND BEER GARDEN | | | | • • • • |
| 1 | 15210 | TIME SPECIFIC FEE | | \$100.00 | Sold | | \$100.00 |
| | | Sun 6/19/2022 5:00:00PM TER 5PM FRIDAY | | | | | <i>,</i> |
| 1 | 4187 | BEFORE/AFTER STO | DRE HOURS | \$100.00 | Sold | | \$100.00 |
| | | FEE | | | | | |
| • | SETUP AFTER | | | | | | |
| 1 | | PICKUP ONLY | | \$45.00 | Sold | | \$45.00 |
| | PICKUP REST | OF TENTS MONDAY 8-5 | | | | | |
| 1 | | TENT SET UP FEE | | \$75.00 | Sold | | \$75.00 |
| | | Fri 6/17/2022 8:00:00AM | | | | | |
| 1 | 11240 | TENT SET UP FEE | | \$75.00 | Sold | | \$75.00 |
| | - | Thu 6/16/2022 8:00:00AM | | | | | |
| 1 | 11257 | TENT SET UP FEE | | \$30.00 | Sold | | \$30.00 |
| | - | Fri 6/17/2022 8:00:00AM | | | | | |
| 1 | 11257 | TENT SET UP FEE | | \$30.00 | Sold | | \$30.00 |
| | - | Fri 6/17/2022 8:00:00AM | | | | | |
| 1 | 11257 | TENT SET UP FEE | | \$30.00 | Sold | | \$30.00 |
| - | Begin at: | Fri 6/17/2022 8:00:00AM | | | | | |

| Delivery Thu 6/16/2022 8:00AM - 5:00PM | Pickup Mon 6/20/2022 8:00AM - 5:00PM |
|--|--------------------------------------|
| TERRI THORNING 360-451-0721 | TERRI THORNING 360-451-0721 |
| OLYMPIC FLIGHT MUSEUM | OLYMPIC FLIGHT MUSEUM |
| 7637 OLD HIGHWAY 99 SE | 7637 OLD HIGHWAY 99 SE |
| Olympia, WA 98501 | Olympia, WA 98501 |
| LOCATION FOR DROP OFF?: HANGAR | |
| MAIN SETUP AND TAKEDOWN THURS/MON | |
| | |

FAA, SOUND, BEER TENTS SETUP FRIDAY

FAA, SOUND TENTS TAKEDOWN AFTR HRS SUNDAY 5-7

SOUND TENT - WEIGHTS & TIE TO TRAILER LOCATION FOR DROP OFF?: HANGAR

THURSDAY-MAIN SETUP FOR MOST TENTS 8-5PM

FRIDAY-FAA AND SOUND TENT SETUP-BEER GARDEN TENT SETUP FRIDAY TBA-TRAILER HAS TO BE IN PLACE

SUNDAY-FAA AND SOUND TENT ONLY TAKEDOWN AFTER 5PM

MONDAY-PICKUP REST OF TENTS INCLUDING BEER GARDEN 8-5PM-FRONT GATE

Current On Account

Please remit payment to: PO BOX 8940 LACEY, WA 98509

| Rental and Sales | ə: [| | | Damage Waiver: | | Subtotal: | 340 | 6 TUMWATER: |
|------------------|------------|--|---|---|--------|------------|-----------|--------------------|
| \$2,894.50 |) | 4755 % (M + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + | | \$169.62 | | \$2,836.67 | | \$0.00 |
| Total Amount: | \$3,064.12 | Discount: | \$227.45 | Total Paid | \$0.00 | Tota | l Due | \$2, 836.67 |
| 360-754-73 | 68 | | www.cel | ebrationsstore.com | | | 360-754-7 | /369 |
| Signature: | | | Han boof anth-minimal much systems we have an adventioned | n Strage View of Colar Stradig Colar Stradig and Lange Stradig Colar Stradig Colar Stradig Colar Stradig Colar St | | | | |

OLYMPIC FLIGHT MUSEUM

Page 2 of 2

Remit To:

CELEBRATIONS and EVENTS PO BOX 8940 LACEY, WA 98509

www.celebrationsstore.com

Invoice

| Closed | Invoice# |
|---------------|----------|
| Mon 6/20/2022 | 215238 |

Customer #: 20061

OLYMPIC FLIGHT MUSEUM 7637-A OLD HIGHWAY 99 SE

OLYMPIA, WA 98501

....Fold Hoge

On Mon 6/20/2022 4:08:38PM

Job Descr: MDG/TERI

019522-PAntal Equip. RI (BigTensty Chairs) OK-to pay.

Date Out Fri 6/17/2022

Fold Here

| Terms | Aging Date |
|------------|---------------|
| On Account | Mon 6/20/2022 |

CUSTOMER PICK UP AND DROP OFF TIMES ARE MON - FRI 8:00 - 5:00 AND SAT 8:00 - 3:30

| | | | A REAL PROPERTY AND A DATA OF A | | THE OWNER AND THE REAL PROPERTY AND A DESCRIPTION OF A DE |
|------------------------|--|--|---|---|--|
| | kems | Each | Status | Event End Date | Price |
| | | \$1.80 | Returned | Mon 6/20/2022 4:08PM | \$450.00 |
| 14258 | 30' X 80' TENT | \$1,741.50 | Returned | Mon 6/20/2022 4:08PM | \$1,741,50 |
| ****NON-REFUNDABLE ITE | EM****ADVANCE PAYMENT REQUIRED****NO REFUND | S**** | | | ÷ |
| 5950 | TENT WEIGHTS, LARGE | \$4.95 | Returned | Mon 6/20/2022 4:08PM | \$99.00 |
| 649 | DEL & P/U ZONE 1 | \$80.00 | Sold | | \$80.00 |
| 14217 | FUEL SURCHARGE - DELIVERY | \$10.00 | Sold | | \$10.00 |
| 14467 | TENT SET UP FEE | \$150.00 | Sold | | \$150.00 |
| Begin at: Fri 6/17/202 | 2 8:00:00AM | NAMES AND ADDRESS OF THE OWNER OF THE OWNER OF | | | . |
| - | 14299 14258 ****NON-REFUNDABLE ITE 5950 649 14217 1467 | 14299 CHAIR, DINING WHITE ALUMINUM 14258 30' X 80' TENT ****NON-REFUNDABLE ITEM****ADVANCE PAYMENT REQUIRED****NO REFUND 5950 TENT WEIGHTS, LARGE 649 DEL & P/U ZONE 1 14217 FUEL SURCHARGE - DELIVERY 14467 TENT SET UP FEE | Idea CHAIR, DINING WHITE \$1.80 ALUMINUM ALUMINUM \$1.741.50 Idea 30' X 80' TENT \$1,741.50 ****NON-REFUNDABLE ITEM***ADVANCE PAYMENT REQUIRED****NO REFUNDS**** \$4.95 5950 TENT WEIGHTS, LARGE \$4.95 649 DEL & P/U ZONE 1 \$80.00 Idea FUEL SURCHARGE - DELIVERY \$10.00 Idea TENT SET UP FEE \$150.00 | Interview Interview Interview 14299 CHAIR, DINING WHITE \$1.80 Returned ALUMINUM ALUMINUM \$1.80 Returned 14258 30' X 80' TENT \$1,741.50 Returned ****NON-REFUNDABLE ITEM***ADVANCE PAYMENT REQUIRED****NO REFUNDS**** \$4.95 Returned 5950 TENT WEIGHTS, LARGE \$4.95 Returned 649 DEL & P/U ZONE 1 \$80.00 Sold 14217 FUEL SURCHARGE - DELIVERY \$10.00 Sold 14467 TENT SET UP FEE \$150.00 Sold | Lucin |

| Delivery Fri 6/17/2022 8:00AM - 5:00PM | Pickup Mon 6/20/2022 8:00AM - 5:00PM |
|--|--------------------------------------|
| TERI 360-451-0721 | TERI 360-451-0721 |
| OLYMPIC FLIGHT MUSEUM | OLYMPIC FLIGHT MUSEUM |
| 7637-A OLD HIGHWAY 99 SE | 7637-A OLD HIGHWAY 99 SE |
| OLYMPIA, WA 98501 | OLYMPIA, WA 98501 |
| STAKES OR WEIGHTS?: W | |

Current On Account

Please remit payment to: PO BOX 8940 LACEY, WA 98509

| Rental and Sal | les: | nie Spiranie Water de Collander and be Charlow yn Arton a Tropin (1999) yn College (1999) | 1.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5 | na Maria a Mari | 2017-22-758474499-2544998945567-2023-000 | and the second secon | 3406 TI | JMWATER: |
|---------------------|----------------------|---|---|---|---|---|--------------|-------------------------------------|
| \$2,785. | .00 | | | | | | | \$0.00 |
| Total Amount: | \$2,785.00 | Discount: \$2 | 254.50 | Total Pald | \$0.00 | Total | Due | \$2,530.50 |
| 360-754-7 | 7368 | | www.cei | lebrationsstore.com | QALERYMOREN, SUCCESSO GLÂ | an tha fha na air an an an ann an an an an an an an an an | 360-754-7369 | KANDAR KORIG ADARAGAD KANA KANDARAN |
| Signature: | | | | | | | | |
| | OLYMP | IC FLIGHT MUSEUM | 40#73/6*149-04-04250-444 | Ŋĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ | | | | |
| W ROOM HOURS: Mon-F | ri 7:30-5:30 Sat 8:0 | 00-4:00 Closed Sunday | W MCMI CONTRACTOR | Darrym myw dwnorai yn agarryw y felydd mwy ynholai ylym yn felyd yn yr dafoer yn ar y manwro felyddar | ana kaominina dia kaominina | n men men men og for sen seg og en stat og sen seg og en seg | | Modificatio |

Software by Point-of-Rental Software www.point-of-rental.com



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| | | | PO Box 8940 Lacey, WA 98509 | PAYTO THE ORDER OF Celebrations Five Thousand Three H | | 0 <u>.</u> | Type: | Description: | Posted Date: Check Amount: | Check Number: | Account Number: | Print Images |
|--|---------------------------------------|--|--------------------------------|---|--|---------------------|-------|--------------|-------------------------------|---------------|--------------------|--------------|
| 11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | · · · · · · · · · · · · · · · · · · · | יינטט זו זטייי יקד זכן זטט זבריי. דמ | | ro THE DER OF Celebrations Five Thousand Three Hundred Sixty-Seven and 17/100******** | 1000 88th AVE, SE Olympia, Wa 8807-5707 (360) 705-3925 | YMPIC FLIGHT MUSEUM | Debit | Memo Debit | 07/19/2022 5367.17 | 2120 | xxxxxx5365 | |
| ñ | | 1 데니 1 니 다 亡 국 단 년% Vnuhosteo Stowninge | - Jest | \$ | | Timberland Bank | | | | | | |
| PAY TO THE ORDER OF THURSTON FIRST BANK FOR DEPOSIT ONLY CELEBRATIONS & EVENTS INC CELEBRATIONS & EVENTS INC CELEBRATIONS & EVENTS IN CHECH DE OLD COMPANY COMPANY AND A COMPANY AND A COMPANY AND A COMPANY COMPANY AND A COMPANY AND A COMPANY AND A COMPANY AND A COMPANY COMPANY AND A COMPANY AND A COMPANY AND A COMPANY COMPANY AND A COMPANY AND A | | 5 | S) Is on Back. | **5,367.17 DOLLARS Photo Sale | 6/30/2022 | 2120 | | | | | | |

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Ship To:

Olympic Flight Museum Teri Thorning 6528 Capitol Blvd SE suite D Bldg A Tumwater, WA 98501

Bill To: Olympic Flight Museum Teri Thorning 7637 Old Highway 99 E Bldg A Olympia, WA 98501

Attn: Teri Thorning

9914 32nd Ave S Lakewood, WA 98499 Phone: (253) 284-2300 ext. 603 Fax: (253) 214-3997 Email: billing@printnw.net

OLY763

D347723

Net 30 Days

EMAIL

5/27/22

Account #

Job #

Method

Terms

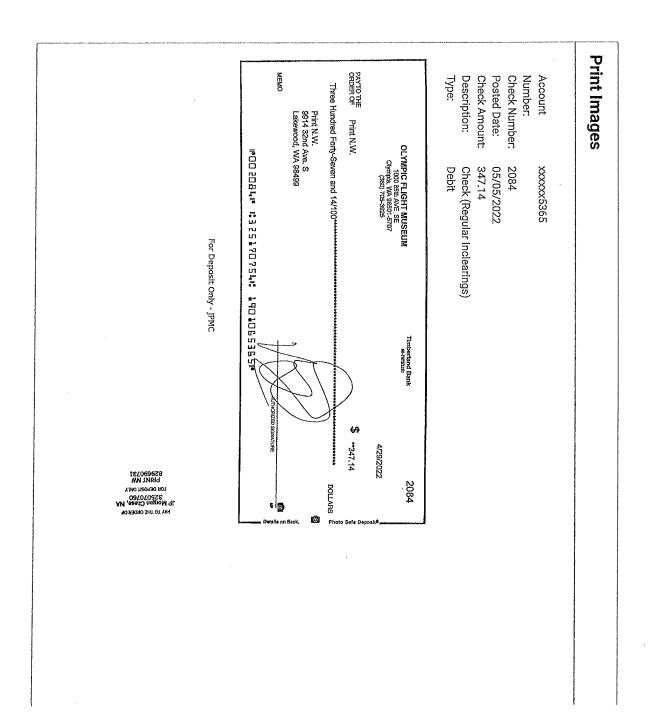
Due Date

INVOICE

| Invoice # | D34772301 |
|--------------|-----------------------------|
| Invoice Date | 4/27/22 |
| Ship Via | PrintNW Sales Delivery (Pri |
| Date Shipped | 4/26/22 |
| Salesperson | Kevin Harris |
| PO # | |
| Reference # | |
| Cost Center | · |
| Ordered By | |

| Quantity | Description | Unit Price | UM | Amount |
|-------------------------------|---|-------------------------------|-----|-----------------|
| 600 | 2022 Olympic Air Show Posters OAS22-Advert OK that | 317.3100 | Lot | 317.31 |
| COC Certifie SFI Certified | or your business! d products are sold pursuant to: FSC: RA-COC-002009 Sourcing PwC-SFICoC-519 There will be a 1.5% (\$10 Minimum) monthly charge on all past due | Subtotal Tumwater-Thurstor | Co | 317.31 29.83 |
| | | Total Due | | \$347.14 |







Olympic Flight Museum

7637 Old Highway 99 E

Olympic Flight Museum

7637-A Old Highway 99 SE

Olympia, WA 98501

Olympia, WA 98501

Ship To:

Bldg A

Bill To:

Teri Thorning

Teri Thorning

9914 32nd Ave S Lakewood, WA 98499 Phone: (253) 284-2300 ext. 603 Fax: (253) 214-3997 Email: billing@printnw.net

- 2011년 1841 - 1841 - 1841 - 1841 - 1841 - 1841 - 1841 - 1841 - 1841 - 1841 - 1841 - 1841 - 1841 - 1841 - 1841

OLY763

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EMAIL

7/17/22

Net 30 Days

Account #

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Method

Terms

Due Date

INVOICE

| Invoice # | 35146101 |
|--------------|------------------------|
| Invoice Date | 6/17/22 |
| Ship Via | PrintNW Our Truck - Fl |
| Date Shipped | 6/16/22 |
| Salesperson | Kevin Harris |
| PO # | |
| Reference # | |
| Cost Center | |
| Ordered By | 1 |

| Quantity | Description | Unit Price | UM | Amount |
|----------------------------------|--|------------------------------|------|----------------------|
| 2,100 | 2022 Olympic Air Show Programs OAS 2.2 - Advert. (program printing-) OK That | 2,938.4400 | Lot | 2,938.44 |
| COC Certified SFI Certified S | your business! products are sold pursuant to: FSC: RA-COC-002009 courcing PwC-SFICoC-519 There will be a 1.5% (\$10 Minimum) monthly charge on all past due invoices. | Subtotal Tumwater-Thursto | n Co | v 2,938.44 276.21 |
| | | Total Due | - | \$3,214.65 |



You can now pay your invoices online with checking account information (ACH) or Visa, Mastercard, AMEX.

Visit http://pay.printnw.rocks



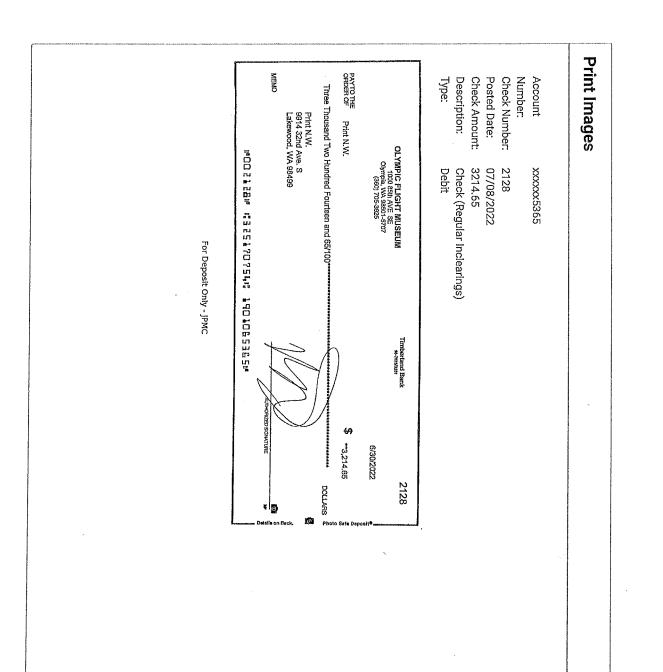
Customer CodeOLY763Invoice Number35146101Invoice Date6/17/22Invoice Amount\$3,214.65

Amount Paid

Invoice #: 35146101

Internal Use B/ID: 39653 - 447395





Shelton-Mason County Journal PO Box 430 Shelton, WA 98584 US +1 3604264412 dave@masoncounty.com https://www.masoncounty.com/

Statement

RECEIVED JUL 1 4 2022

TO

Olympic Flight Museum 7637-A Old Hwy 99 Se Olympia, WA 98501

STATEMENT NO. 2662 BY:

DATE 06/30/2022

TOTAL DUE \$312.00 E

Journal

| ΞN | CL | os | E |) | |
|----|----|------|---|---|--|
| | | 1.10 | | | |
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| | | | | | |

| DATE | DESCRIPTION | | AMOUNT | BALÂNCE | |
|--|----------------------|-------------|---------|---------|--|
| 05/31/2022 | Balance Forward | | | 0.00 | |
| | | | | | |
| 06/09/2022 | Invoice #113877 | | 312.00 | 312,00 | |
| | 06/09/2022 Display A | dvertising, | | | |
| 에는 이야지는 것을 가려야 한다. 같은 것은 것은 것은 것은 것을 가지? 같은 것은 것은 것은 것은 것을 가지? | full color | t | | | |
| | Shelton-Mason County | Journal & | 요즘 집 방법 | | |

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| 가지 않는 것 같은 것 같 | | |
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| 승규는 사람들 방법 이렇게 가슴 이 가슴에 가슴 | | |

Belfair Herald Olympic Air Show

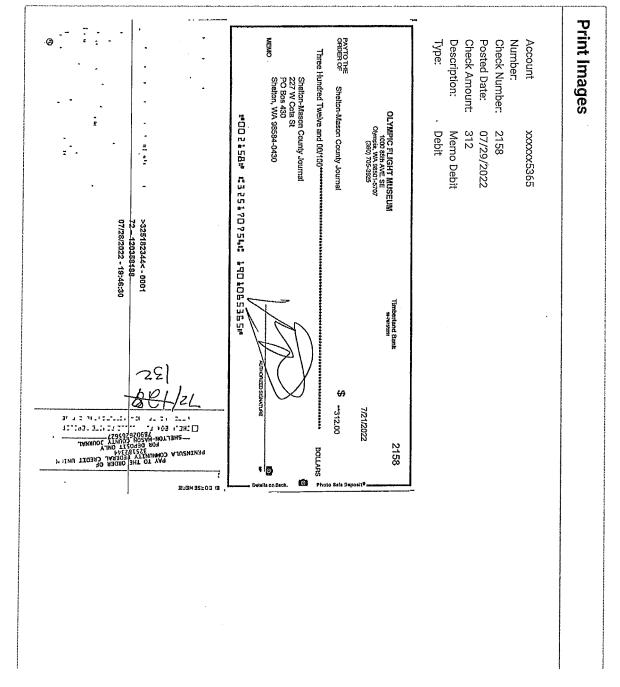
special pricing

3 columns x 8" - Quarter Page -

6/9/2022, page 8 = \$312.00

| Current | 1-30 Days | 31-60 Days | 61-90 Days | 90+ Days | Amoun | |
|---------|-----------|------------|------------|----------|----------|---|
| Due | Past Due | Past Due | Past Due | Past Due | Due | |
| 312.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$312.00 |) |





| PAGE | 2 |
|------|---|
|------|---|

| | HAROLD LEMAY ENTERPRISES, INC A WASTE CONNECTIONS COMPANY 2910 HOGUM BAY RD NE OLYMPIA WA 98516-3133 DISTRICT NO. 2183 | | ACCOUNT NO. INVOICE NO. STATEMENT DATE DUE DATE BILLING PERIOD | 01 | 2183-550586-001 156426748183 07/01/22 07/25/22 6/01/22 - 06/30/22 | |
|--|--|---------------------------|--|-------------|---|----|
| OLYMPIC FLIGHT MUSEUM AIR SHOW 7637 OLD HIGHWAY 99 SE # A TUMWATER WA 98501 | | JUL 1 4 2022 | FOR ASSISTANCE Customer Service Or Toll Free One Time Payments | | 1-360-923-0111 1-866-923-0111 855-569-2719 | |
| | | INVOICE STATEMENT | - - | | 000032 1/2 | |
| Date | Description | | | | Amount | j |
| | Service Location | Olympic Flight M | luseum | | | |
| 06/17/22 | Acct #550586-001 Delivery Fee 30 Yd Temp - | 7637 Öld Highwa 1 Each | iy 99 30 #A | \$ | 80.39 | |
| | 3061184 | | | \$ | 80.39 | |
| 06/17/22 | Delivery Fee 30 Yd Temp - 3114134 | 1 Each | | | | |
| 06/20/22 | Disposal Charge - Ro | | • | \$ | 168.00 | |
| 06/20/22 | 6842535 Final Pull 30 Yd Temp - R | 1 Each | • | \$ | 125.40 | |
| | 3061185 | 1 Each | | \$ · | 125.40 | |
| 06/20/22 | Final Pull 30 Yd Temp - R 3114187 | | | | | |
| 06/20/22 | Lid Charge - Ro | 4 Each | | \$ | 2.56 | |
| 06/20/22 | 3061185 Lid Charge - Ro | 4 Each | | \$ | 2.56 31.95 | 5 |
| | 3114187 | 9 Each | | \$ | 31.95 | |
| 06/20/22 | Mileage Fee - Ro 3114187 | | | | | l, |
| 06/20/22 | Mileage Fee - Ro | 9 Each | | \$ | 31.95 🕅 | • |
| 06/20/22 | 3061185 Rental Fee 30 Yd Temp - R | 4 Each | | \$ | 17.52 | |
| | 3061185 Rental Fee 30 Yd Temp - R | 4 Each | | \$ | 17.52 | |
| 00/20/22 | 3114187 | T BALLANCE | | • | 17.55 | |
| | 3.6% Wa State Refuse Tax | | | \$ | 17.00 | |

Please remit to the address below and return your remit stub with your payment,



٠.

HAROLD LEMAY ENTERPRISES, INC A WASTE CONNECTIONS COMPANY 2910 HOGUM BAY RD NE OLYMPIA WA 98516-3133

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OLYMPIC FLIGHT MUSEUM AIR SHOW 7637 OLD HIGHWAY 99 SE # A TUMWATER WA 98501

| ACCOUNT NO. | 2183-550586-001 |
|---|------------------------|
| INVOICE NO. | 156426745183 |
| STATEMENT DATE | 07/01/22 > |
| DUE DATE | 07/25/22 🚡 |
| PAY THIS AMOUNT | \$748.87 ⁶⁰ |
| WRITE IN AMOUNT PAID | |
| TO CHANGE ADDRESS Check here and complete the information of | on the reverse side. |
| MAIL PAYMENT TO: | 0/1 |
| PACIFIC DISPOSAL | ije |
| HAROLD LEMAY ENTERPRISES, INC | |
| | |

PO BOX 7428 PASADENA CA 91109-7428

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| HAROLD LEMAY ENTERPRISES, INC |
|-------------------------------|
| A WASTE CONNECTIONS COMPANY |
| 2910 HOGUM BAY RD NE |
| OLYMPIA WA 98516-3133 |
| DISTRICT NO. 2183 |

ACCOUNT NO. INVOICE NO. STATEMENT DATE DUE DATE BILLING PERIOD 2183-550586-001 ~ 156426745183 07/01/22 07/25/22 06/01/22 - 06/30/22

PAGE 2

OLYMPIC FLIGHT MUSEUM AIR SHOW 7637 OLD HIGHWAY 99 SE # A TUMWATER WA 98501

INVOICE STATEMENT (continued)

| Date | Description | and the rest of the second of the second | Amount |
|-------------|---|--|------------------------|
| Contraction | 6% City Utility Tax | \$ | 29.26 |
| | 9.4% Wa State Sales Tax Current Charges And Fees | \$ \$ | 18.42 748.87 |
| | Current Undiges And 1005 | + | |
| | Total Due | \$ | 748.87 |

PLEASE NOTE: IF YOU HAVE PREVIOUS CHARGES THEY ARE DUE IMMEDIATELY.

Your account will become delinquent if payment in full is not received by the due date listed at the top of your bill. Late fees of 1% of the unpaid balance or \$1.00 will be assessed on delinquent accounts. If your account has been stopped for non-payment, please contact the office to restart your service. Reinstatement and or redelivery fees may apply. Our office is open Monday-Friday, 8:00AM to 5:00PM, excluding holidays. Our drivers work all holidays with the exception of Christmas Day and New Years Day. Please visit our web page for more information on holiday schedules at http://thurston.lemayinc.com.

If you have a credit balance on your account of more than \$5.00 you have the option to apply this credit to your next bill, or you may request a refund. Credit balances of \$5.00 or less will be applied to your next bill. Please contact our office if you want to request a refund of your credit balance in excess of \$5.00.

Given the ongoing challenges resulting from the COVID-19 pandemic and widespread related staffing issues, many of our suppliers are experiencing supply shortages, delays in production, delays in service and delays in delivery. To ensure your timely receipt of bills, consider enrolling on our website, <u>https://wcicustomer.com</u> to view and pay your invoices. You can continue to get paper bills or you can also choose to go paperless (receive an email that a new bill is available to view). You can also choose to set up recurring payments so you don't have to worry about paying your bills on time.

| Change of Billing Address | Name | | | |
|------------------------------|----------------|---|--|--|
| Billing Address | Street Address | | | 142000 - 15 - 15 - 15 - 16 - 16 - 16 - 16 - 16 |
| | City | | State | Zip |
| | Phone (|) | ₩, , , , , , , , , , , , , , , , , , , | |

Pay/View Your Bill On-Line!

Enroll for Waste Connections eBilling by logging into http://www.wcicustomer.com and select On-Line Bill Pay. Sign up by entering your account information exactly as it shows on the remittance portion of your bill.

Ohce enrolled, you can view your bills on line, get email notification when a new invoice arrives, make a one time payment or sign up for recurring payments.

If you have any questions, please feel free to call us at the number at the top of your invoice.

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PAGE 3



HAROLD LEMAY ENTERPRISES, INC A WASTE CONNECTIONS COMPANY 2910 HOGUM BAY RD NE OLYMPIA WA 98516-3133 DISTRICT NO. 2183

OLYMPIC FLIGHT MUSEUM AIR SHOW 7637 OLD HIGHWAY 99 SE # A TUMWATER WA 98501 ACCOUNT NO. INVOICE NO. STATEMENT DATE DUE DATE BILLING PERIOD 2183-550586-001 15642674S183 07/01/22 07/25/22 06/01/22 - 06/30/22

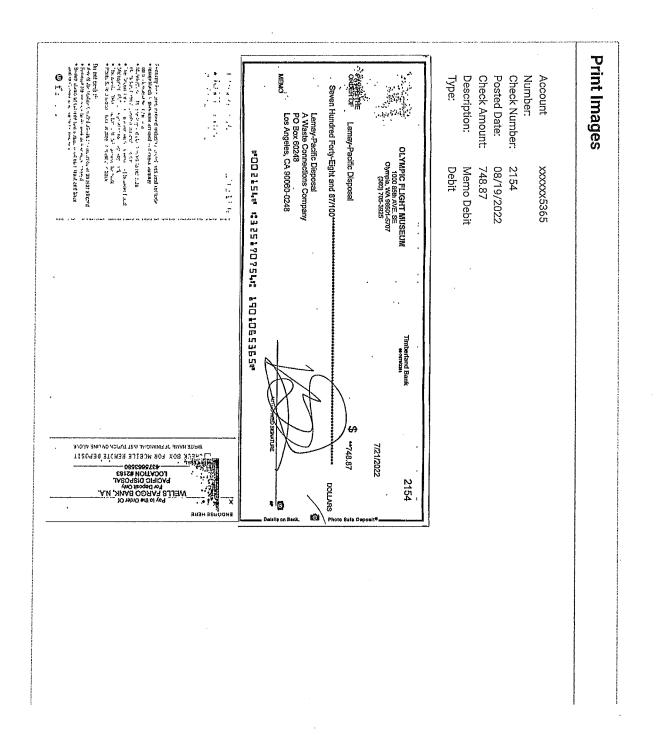
000032 2/2

VIEW/PAY YOUR BILL ONLINE!

* Make payments * Set up recurring payments * *Access your account 24/7 *Go paperless * View Statements * *It's FREEI There is no charge to view or pay your bill on our website* Go to https://www.wcicustomer.com and follow the online bill pay prompts to enroll today or call 1-855-569-2719 to make a payment through our interactive voice service with no extra fee.

Beware of online bill pay websites that may appear to be affiliated with Waste Connections but are not. Doxo.com is one such website that allows customers to pay their bills and often charges a fee for the service. As they are not affiliated with Waste Connections, we cannot control fees they may charge or when they will send us your payment. This could result in a late fee or service interruption. In order to ensure that you are paying your waste services bill directly, please visit our online bill pay at https://www.wcicustomer.com. As always, our website is free to use.





Pacific Stage AUDIO VISUAL LIVE

| | Invoice 2-32542 | |
|------------------------|---|----------|
| Process Dates: | Client Order 03-28-2022, Confirmation/1st Draft 04-20-2022, Invoiced 06-21-2022 | |
| Contractor: | Olympic Flight Museum 360-705-3925 | |
| Event: | 2022 Air Show | |
| Contact: | Jeff Johnson 360-754-0527 carmaz10@g.com | |
| | Jeff's cell 360-259-5292 | |
| 0 1 1 1 1 1 1 | Teri Thorning teri.thorning@olympicflightmuseum.com | |
| Contractor Address: | 7637-A Old Olympic Hwy 99 SE, Olympia, WA 98501 | |
| Engagement Address: | Olympic Flight Museum | |
| Λ | Day Pontal Paakaga for 2022 Air Show | |
| | Day Rental Package for 2022 Air Show | |
| | old Mackie 450s. We use JBL and QSC speaker only. They are lighter and over twice | • |
| | tt powered speakers (10 x 110.00) | 1,100.00 |
| | ohone Channel digital audio mixer (2-day rate/2 x 90.00) | 180.00 |
| 03 speaker stands | | N/C |
| | ve Wireless Belt Pack transmitter & receiver (2-day rate 2 x 75.00) | 150.00 |
| | ve Wireless Handheld microphone/transmitter & receiver (2-day rate 2 x 75.00) | 150.00 |
| UT Sennnelser 1/4 wav | e Wireless Handheld microphone/transmitter & receiver (2-day rate 2 x 45.00) | 90.00 |
| XLR Cord Package | | 50.00 |
| 09 Short 6' - 8'XLR, | 02 25'XLR, 02 35'XLR, 01 50'XLR, 05 75'XLR | |
| AC Cord Package | | 50.00 |
| 01 100' 10-gauge AC, | 01 quad-box, 02 power-strips | |
| | Any additional cable requests at no charge | |
| | | |
| RENTAL SUB-TOTA | L | 1,870.00 |

Delivery Charge \$50.00

Set-Up Charge N/C

Return Charge \$50.00

| Deliver Date Event I Thursday June 16, 2022 Sat-Sun June | 2~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
|---|--|
| We will deliver @ 2pm. | We will pick up at scheduled time to be determined |
| | |

Labor

Pacific Stage pays profession level, family supportive wages including overtime and a benefit program that includes affordable health insurance options, technical, code & safety training and savings programs. Total Labor Included

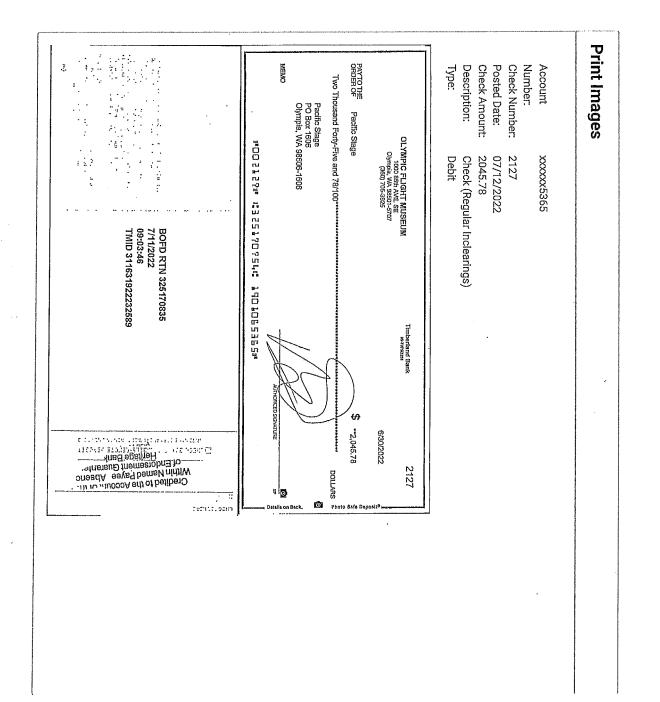
Liability Insurance

Pacific Stage carries a \$1,000,000 General Liability Policy. A certificate of insurance for verification can be provided upon request.

| Fee for Services | 1,870.00 |
|---------------------|------------|
| Tax (Tumwater 9.4%) | 175.78 |
| Grand Total | \$2,045.78 |

64522-Rental Equip. K Jut Pacific Stage, Inc. * PO Box 1606, Olympia, WA 98606-1606 * 360-556-2541





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INVOICE NO. 1855

6/17/2022

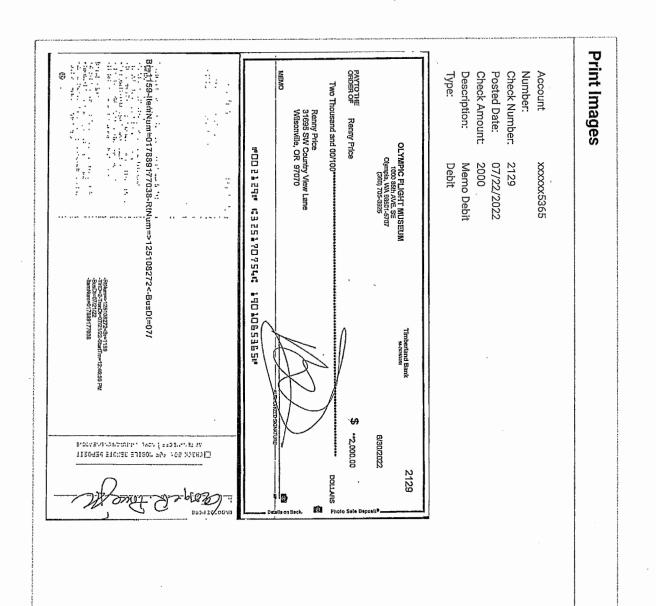
Bill To: OLYMPIC FLIGHT MUSEUM Address: 7937 OLD HWY 99 OLYMPIA, WA 98501

RENNY PRICE

Invoice For: PERFORMER FEES 2022

| ltem # | Description | Qty | Unit Price | Discount | Price |
|--------------|-----------------------------|-----------------------|---------------|-----------------------|--------------------|
| 1 | Olympic Airshow Performance | and the second second | | | \$ 2,000.00 |
| | | | EAN PARTY AND | | |
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| | | | | | |
| | | | Performance | | |
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| | | | | | |
| | | , | | Invoice Subtotal | \$ 2,000:00 |
| | | | | Tax Rate Sales Tax | |
| | | | | Other | S Second Second |
| Makaallahaal | s payable to Renny Price. | | | Deposit Received | |
| TOTAL DUE UI | PON RECEIPT | | | TOWAL | \$ 2,000,00 |





INVOICE

ANNA SERBINENKO SKY DANCER ANNA@CFC.AERO

Invoice No. 772 Date: 6/17/2022

BILL TO: OLYMPIC FLIGHT MUSEUM 7637-A OLD HWY 99 SE OIYMPIA, WA 98501

| Description | ι | Init Price | Lir | ne Total |
|-----------------------------------|----------|------------|-----|----------|
| PERFORMER FEE JUNE 18 & 19 , 2022 | \$ | 2,000.00 | \$ | 2,000.00 |
| | | | | |
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| | | TOTAL | \$ | 2,000.00 |

Make all checks payable to ANNA SERBINENKO THANK YOU FOR YOUR SUPPORT!



Date: 08/34/22.1 11.1 Dep:14528588 - 341 1911 - 1 Transit-FI: 04020-010 Source Number: 97 **Print Images** Security For (- strue wound industing standards and include, - InaperContent is having acount on taken standards - InaperContent acount of the standard acount - Industry in the standard provide a label of the - Industry in the standard provide a label of the - Industry in the standard provide a label of the - Industry industry in the standard provide a label - Industry industry in the standard provide a label of the - Industry industry in the standard provide a label of the - Industry industry in the standard provide a label of the - Industry Standard Label David I Label of the standard provide and the - Industry industry industry in the standard provide a label of the - Industry industry industry industry industry industry industry - Industry Standard David Label provide a label of the - Industry industry industry industry industry industry industry industry - Industry industry industry industry industry industry industry industry - Industry industr Account 9132988 Do not cash. It. • Ann at Un-sadares for elements her missione in Subject allitica-• highlights the feat society and to not under Judity • highlights the feat point spectra society and fund. • Hughlights the feat and buckture for . Two Thousand and 00/100*** MEMO : . ;, 000 . 325271-755 PAYTO THE ORDER OF Anna Serbinenko Type: Description: Check Amount: Posted Date: Check Number: Number: Account Canadian Filght Centre 604-11715 Baynes Rd Pitt Meadows, BC V3Y2V1 Canada ÷ OLYMPIC FLIGHT MUSEUM 1000 25th AVE. SE Olympia, WA 98501-5707 (360) 705-3325 "CO2124" #322170754# 1901042345" 2000 2169 Debit Check (Regular Inclearings) 09/02/2022 xxxxx5365 191200 . Timberland Bank N-78762151 . · · · • ••• ••. ٠.. AUTHORIZED SIGNATURE \$ --2,000.00 8/19/2022 МАНТЕ МАМЕ ОF FINAMCIAL INSTITUTION ON LINE ABOVE -: 2169 DOLLARS • 0 X 0 вкан язноома

GREG HOWARD

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20 NW MEADOW DR BEAVERTON, OR 97006

OLYMPIC FLIGHT MUSEUM Bill To: 7637-A OLD HWY 99 SE OIYMPIA, WA 98501

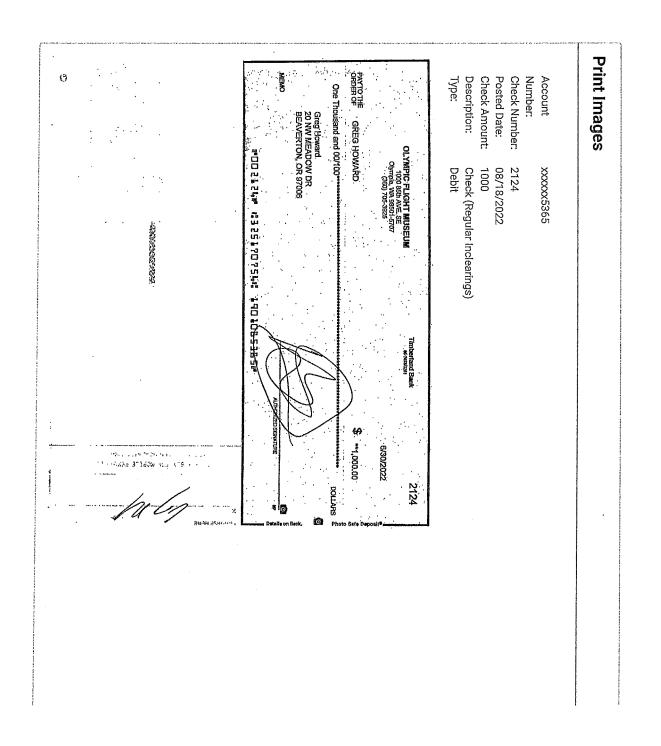
Invoice #: 1007 Invoice Date: 06/17/2022

Phone: 360-999-3639

| Description | Ra | te | Ar | nount |
|-----------------------------|---------------------------------------|---|----|----------|
| 2022 AIRSHOW PERFORMER FEES | \$ | 1,000.00 | \$ | 1,000.00 |
| | | | | |
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| | I | TOTAL | \$ | 1,000.00 |

Make all checks payable to GREG HOWARD. Total due in 15 days. Overdue accounts subject to a service charge of 3% per month.

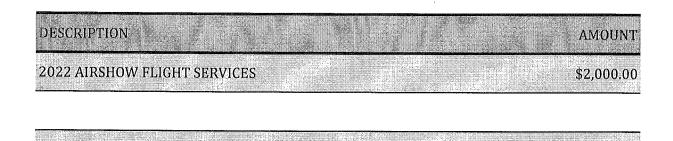




ROYAL EAGLE SQUADRON, INC

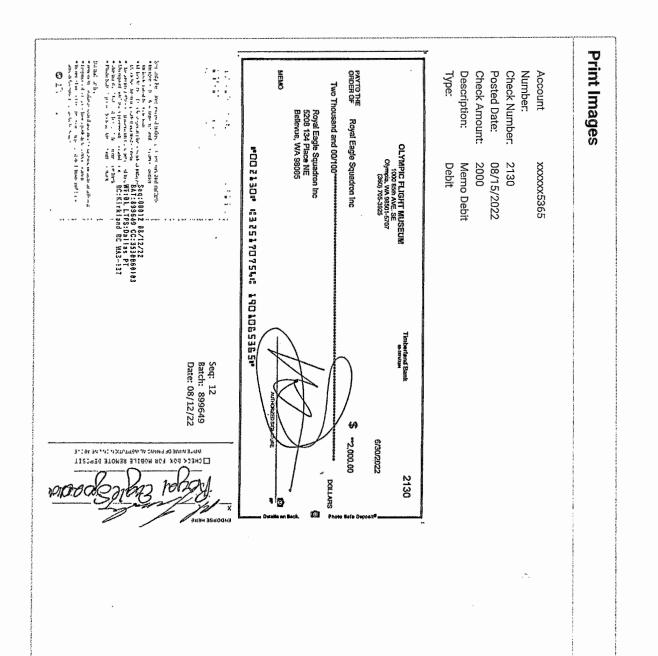
INVOICE

| | | Date: | 6/10/2022 |
|---|---|----------|--|
| | ; | For: | FLIGHT SERVICES AIRSHOW |
| 5208 134 PLACE NE BELLEVUE, WA 98005 | | Bill To: | OLYMPIC FLIGHT MUSEUM 7637 OLD HWY 99 SE OLYMPIA, WA 98501 |



| | SUBTOTAL | \$2,000.00 |
|---|-----------|---|
| Make all checks payable to ROYAL EAGLE SQUADRON, INC. If you have any questions concerning this invoice, contact 425-885-7083 | TAX RATE | 999, televitoriora da constructiona da constructiona da constructiona da constructiona da constructiona da cons |
| | SALES TAX | \$0.00 |
| | OTHER | \$0.00 |
| THANK YOU FOR YOUR BUSINESS! | TOTAL | \$2,000.00 |





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BANK OF AMERICA

Port Included Townord

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THERESA THORNING 4339 9318 6843 **3715** May 05, 2022 - June 04, 2022 Page 3 of 4

Transactions

| Posting | Transaction. | | | | | | | |
|---------|--------------|--------------------|----------|-----------|-----------------|-------------------------|-----|----------|
| Date | Date | Description | | | , | Reference Number | . · | Amount |
| 06/02 | 06/02 | TEXACO 0306037 | OLYMPIA | WA | | 24692162153100426289231 | | 60.55 |
| 06/02 | 06/01 | USPS PO 5461490672 | TUMWA | TER WA | | 24137462153001394478334 | | 10.44 |
| - | | TOTAL PURCHASES A | ND OTHER | CHARGES I | FOR THIS PERIOD | · · · · · | | \$819.20 |



| 13 Check 273679 6/2 | 0002 13270 02501 435 FOR 502502 >031100160 | | PO BUSINESS PO BOX 15 WILMINGT | PAYTO THE ORDER OF Bank of America Eight Hundred Nineteen and | | Account Number: Check Number: Posted Date: Check Amount: Description: Type: | Print Images |
|--|---|-------------------------------------|--------------------------------------|---|--|---|--------------|
| 13 Check 273679 6/23/2022 17 50 13 Sm Bus 15796 ZKOGB5L 62 | 0002 132700 06232022 1 S 0017 025810 45622002325450 zKoGB5L FOR DEFOST ONLY BANK OF AMERICA KN >031100160< | 14002108# 143251907544# 1901085385# | antiness calendary | \$ ma19.20 | OLYMPIC FLIGHT MUSEUM Timbertand Bank 2108 1000 68th AVE.SE Olympia, WA 98501-5707 (360) 705-3925 6/17/2022 | xxxxx5365 : 2108 06/27/2022 : 819.2 Check (Regular Inclearings) Debit | |
| | · | | | DOLLARS Photo Safa Der | | | |

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City of Tumwater Lodging Tax Final Report Form

| Organization's Name: <u>Olympic Flight Museum</u> | | | | | |
|--|---------------------------------------|--------------------------|--|--|--|
| Submitted By: <u>Teri Thorning</u> | | Date: <u>7/24/2023</u> | | | |
| Email Address: <u>oas@olympicflightmuseum.com</u> | | Phone: <u>3607053925</u> | | | |
| This R | eport Covers: | | | | |
| Activity Name: <u>Olympic Air Show</u> | | | | | |
| Activity Type: 🛛 Special Event/Festival | Marketing/Tourism Promotion Agency | n 🗌 Facility | | | |
| Activity Start Date: 6/17/2023 | Activity End Date: 6/18 | <u> 8/2023</u> | | | |
| Total Activity Cost: <u>\$176,715.00</u> | | | | | |
| Total amount of Tumwater lodging tax funds requested: <u>\$42,300.00</u> | | | | | |

Total amount of Tumwater lodging tax funds expended: <u>\$36,250.00</u>

Total amount of lodging tax funds expended from all jurisdictions: <u>\$63,750.00</u>

DEFINITIONS OF METHODOLOGY FOR QUESTIONS BELOW:

This methodology is defined by the Joint Legislative Audit and Review Committee and is used for reporting to the Legislature about the use of lodging tax for each jurisdiction.

- **Direct Count**: Actual count of visitors using methods such as paid admissions or registrations, clicker counts at entry points, vehicle counts or number of chairs filled. A direct count may also include information collected directly from businesses, such as hotels, restaurants or tour guides likely to be affected by an event.
- **Indirect Count**: Estimate based on information related to the number of visitors such as raffle tickets sold, redeemed discount certificates, brochures handed out, police requirements for crowd control or visual estimates.
- **Representative Survey**: Information collected directly from individual visitors / participants. A representative survey is a highly structured data collection tool, based on a defined random sample of participants, and the results can be reliably projected to the entire population attending an event and includes margin of error and confidence level.
- **Informal Survey**: Information collected directly from individual visitors or participants in a non-random manner that is not representative of all visitors or participants. Informal survey results cannot be projected to the entire visitor population and provide a limited indicator of attendance because not all participants had an equal chance of being included in the survey.
- **Structured Estimate**: Estimate produced by computing known information related to the event or location. For example, one jurisdiction estimated attendance by dividing the square footage of the event area by the international building code allowance for persons (3 sq. ft.).
- **Other**: (please describe)

| | Enter the total number of people predicted to attend this activity (this number would have been | PREDICTED: | 11,686 | | | | | | |
|------------------------------------|--|------------------------------|----------------|--|--|--|--|--|--|
| OVERALL | submitted on your application for funds); the actual number of people who attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 9,119 | | | | | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Indire | ct Count | | | | | | | |
| | EXPLAIN TRACKING METHOD: Manual count of patrons at Admissions Gate and estimated viewers outside of airport perimeter | | | | | | | | |
| | Enter the total number of people who travelled greater than 50 miles predicted to attend this activity (this number would have been submitted on your | PREDICTED: | 5245 | | | | | | |
| 50+ Miles - Attendance | application for funds); the actual number of people who travelled more than 50 miles to attend this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 1,997 | | | | | | |
| | METHODOLOGY (definitions provided above): Struct | ured Estimate | | | | | | | |
| | EXPLAIN TRACKING METHOD: 21.9% of total visitors who traveled 50+ miles to | | | | | | | | |
| | attend as reflected in electronic ticket analys | sis: $21.9\% \ge 9119 = 199$ | 97 | | | | | | |
| Out of State / Country - | Enter the total number of people from outside the state and country predicted to attend this activity (this number would have been submitted on your | PREDICTED: | 176 | | | | | | |
| | application for funds); the actual number of people from outside the state and country who attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 116 | | | | | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Direct Count | | | | | | | | |
| | EXPLAIN TRACKING METHOD: Out of state/o electronic ticket analysis as well as actual co | - | - | | | | | | |
| Paid for Overnight Lodging - | Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted on your | PREDICTED: | 1,311 | | | | | | |
| | application for funds); the actual number of people who paid for overnight lodging and attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 499 | | | | | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Structured Estimate | | | | | | | | |
| | EXPLAIN TRACKING METHOD: Estimate 25% of 1,997 tourists staying in paid accommodations = 499 | | | | | | | | |
| | Enter the total number of people predicted to attend this event without paying for overnight lodging in Tumwater (you would have submitted this number on | PREDICTED: | 3,410 | | | | | | |
| DID NOT PAY FOR OVERNIGHT | your application for funds); the actual number of people who attended without paying for overnight lodging; and the method used to determine attendance | ACTUAL (ESTIMATED): | 1,298 | | | | | | |
| LODGING - Attendance | METHODOLOGY (definitions provided above): Structured Estimate | | | | | | | | |
| | EXPLAIN TRACKING METHOD: Estimate 65% accommodations = 1,298 | % of 1,997 tourists stay | ving in unpaid | | | | | | |
| Paid Lodging Nights | Enter total predicted lodging nights in Tumwater (this number would have been submitted on your application for funds); and actual number of paid | • PREDICTED: | 479 | | | | | | |
| | lodging nights. (One lodging night = one or more persons occupying one room for one night); and the method used to determine attendance | | 211 | | | | | | |
| | METHODOLOGY (definitions provided above): Structured Estimate | | | | | | | | |
| | EXPLAIN TRACKING METHOD: Of the 499 tourists staying in paid accommodations, estimate a family unit of 3.13, is 159; add 52 performer crew rooms (2 nights) = 211 | | | | | | | | |

Please describe any other information that demonstrates the impact of increased tourism attributable to the special event, festival, or tourism-related facility.

The Olympic Air Show tourist attendance was 21.9%, falling within the historical average of 18% to 22%. Electronic ticketing analysis also shows out of state visitors at 116 from 10 states.

TUMWATER SPECIFIC QUESTIONS:

Did you experience a higher number of tourists this year? If not, what do you think was a contributing factor?

The event faced weather-related challenges over the two days; the attendance remained within normal averages due to rare and unique visiting and featured aircraft.

Did you complete all of the items on your Scope of Services consistent with your application submitted to the Lodging Tax Advisory Committee? If not, which items do you still need to complete? Do you plan on completing those items with your own resources? If so, when?

Yes

What expenses did you pay using Tumwater Lodging Tax funds?

Performer fees, operational expenses, and marketing and promotion.

Do you plan to do anything differently next year to expand your event, increase tourism to Tumwater, or increase visitors to your facility?

The Olympic Flight museum will continue to apply for U.S. military assets to feature, as well as contract with aerobatic performers to enhance the event with new and exciting aerial and ground displays.

2021 TAX RETURN

CLIENT COPY

Client: 12180

Prepared for: OLYMPIC FLIGHT MUSEUM 7637A OLD HWY 99 SE OLYMPIA, WA 98501 360-705-3925

Prepared by: CHRIS JACOT-MEDHURST JONES AND ASSOCIATES CPAS LLC 325 NORTH CENTRAL AVENUE KENT, WA 98032 253 854 3490

Date: JUNE 7, 2022

Comments:

Route to: _____

2021 Exempt Org. Return prepared for:

OLYMPIC FLIGHT MUSEUM 7637A OLD HWY 99 SE OLYMPIA, WA 98501

Jones and Associates CPAs LLC 325 North Central Avenue Kent, WA 98032

JONES AND ASSOCIATES CPAS LLC 325 NORTH CENTRAL AVENUE KENT, WA 98032 253 854 3490

OLYMPIC FLIGHT MUSEUM 7637A OLD HWY 99 SE OLYMPIA, WA 98501 360-705-3925

FEDERAL FORMS

| Form 990 | 2021 Return of Organization Exempt from Income Tax |
|--------------|--|
| Schedule A | Organization Exempt Under Section 501(c)(3) |
| Schedule D | Schedule D |
| Schedule O | Supplemental Information |
| Form 8868 | Application for Extension |
| | Depreciation Schedules |
| Form 8879-TE | IRS e-file Signature Authorization |

FEE SUMMARY

Preparation Fee

FEDERAL EXEMPT ORGANIZATION TAX SUMMARY PAGE 1

| OLYMPIC FLIGHT MUSEUM | | | | | | |
|--|---------------------------------------|--------------------------------------|-----------------------------------|--|--|--|
| REVENUE | 2021 | 2020 | DIFF | | | |
| CONTRIBUTIONS AND GRANTS PROGRAM SERVICE REVENUE. OTHER REVENUE. | 6,270 8,582 65,099 | 6,686 6,040 10,578 | -416 2,542 54,521 | | | |
| TOTAL REVENUE | 79,951 | 23,304 | 56,647 | | | |
| EXPENSES SALARIES, OTHER COMPEN., EMP. BENEFITS OTHER EXPENSES | 14,452 71,528 | 13,172 59,232 | 1,280 12,296 | | | |
| TOTAL EXPENSES | 85,980 | 72,404 | 13,576 | | | |
| NET ASSETS OR FUND BALANCES REVENUE LESS EXPENSES. TOTAL ASSETS AT END OF YEAR. TOTAL LIABILITIES AT END OF YEAR. NET ASSETS/FUND BALANCES AT END OF YEAR. | -6,029 632,993 5,265 627,728 | -49,100 633,931 174 633,757 | 43,071 -938 5,091 -6,029 | | | |

GENERAL INFORMATION

OLYMPIC FLIGHT MUSEUM

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH D, SCH O, 8868

CARRYOVERS TO 2022

NONE

PAGE 1

91-1899948

PREPARER E-FILE INSTRUCTIONS - FEDERAL

OLYMPIC FLIGHT MUSEUM

91-1899948

PAGE 1

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-TE, IRS E-FILE SIGNATURE AUTHORIZATION.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-TE, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION

PREPARER E-FILE INSTRUCTIONS - FEDERAL

OLYMPIC FLIGHT MUSEUM

91-1899948

PAGE 2

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 8868

NO SIGNATURE IS REQUIRED WITH FORM 8868.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

FEDERAL WORKSHEETS

OLYMPIC FLIGHT MUSEUM

91-1899948

COMPUTATION OF COST OF GOODS SOLD (FORM 990)

| 1. INVENTORY AT START OF YEAR | |
|---|---------|
| 2. PURCHASES | |
| 3. COST OF LABOR | 0. |
| 4. ADDITIONAL 263A COSTS | 0. |
| 5. OTHER COSTS | 0. |
| 6. TOTAL (ADD LINES 1 THROUGH 5) | 10,178. |
| 7. INVENTORY AT END OF YEAR | 8,561. |
| 8. COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6) | 1,617. |

FORM 990, PART III, LINE 4E PROGRAM SERVICES TOTALS

| | PROGRAM SERVICES TOTAL | FORM 990 | SOURCE |
|----------------|------------------------------|----------|----------------------------|
| TOTAL EXPENSES | 85,980. | 0. | PART IX, LINE 25, COL. B |
| GRANTS | 0. | | PART IX, LINES 1-3, COL. B |
| REVENUE | 0. | | PART VIII, LINE 2, COL. A |

FORM 990, PART IX, LINE 24E OTHER EXPENSES

| | | (A) | (B) PROGRAM | (C) MANAGEMENT | (D) |
|--|----------|---|--|-------------------|-------------|
| | | TOTAL | SERVICES | & GENERAL | FUNDRAISING |
| CASH OVER/SHORT EQUIPMENT RENTAL HANGAR MAINT & SUPPLIES LICENSES/PERMITS | total \$ | -47. 155. 300. <u>276.</u> 684. | -47. 155. 300. <u>276.</u> \$ 684. | \$ 0. | \$ 0. |

EXCESS CONTRIBUTIONS SCHEDULE A, PART II, LINE 5

| 2017 AERO MANAGEMENT | 2018 | 2019 | 2020 | 2021 | TOTAL | 2% AMT | EXCESS |
|--------------------------|-----------------|--------|-------|-------|--------|--------|--------|
| AERO MANAGEMENT 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| J DIMMER FOUNDAT 0 | TION 0 | 2,500 | 2,500 | 2,500 | 7,500 | 3,906 | 3,594 |
| DAVID REYNOLDS 79,020 | 2,500 | 6,000 | 1,000 | 900 | 89,420 | 3,906 | 85,514 |
| KAUFMAN BROS CON 0 | ISTRUCTION 0 | 1,000 | 0 | 0 | 1,000 | 0 | 0 |
| DARCY RYAN 0 | 0 | 10,000 | 0 | 0 | 10,000 | 3,906 | 6,094 |

FEDERAL WORKSHEETS

PAGE 2

OLYMPIC FLIGHT MUSEUM

91-1899948

EXCESS CONTRIBUTIONS (CONTINUED) SCHEDULE A, PART II, LINE 5

| MASCO PETROLEU 0 | UM O | 5,000 | 0 | 0 | 5,000 | 3,906 | 1,094 |
|---------------------|---------|--------|-------|-------|---------|--------|--------|
| 79,020 | 2,500 | 24,500 | 3,500 | 3,400 | 112,920 | 15,624 | 96,296 |

12/31/21

2021 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

OLYMPIC FLIGHT MUSEUM

91-1899948

| NO. | DESCRIPTION | DATE ACQUIRED | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR 179 BONUS | SPECIAL DEPR. ALLOW. | Prior 179/ Bonus/ Sp. depr. | PRIOR DEC. BAL DEPR. | SALVAG /BASIS REDUCT | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE _RATE_ | CURRENT DEPR. |
|-----|---------------------------|------------------|--------------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|--------|-------------|------------------|
| | и 990/990-PF | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 1 | OFFICE EQUIPMENT | 1/01/99 | | 26,37 | | | | | | | 26,375 | 26,375 | S/L | 7 | 0 |
| 2 | COMPAQ COMPUTERS | 10/01/01 | | 2,56 | | | | | | | 2,562 | 2,562 | S/L | 5 | 0 |
| 3 | FLDNG CHAIRS & DOLLIES | 8/01/01 | | 3,08 |) | | | | | | 3,080 | 3,080 | S/L | 7 | 0 |
| 4 | FLDING TABLES & TABLE TRK | 8/01/01 | | 1,57 | 5 | | | | | | 1,576 | 1,576 | S/L | 7 | 0 |
| 5 | COAT RACK W/CASTERS | 8/01/01 | | 27 | 3 | | | | | | 278 | 278 | S/L | 7 | 0 |
| 6 | PA SYSTEM | 1/21/10 | | 1,11 | 2 | | | | | | 1,112 | 1,112 | S/L | 5 | 0 |
| 7 | UNIT HEATER | 1/31/12 | | 4,56 | 5 | | | | | | 4,565 | 4,073 | S/L | 10 | 457 |
| 8 | LAPTOP | 9/26/12 | | 62 | 9 | | | | | | 629 | 629 | S/L | 5 | 0 |
| 9 | 2006 SILVERADO | 3/03/14 | | 14,54 | 7 | | | | | | 14,547 | 14,547 | S/L | 5 | 0 |
| 10 | COMPUTER | 2/18/15 | | 3,02 | 3 | | | | | | 3,028 | 3,028 | S/L | 5 | 0 |
| 11 | HEAT PUMP | 12/27/17 | | 3,68 |) | | | | | | 3,680 | 2,576 | S/L | 5 | 736 |
| 12 | 94 CHEVY DUALLY | 4/20/18 | | 5,50 |) | | | | | | 5,500 | 2,750 | S/L | 5 | 1,100 |
| 13 | DES CRANE & SHOVEL | 6/30/19 | | 2,30 |) | | | | | | 2,300 | 2,300 | S/L | 5 | 0 |
| | TOTAL | | | 69,23 | 2 | 0 | 0 | (|) (|) 0 | 69,232 | 64,886 | | | 2,293 |
| | TOTAL DEPRECIATION | | - | 69,23 | 2 | 0 | 0 | (|) () | 0 0 | 69,232 | 64,886 | | | 2,293 |
| | GRAND TOTAL DEPRECIATION | | - | 69,23 | 2 | 0 | 0 | (| <u>)</u> 0 | 00 | 69,232 | 64,886 | | | 2,293 |

| Form | 887 | '9-1 | ΓE |
|------|-----|------|----|
|------|-----|------|----|

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20

► Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information. 2021

Department of the Treasury Internal Revenue Service Name of filer

OLYMPIC FLIGHT MUSEUM Name and title of officer or person subject to tax

EIN or SSN 9<u>1-1899948</u>

BRIAN A REYNOLDS PRESIDENT

Part I Type of Return and Return Information

| Check the box for the return for which you and Form 5330 filers may enter dollars 6a, 7a, 8a, 9a, or 10a below, and the am 6b, 7b, 8b, 9b, or 10b, whichever is appl line below. Do not complete more than | and cents. For all other forms, ount on that line for the return icable, blank (do not enter -0-) | enter whole dollars only. If yo being filed with this form was | ou check the box on I blank, then leave lir | ine 1a, 2a, 3a, 4a, 5a, ne 1b, 2b, 3b, 4b, 5b, |
|--|--|--|--|--|
| 1a Form 990 check here ▶ X b | Total revenue, if any (Form 99 | 0, Part VIII, column (A), line | 12) 1b | 79,951. |
| 2a Form 990-EZ check here D | Total revenue, if any (Form 99 | 0-EZ, line 9) | 2b | |
| 3a Form 1120-POL check here b | Total tax (Form 1120-POL, line | e 22) | 3b | |
| 4a Form 990-PF check here b | Tax based on investment inco | ome (Form 990-PF, Part V, lir | ne 5) 4b | |
| 5a Form 8868 check here ► b | Balance due (Form 8868, line | 3c) | 5b | |
| 6a Form 990-T check here ▶ b | Total tax (Form 990-T, Part III, | , line 4) | 6b | |
| 7a Form 4720 check here ► b | Total tax (Form 4720, Part III, | line 1) | 7 b | |
| 8a Form 5227 check here ▶ b | FMV of assets at end of tax ye | ear (Form 5227, Item D) | 8b | |
| 9a Form 5330 check here ► b | Tax due (Form 5330, Part II, li | ne 19) | | |
| 10a Form 8038-CP check here. ► b | Amount of credit payment req | uested (Form 8038-CP, Part | III, line 22) 10b | |
| Part II Declaration and Signatu | re Authorization of Offic | er or Person Subject to | Tax | |
| Under penalties of perjury, I declare that (name of entity) | X I am an officer of the abo | | son subject to tax wit . (EIN) | h respect to |
| and belief, they are true, correct, and co electronic return. I consent to allow my i IRS and to receive from the IRS (a) an a processing the return or refund, and (c) the initiate an electronic funds withdrawal (direc of the federal taxes owed on this return, U.S. Treasury Financial Agent at 1-888-3 financial institutions involved in the proc inquiries and resolve issues related to the return and, if applicable, the consent to PIN: check one box only | ntermediate service provider, to cknowledgement of receipt or r date of any refund. If applicable, ct debit) entry to the financial inst and the financial institution to 353-4537 no later than 2 busine essing of the electronic payme the payment. I have selected a p | ransmitter, or electronic retur reason for rejection of the trai I authorize the U.S. Treasury an itution account indicated in the debit the entry to this accoun tess days prior to the payment nt of taxes to receive confider | n originator (ERO) to nsmission, (b) the rea nd its designated Finar tax preparation softwa it. To revoke a payme (settlement) date. I ntial information nece | e send the return to the ason for any delay in ncial Agent to re for payment ent, I must contact the also authorize the essary to answer |
| X authorize JONES AND ASSO | CTATES CPAS LLC | to enter my PIN | 12180 | as my signature |
| | ERO firm name | | Enter five numbers, but do not enter all zeros | |
| on the tax year 2021 electronically agency(ies) regulating charities as pareturn's disclosure consent screen. | art of the IRS Fed/State program, | I also authorize the aforemention | of the return is bein oned ERO to enter my | PIN on the |
| As an officer or person subject to tax return. If I have indicated within this r the IRS Fed/State program, I will enter | eturn that a copy of the return is | being filed with a state agency(| | |
| Signature of officer or person subject to tax | | | Date 🕨 | |
| Part III Certification and Auth | nentication | | | |
| ERO's EFIN/PIN. Enter your six-digit elen number (EFIN) followed by your five-digi | it self-selected PIN. | 917695 Do not ente | er all zeros | |
| I certify that the above numeric entry is am submitting this return in accordar Providers for Business Returns. | | | | |
| ERO's signature <u>CHRIS JACOT-ME</u> | DHURST | Date ► | | |
| | | | | |

ERO Must Retain This Form – See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

| Form 8868 | |
|---------------------|--|
| (Rev. January 2022) | |

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

► File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

 Name of exempt organization or other filer, see instructions.
 Taxpayer identification number (TIN)

| Type or print | OLYMPIC FLIGHT MUSEUM | 91-1899948 |
|------------------------------|--|------------|
| File by the | Number, street, and room or suite number. If a P.O. box, see instructions. | |
| due date for filing your | 7637A OLD HWY 99 SE | |
| return. See instructions. | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| | OLYMPIA, WA 98501 | |

| Application Is For | Return Code | Application Is For | Return Code |
|---|----------------|-----------------------------------|----------------|
| Form 990 or Form 990-EZ | 01 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (section 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |
| Form 990-T (corporation) | 07 | | |

The books are in the care of
 <u>CHARLES BAIN</u>

Telephone No. ► 360-754-7200

Fax No. ►

If the organization does not have an office or place of business in the United States, check this box......

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this box.... ► and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 20 22, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

X calendar year 20 21 or

| ► | tax year beginning | , 20 | , and ending | , 20 | |
|---|--------------------|------|--------------|------|--|
| | | | | | |

| 2 | If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return | Final return |
|---|---|----------------|--------------|
| | Change in accounting period | | |

| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 3a | \$ 0. |
|--|-----|-------|
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | 3b | \$ 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 3 c | \$ 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

| Form | 99 | 0 |
|------|----|---|
|------|----|---|

Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

2021

| | nal Revenu | | | .irs.gov/Form990 for inst | | | | n. | | maper | |
|---|---------------|------------------|---|-------------------------------|---------------------|---------------|------------------------|-----------------------------------|-------------|-------------------|---------------------|
| _ | | | dar year, or tax year begir | ining | , 2021, | and endin | ıg | | | 20 | |
| В | Check if ap | | C | | | | | | | fication numb | ber |
| | Addre | ess change | OLYMPIC FLIGHT M | | | | | | 1899 | | |
| | Name | change | 7637A OLD HWY 99 OLYMPIA, WA 9850 | | | | | E Telepho | | | |
| | Initial | return | OLIMPIA, WA 9030 | T | | | | 360 | -705 | -3925 | |
| | Final re | eturn/terminated | | | | | | | | | |
| | Amen | ded return | | | | | | G Gross r | | | 81,568. |
| | Applic | cation pending | | | | | ., | a group retur | | | Yes X No |
| | | | 7637A OLD HWY 99 | 1 | WA 98501 | | רט) Are all If "No, | l subordinates " attach a list | includeo | tructions. | Yes No |
| I | | mpt status: | X 501(c)(3) 501(c) (|) < (insert no.) | 4947(a)(1) or | 527 | | | | | |
| J | Websi | ite:► WW | W.OLYMPICFLIGHTM | USEUM.COM | | | •• | exemption n | | | |
| ĸ | | organization: | X Corporation Trust | Association Other ► | LY | ear of format | ion: 199 | 8 M s | State of le | egal domicile: | WA |
| Pa | | Summar | | | | | | | | | |
| | | | be the organization's miss | | | | | | | | |
| Se | A | | . THE MUSEUM WAS RECOLLECT, AND L | | | | | | | | |
| nan | <u>R</u> C | | SOUNDS, SMELLS, | | | | | | | | |
| veri | 2 Ch | | \rightarrow if the organizatio | | | | | | | | |
| ဗိ | 3 Nu | | oting members of the gove | | | | | | 3 | 00101 | 5 |
| ര ്ഗ | 4 Nu | umber of in | dependent voting member | s of the governing bod | y (Part VI, line | : 1b) | | | 4 | | 5 |
| itie | 5 To | | r of individuals employed in | | | | | | 5 | | |
| Activities & Governance | 6 To | | r of volunteers (estimate if | | | | | | 6 | | 25 |
| Ă | | | ed business revenue from | | | | | | 7a | | 0. |
| | DINE | | d business taxable income | 110111 F01111 990-1, Par | | | | Prior Year | 7b | Curren | 0. nt Year |
| | 8 Co | ontributions | and grants (Part VIII, line | 1h) | | | | | 86 | Curre | 6,270. |
| ue | | | vice revenue (Part VIII, line | | | | | 6,686. | | | 8,582. |
| Revenue | | | ncome (Part VIII, column (| | | | | 0,0 | .01 | | 0,002. |
| æ | | | e (Part VIII, column (A), li | | | | | 10,5 | 578. | | 65,099. |
| | 12 To | otal revenue | e – add lines 8 through 11 | (must equal Part VIII, | column (A), lir | ne 12) | | 23,3 | | | 79,951. |
| | 13 Gr | rants and s | imilar amounts paid (Part | IX, column (A), lines 1 | -3) | | | | | | |
| | 14 Be | enefits paid | to or for members (Part I | X, column (A), line 4). | | | | 13,172. | | | |
| ~ | 15 Sa | alaries, othe | er compensation, employe | e benefits (Part IX, co | umn (A), lines | 5-10) | | | | | 14,452. |
| lse: | 16a Pr | ofessional | fundraising fees (Part IX, | column (A), line 11e). | | | | | | | |
| Expenses | b To | tal fundrais | sing expenses (Part IX, co | lumn (D), line 25) 🕨 | | | | | | | |
| ŵ | 17 Ot | ther expens | ses (Part IX, column (A), li | | | | | 59,2 | 232. | | 71,528. |
| | 18 To | tal expens | es. Add lines 13-17 (must | equal Part IX, column | (A), line 25) | | | 72,4 | | | 85,980. |
| | 19 Re | evenue less | s expenses. Subtract line 1 | 8 from line 12 | | | | -49,1 | | | -6,029. |
| 2 8 | | | | | | | Beginni | ng of Currer | | End o | of Year |
| sets Ianc | 20 To | | (Part X, line 16) | | | | | 633,9 | | (| 532,993. |
| Net Assets or Fund Balances | 21 To | otal liabilitie | es (Part X, line 26) | | | | | 1 | 74. | | 5,265. |
| Pen | 22 Ne | et assets or | r fund balances. Subtract I | ine 21 from line 20 | | | | 633,7 | 57. | 6 | 527,728. |
| Pa | art II | Signatur | re Block | | | | | | | | |
| Unde | er penalties | of perjury, I de | eclare that I have examined this ret arer (other than officer) is based on | urn, including accompanying s | chedules and staten | ments, and to | the best of n | ny knowledge | and beli | ef, it is true, c | orrect, and |
| | piete. Decia | | | | | age. | | | | | |
| c:. | | Signatu | ire of officer | | | | Da | ate | | | |
| Siq He | jn re | | AN A REYNOLDS | | | | DDFC | IDENT | | | |
| i i c | | | r print name and title | | | | PKES | TDENT | | | |
| | | Print/Type p | preparer's name | Preparer's signature | | Date | | Check | if | PTIN | |
| Ра | id | CHRTS | JACOT-MEDHURST | CHRIS JACOT-M | EDHURST | | | self-employ | | P001663 | 337 |
| | eparer | Firm's name | | SOCIATES CPAS | | 1 | | ompioy | | | |
| | e Only | | | | | | | Firm's EIN | ▶ 45- | -384516 | 50 |
| - | , | | KENT, WA 980 | | | | | Phone no. | | 854 34 | |
| Mar | v the IRS | B discuss th | nis return with the prepare | | structions | | | | | X Yes | No |
| _ | | | Reduction Act Notice, see | | | | EA0101L 09/ | | | | n 990 (2021) |

| Form | n 990 (2021) OLYMPIC FLIGHT MUSEUM | 91-1899948 | Page 2 |
|------|---|---|------------------------|
| Par | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part III | | Х |
| 1 | Briefly describe the organization's mission: | | |
| | SEE SCHEDULE O | | |
| | | | |
| | | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the pr | — | |
| | Form 990 or 990-EZ? | Yes | X No |
| ~ | If "Yes," describe these new services on Schedule O. | | 37 N |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program so If "Yes," describe these changes on Schedule O. | ervices? Yes | X No |
| 4 | Describe the organization's program service accomplishments for each of its three largest program ser Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocatio and revenue, if any, for each program service reported. | vices, as measured by ons to others, the total | expenses. expenses, |
| 4 a | a (Code:) (Expenses \$ 85,980. including grants of \$) (| Revenue \$ |) |
| | MAINTAINING MUSEUM OPERATIONS FOR PUBLIC BENEFIT PRESENTING EXHI | · · | / |
| | INTERPRETATIONS, AND HERITAGE AVIATION EXPERIENCES. DUE TO COVI | | MUSEUM |
| | HAS BEEN CLOSED SINCE MARCH 2020. | | |
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| | | | |
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| | | | |
| | | | |
| | | | |
| 4 k | b (Code:) (Expenses \$ including grants of \$) (| Revenue \$ |) |
| | DEVELOP AVIATION EVENTS HOSTED BY THE MUSEUM TO PROMOTE INTEREST | | ND THE |
| | PRESERVATION OF AVIATION HISTORY TO THE COMMUNITY. DUE TO COVID | | |
| | EVENTS OCCURED. | | |
| | | | |
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| | | | |
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| | | | |
| | | | |
| 40 | c (Code:) (Expenses \$ including grants of \$) (| Revenue \$ |) |
| | OFF SITE APPEARANCES THOUGHOUT THE PACIFIC NORTHWEST TO PROMOTE | | / |
| | AWARENESS OF AVIATION HISTORY. DUE TO THE COVID PANDEMIC EVENTS | | ח' |
| | MARIANESS OF AVIATION HISTORY. DOE TO THE COVED FRADENIC EVENTS | | <u></u> |
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| | | | |
| ۸. | d Other program services (Describe on Schedule O.) | | |
| 4(| (Expenses \$ including grants of \$) (Revenue \$ | |) |
| | | |) |
| BAA | | For | m 990 (2021) |

Form 990 (2021) OLYMPIC FLIGHT MUSEUM

| Par | t IV Checklist of Required Schedules | | | |
|-------------|--|------|----------|--------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 | Yes X | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | Х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i> | 3 | | Х |
| 4 | Section 501(c)(3) organizations. 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 | 4 | | Х |
| 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 | 5 | | х |
| 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? <i>If 'Yes,' complete Schedule D, Part I</i> | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i> | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. | 8 | Х | |
| 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? <i>If 'Yes,' complete Schedule D, Part IV</i> | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i> | 10 | | Х |
| 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. | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 11 a | Х | |
| Ł | 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. | 11 b | | Х |
| 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 | 11 c | | х |
| C | 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 | 11 d | Х | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | Х | |
| 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 | 11 f | | Х |
| 12 <i>a</i> | Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII | 12a | | Х |
| Ł | 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 | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | Х |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| Ł | 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? <i>If 'Yes,' complete Schedule F, Parts I and IV</i> | 14b | | Х |
| 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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i> | 15 | | Х |
| 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 | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I.</i> See instructions | 17 | | Х |
| 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 | 18 | | Х |
| 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. | 19 | | х |
| 20a | Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i> | 20a | | Х |
| b | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> | 21 | | Х |
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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.... 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х Schedule J..... 23 24 a 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..... Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b 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? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25 a 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..... Х 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disgualified 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 25h Х 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*...... 26 Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 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 Х persons? If 'Yes,' complete Schedule L, Part III. 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): 28 a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes,' complete Schedule L, Part IV. Х 28a Х **b** A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV..... 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes, complete Schedule L, Part IV..... 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If 'Yes,' complete Schedule M...... 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I..... Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N, Part II. Х 32 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 l*..... 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, 34 Х and Part V, line 1..... 34 **35 a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... Х 35a **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*..... 35b 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.... 36 36 Х 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*..... 37 37 Х Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 Х Note: All Form 990 filers are required to complete Schedule O. 38 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 1 a 2 **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable..... 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners? 1 c

Form 990 (2021) OLYMPIC FLIGHT MUSEUM

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| Form | n 990 (| | | | LIGHT MUSEUM | | | 91-1899948 | 3 | F | Page 5 |
|------|------------------|------------------------|-------------------------------|-------------|--|---|-------------------------------|------------------|----------|-----|--------|
| Par | t V | S | tatements | s F | garding Other IRS Filings and | d Tax Compliance (co | ontinued) | | | | |
| | | | | | | | | _ | | Yes | No |
| 2 a | a Enter ment | r the nu ts, filed | mber of emp for the caler | iplo nd | es reported on Form W-3, Transmitt. year ending with or within the year c | al of Wage and Tax State- overed by this return | 2a | 3 | | | |
| Ł | | | • | | line 2a, did the organization file all r | 1 1 2 | | ;? | 2 b | Х | |
| 2. | | | | | 2a is greater than 250, you may be requi elated business gross income of \$1, | | | | 2.0 | | X |
| | | - | | | this year? If 'No' to line 3b, provide an explana | | | | 3a 3b | | Λ |
| | | | | | | | | • | 5 D | | |
| 4 a | a At an finan | ny time d ncial acc | ount in a for | len orei | year, did the organization have an intercountry (such as a bank account, see | rest in, or a signature or othe ecurities account, or other f | er authority of financial acc | /er, a punt)? | 4a | | Х |
| Ł |) If 'Ye | es,' ente | er the name | of | e foreign country► | | | | | | |
| | See i | instructio | ons for filing r | rec | ements for FinCEN Form 114, Report o | f Foreign Bank and Financial | I Accounts (Fi | BAR). | | | |
| 5 a | w as | the org | anization a p | ра | to a prohibited tax shelter transaction | n at any time during the ta | ax year? | | 5 a | | Х |
| | | - | | | ne organization that it was or is a pa | | | | 5 b | | Х |
| | | | | | he organization file Form 8886-T? | | | | 5 c | | |
| 6 a | Does solici | s the org it any co | panization ha | ave tha | nnual gross receipts that are normal vere not tax deductible as charitable | ly greater than \$100,000, a contributions? | and did the o | rganization | 6 a | | Х |
| Ł | lf 'Ye not ta | es,' did th ax dedu | ne organizatio ictible? | on | lude with every solicitation an express | statement that such contribut | tions or gifts v | vere | 6 b | | |
| 7 | Orga | anizatio | ns that may | re | ve deductible contributions under s | ection 170(c). | | | | | |
| a | a Did t servi | the orga | nization rece vided to the | eiv pa | a payment in excess of \$75 made pa r? | rtly as a contribution and p | partly for goo | ds and | 7 a | | Х |
| Ł | ∎lf 'Ye | es,' did f | the organiza | atic | notify the donor of the value of the g | oods or services provided? | | | 7 b | | |
| c | | | | | nge, or otherwise dispose of tangible p | ersonal property for which it | was required | to file | _ | | v |
| | | | | | | | | | 7 c | | Х |
| | | | | | of Forms 8282 filed during the year. | | L | *** at 2 | | | X |
| | | - | | | any funds, directly or indirectly, to pa | | | - | 7e 7f | | X |
| | | - | | | ne year, pay premiums, directly or ir ontribution of qualified intellectual prope | | | ····· | 71 | | Λ |
| ç | as re | equired? | | | | | | | 7 g | | |
| | Form | n 1098-0 | C ? | | contribution of cars, boats, airplane | | | | 7 h | | |
| 8 | • | - | - | | taining donor advised funds. Did a do | | - | - | - | | |
| | - | | | | iness holdings at any time during th | e year? | | | 8 | | |
| | • | • | • | | aintaining donor advised funds. | | | | | | |
| | | • | | | on make any taxable distributions ur | | | | 9a | | |
| | | • | | | on make a distribution to a donor, do | prior advisor, or related per | rson? | | 9 b | | |
| | | | (c)(7) organi | | tributions included on Part VIII, line | 10 | 10.0 | | | | |
| | | | | | orm 990, Part VIII, line 12, for public | | 10a 10b | | | | |
| | | | (c)(12) orgar | | | | 10.5 | | | | |
| | | | | | or shareholders | | 11 a | | | | |
| | | | | | | | | | | | |
| | | | | | es. (Do not net amounts due or paid to ved from them.). | | 11 b | | | | |
| 12 a | a Secti | ion 494 | 7(a)(1) non-e | exe | ot charitable trusts. Is the organizati | on filing Form 990 in lieu o | of Form 1041 | ? | 12 a | | |
| | | | | | ax-exempt interest received or accru | ed during the year | 12b | | | | |
| | | | | | onprofit health insurance issuers. | | | | | | |
| a | | 0 | | | o issue qualified health plans in more | | | | 13a | | |
| | | | | | additional information the organizat | | | | | | |
| | | | | | the organization is required to main nsed to issue qualified health plans. | | | | | | |
| | | | | | on hand | | | | | | |
| | | - | | | any payments for indoor tanning serv | • • | | | 14a | | Х |
| | | | | | 0 to report these payments? If 'No,' | | | - | 14b | | ļ |
| 15 | exce | ss para | chute payme | ent | the section 4960 tax on payment(s) during the year? | | | | 15 | | Х |
| 10 | | | | | I file Form 4720, Schedule N. | 1069 overes to | vootee e - t : | | 16 | | Х |
| | lf 'Ye | es,' com | plete Form 4 | 47 | onal institution subject to the section Schedule O. | | | | 16 | | |
| 17 | activ | rities that | | ult | ons. Did the trust, any disqualified p the imposition of an excise tax unde | | | | 17 | | |

| 1a | Enter the number of voting members of the governing body at the end of the tax year 1 a 5 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. | - | | |
|------|---|---------|--------------|--------|
| ł | Enter the number of voting members included on line 1a, above, who are independent 1b 5 | | | |
| 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? SEE_SCHEDULE_O | 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 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 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 | | Х |
| ł | 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 | | Х |
| 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 | Х | |
| ł | Each committee with authority to act on behalf of the governing body? | 8 b | | Х |
| 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? <i>If 'Yes,' provide the names and addresses on Schedule Q</i> | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | eveni | le Co | ode.) |
| | | | Yes | No |
| 10 a | Did the organization have local chapters, branches, or affiliates? | 10 a | | Х |
| ł | 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 | | Х |
| t | Describe on 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 | 12a | | Х |
| ł | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | Х |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | Х |
| 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? | | | |
| ā | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| | Other officers or key employees of the organization | 15b | | Х |
| | If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 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 |
| ł | 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 | | | |
| Sec | organization's exempt status with respect to such arrangements? | 16 b | | |
| 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 5 available for public inspection. Indicate how you made these available. Check all that apply. | 01(c)(| 3)s or | nly) |
| | Own website Another's website X 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 availate the public during the tax year. SEE SCHEDULE O | able to | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records ► | | | |
| | CHARLES BAIN 7637A OLD HWY 99SE OLYMPIA WA 98501 360-754-7200 | | | |
| BAA | TEEA0106L 09/22/21 | Form | 990 (| (2021) |

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|--|--|--------------|
| Part VI Governance, Management, and Disclosure. For each 'Yes' response to a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, Schedule O. See instructions. | lines 2 through 7b below, , processes, or changes o | and for n |
| Check if Schedule O contains a response or note to any line in this Part VI. | | Х |

Section A. Governing Body and Management

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Х

No

Yes

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|--|---------------------------------|---------|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors | t Compensated Employe | es, and |
| 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 Compensa | ated Employees | |
| 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year. |) with or within the | |
| • List all of the organization's current officers, directors, trustees (whether individuals or organization compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. | tions), regardless of amount of | |

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

| | | (C) | | | | | | | | |
|-----------------------------------|---|-----------------------------------|-------------------------|------------------------|-----------------------------|---------------------------------|--------|--|---|---|
| (A) Name and title | (B) Average hours per | thar is | n one s both dire | box, an o ector/ | unles officer /truste | , | on | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other |
| | week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099- MISC/1099-NEC) | related organizations (W-2/1099- MISC/1099-NEC) | compensation from the organization and related organizations |
| (1) BRIAN REYNOLDS | 1 | | | | | | | | | _ |
| PRESIDENT | 0 | Х | | Х | | | | 0. | 0. | 0. |
| (2) JIM GIBSON | 1 | ·v | | v | | | | 0 | 0 | 0 |
| VICE PRESIDENT (3) ROBYN REYNOLDS | 0 | Х | | Х | | | | 0. | 0. | 0. |
| TREASURER | 0 | Х | | Х | | | | 0. | 0. | 0. |
| (4) PAUL FAUL | 1 | Λ | | Λ | | | | 0. | 0. | 0. |
| SECRETARY | 0 | Х | | Х | | | | 0. | 0. | 0. |
| (5) BRAD PILGRIM | 1 | | | | | | | | | |
| BOARD MEMBER | 0 | Х | | | | | | 0. | 0. | 0. |
| | | - | | | | | | | | |
| | | - | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| ВАА | TEEA0 | 107L | 09/22 | 2/21 | | | | <u> </u> | | Form 990 (2021) |

Form 990 (2021) OLYMPIC FLIGHT MUSEUM

| | 0 (2021) OLYMPIC FLIGHT MUSEUM | | 1/ | _ | _ | | | | | 91-189994 | | |
|------------|---|---|-----------------------------------|-----------------------|---------------|-----------------------------------|---------------------------------|--------------|--|---|--|-----------|
| Part | VII Section A. Officers, Directors, Tru | | Key | Em | | - | es, a | anc | d Highest Con | pensated Emp | loyees (contin | ued) |
| | (A) Name and title | (B) Average hours per week | box | . unles | neck ss pe | ition more erson directo | than o is both pr/trust | n an tee) | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amo of other | unt |
| | | (list any hours for related organiza - tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099- MISC/1099-NEC) | related organizations (W-2/1099- MISC/1099-NEC) | compensation f the organizati and related organizations | on |
| (15) | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | |
| (19) | · | | | | | | | | | | | |
| (20) | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | |
| | ubtotal otal from continuation sheets to Part VII, Secti | | | | | | | ► ► | 0. | 0. | <u></u> | 0. |
| d T | otal (add lines 1b and 1c). | | | | | | | • | 0. | 0. | | 0. |
| | otal number of individuals (including but not limited organization \blacktriangleright 0 | to those | listed | abov | re) v | who i | receiv | ved | more than \$100,00 | 0 of reportable comp | pensation | |
| 3 D | d the organization list any former officer, direc | tor, truste | ee, ke | ey en | nplo | oyee | , or l | high | nest compensated | employee | Yes | No |
| 4 F | n line 1a? If 'Yes,' complete Schedule J for suc or any individual listed on line 1a, is the sum of | f reportab | ole co | mpei | nsa | tion | and | oth | er compensation | | . 3 | <u>X</u> |
| S | e organization and related organizations greate <i>uch individual</i> d any person listed on line 1a receive or accru | | | | •••• | | | | | individual | . 4 | Х |
| fc | r services rendered to the organization? If 'Yes | s,' comple | ete So | chedu | ule | J foi | r suc | th p | erson | | . 5 | Х |
| 1 C | on B. Independent Contractors complete this table for your five highest compen compensation from the organization. Report compen | sated ind | lepen the c | dent alenc | cor lar v | ntrac vear | ctors endir | tha ng w | t received more to | han \$100,000 of ganization's tax year | | |
| | (A) Name and business add | | | | | , | orrain | .9 . | (B) Description | | (C) Compensation | <u></u> า |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | otal number of independent contractors (including b 100.000 of compensation from the organization | | nted to | o tho | se li | isted | l abov | ve) \ | who received more | than | | |

Form 990 (2021) OLYMPIC FLIGHT MUSEUM Part VIII Statement of Revenue

91-1899948

Page 9

| Par | t V | Statement of Revenue Check if Schedule O contains a response or note to any | / line in this Part VI | 11 | | |
|--|-----|---|-----------------------------|---|--|--|
| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| tts, | | a Federated campaigns 1a | | | | |
| Contributions, Gifts, Grants, and Other Similar Amounts | | b Membership dues 1 b | | | | |
| B, An | | c Fundraising events 1c | | | | |
| Gif nilar | | d Related organizations 1 d e Government grants (contributions) 1 e | | | | |
| Sin S | | f All other contributions, gifts, grants, and | | | | |
| brti The | | similar amounts not included above 1f 6, 270. | | | | |
| | | g Noncash contributions included in lines 1a-1f | | | | |
| | | h Total. Add lines 1a-1f | 6,270. | | | |
| ue | | Business Code | •/=-•• | | | |
| Ven | 2 | a <u>MEMBERSHIP DUES & ASSESSMENTS</u> | 4,780. | 4,780. | | |
| Be | | b ADMISSION FEES | 3,802. | 3,802. | | |
| vice | | c | | | | |
| Ser | | d | | | | |
| Program Service Revenue | | f All other program service revenue | | | | |
| rog | | g Total. Add lines 2a-2f► | 0 502 | | | |
| ۵. | 3 | | 8,582. | | | |
| | 3 | other similar amounts) | | | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | |
| | 5 | Royalties► | | | | |
| | | (i) Real (ii) Personal | | | | |
| | | a Gross rents | | | | |
| | | b Less: rental expenses 6b | | | | |
| | | c Rental income or (loss) | | | | |
| | | | | | | |
| | 7 | a gloss amount norm | | | | |
| | | other than inventory 7a | | | | |
| | | b Less: cost or other basis and sales expenses 7b | | | | |
| | | c Gain or (loss) 7c | | | | |
| | | d Net gain or (loss)► | | | | |
| ø | 8 | a Gross income from fundraising events | | | | |
| enu | | (not including \$ | | | | |
| Other Revenue | | of contributions reported on line 1c). | | | | |
| r T | | See Part IV, line 18 8a 9,800. b Loopy direct company. 8b | | | | |
| the | | b Less: direct expenses 8b c Net income or (loss) from fundraising events ► | 0.000 | | | |
| 0 | | | 9,800. | | | |
| | 9 | a Gross income from gaming activities. See Part IV, line 19 | | | | |
| | | b Less: direct expenses 9b | | | | |
| | | c Net income or (loss) from gaming activities► | | | | |
| | 10 | a Gross sales of inventory, less | | | | |
| | | 1,,0,121 | | | | |
| | | b Less: cost of goods sold 10b 1,617. | | | | |
| | | c Net income or (loss) from sales of inventory Business Code | 45,755. | 45,755. | | |
| | 11 | | E (10 | E (10 | | |
| Jue | 11 | a <u>PPP_LOAN_FORGIVENESS</u> b <u>FACILITY_RENTAL</u> | 5,619. 3,925. | 5,619. | | 3,925 |
| Revenue | | | 5,325. | | | 3,323. |
| Re | | d All other revenue | | | | |
| | | e Total. Add lines 11a-11d► | 9,544. | | | |
| | | Total revenue. See instructions► | 79,951. | 59,956. | 0. | 3,925. |
| | | | | | 2. | ., |

| a Management | 150. | 150. | |
|---|-------------------|---------|-----|
| b Legal | | | |
| c Accounting | | | |
| d Lobbying | | | |
| e Professional fundraising services. See Part IV, line 17 | | | |
| f Investment management fees | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) | | | |
| 12 Advertising and promotion. | 1,585. | 1,585. | |
| 13 Office expenses | 2,551. | 2,551. | |
| 14 Information technology | | | |
| 15 Royalties | | | |
| 16 Occupancy | 49,518. | 49,518. | |
| 17 Travel | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | |
| 19 Conferences, conventions, and meetings | | | |
| 20 Interest | 26. | 26. | |
| 21 Payments to affiliates | | | |
| 22 Depreciation, depletion, and amortization | 2,293. | 2,293. | |
| 23 Insurance | 1,584. | 1,584. | |
| 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 ARTIFACT_LEASE | 8,274. | 8,274. | |
| b TELEPHONE | 2,766. | 2,766. | |
| • BANK_CHARGES | 1,451. | 1,451. | |
| d EQUIPMENT REPAIRS & SUPPLIES | 646. | 646. | |
| e All other expenses | 684. | 684. | |
| 25 Total functional expenses. Add lines 1 through 24e | 85,980. | 85,980. | 0. |
| 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 ► if following SOP 98-2 (ASC 958-720) | | | |
| BAA | TEEA0110L 09/22/2 | 1 | Foi |

Form 990 (2021) OLYMPIC FLIGHT MUSEUM

Part IX Statement of Functional Expenses

Grants and other assistance to domestic

Grants and other assistance to foreign

Compensation not included above to

organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16

Benefits paid to or for members Compensation of current officers, directors,

trustees, and key employees

disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....

Other salaries and wages

Pension plan accruals and contributions

Other employee benefits

Payroll taxes

(include section 401(k) and 403(b) employer contributions)

Fees for services (nonemployees):

organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22.....

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

1

2

3

Δ

5

6

7

8

9

10

11

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

(A) Total expenses

0.

0

13,212

1,240.

(B)

Program service

expenses

0.

0

13,212

1,240.

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

(C)

Management and

general expenses

0.

0

(D)

Fundraising

expenses

0.

0.

0.

Form 990 (2021) OLYMPIC FLIGHT MUSEUM Part X Balance Sheet

| 91- | 18 | 99 | 94 | 8 |
|---------|----|----|-----|---|
| <u></u> | τU | ~ | ~ - | 0 |

Page 11

| | | | | (A) Beginning of year | | (B) End of year |
|--|--|--------------|---------------------------------------|---------------------------------|------|---------------------------|
| 1 | Cash – non-interest-bearing | | | 6,284. | 1 | 6,923 |
| 2 | Savings and temporary cash investments | | | | 2 | |
| 3 | Pledges and grants receivable, net | | | | 3 | |
| 4 | Accounts receivable, net | | | | 4 | |
| 5 | Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe | | 5 | | | |
| 6 | Loans and other receivables from other disqualified p | | - | | - | |
| | section 4958(f)(1)), and persons described in section | | | | 6 | |
| 7 | Notes and loans receivable, net | | | | 7 | |
| 8 | Inventories for sale or use | | | 8,070. | 8 | 8,561 |
| 9 | Prepaid expenses and deferred charges | | • | | 9 | |
| 10; | a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 1 1 | 1 | | | |
| | b Less: accumulated depreciation | | 67,179. | 4,346. | 10 c | 2,053 |
| 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 | | | 615,231. | 15 | 615,456 |
| 16 | Total assets. Add lines 1 through 15 (must equal line | 33) | | 633,931. | 16 | 632,993 |
| 17 | Accounts payable and accrued expenses | | | 17 | | |
| 18 | Grants payable | | | | 18 | |
| 19 | Deferred revenue | | | | 19 | |
| 20 | Tax-exempt bond liabilities | | | | 20 | |
| 21 | Escrow or custodial account liability. Complete Part | | | | 21 | |
| 22 | Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe | utor. or 359 | % | | 22 | |
| 23 | | | | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third | • | | | 24 | 5,000 |
| 25 | Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com | • | | 174. | 25 | 265 |
| 26 | Total liabilities. Add lines 17 through 25 | | | 174. | 26 | 5,265 |
| | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. | e► X | | | | |
| 27 | Net assets without donor restrictions | | | 633,757. | 27 | 627,728 |
| 28 | Net assets with donor restrictions | | | | 28 | |
| 27 28 29 30 31 32 33 | Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33. | eck here ► | | | | |
| 29 | Capital stock or trust principal, or current funds | | · · · · · · · · · · · · · · · · · · · | | 29 | |
| 30 | Paid-in or capital surplus, or land, building, or equipn | | | | 30 | |
| 31 | Retained earnings, endowment, accumulated income | | | | 31 | |
| | Total net assets or fund balances | | | 633,757. | 32 | 627,728 |
| 32 | | | | | | |

| Forr | 1 990 (2021) OLYMPIC FLIGHT MUSEUM 91- | 1899948 | F | age 12 |
|------|--|---------|-----------------|--------|
| Pa | t 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 | 79, | 951. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 980. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -6, | 029. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). | 4 | | 757. |
| 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 | 627, | 728. |
| Pa | t 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: X Cash Accrual Other | | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O. | | | |
| 2 | a Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | Х |
| 20 | | | 2 a | Λ |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewer separate basis, consolidated basis, or both: | ed on a | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| | Were the organization's financial statements audited by an independent accountant? | | 2 b | Х |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa | | 20 | |
| | basis, consolidated basis, or both: | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| | 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? | | 2 c | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | |
| 3: | a 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? | | 3a | Х |
| I | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3 b | |
| BAA | TEEA0112L 09/22/21 | | Form 990 | (2021) |

SCHEDULE A (Form 990)

Total

Public Charity Status and Public Support

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

| 2 | 202 | 21 | |
|---|-----|----|--|
| | | | |

OMB No. 1545-0047

| Department of the Treasury Internal Revenue Service | | | | Go to www.irs.gov/Fo | Open to Public Inspection | | | | | | | |
|--|--------|--|---|---|--|------------------------------|--|-----------------------|-----------------------------------|---|--|--|
| | | e organization | | | | | | | Employer identifica | | | |
| | | IC FLIGHT | | | | | | | 91-189994 | | | |
| Par | | | | | rganizations must | | | | See instruc | ctions. | | |
| The o | orga | nization is not | a private found | lation because it is: (| For lines 1 through 12, | check o | nly one | box.) | | | | |
| 1 | | | | | nurches described in sec | | b)(1)(A)(| i). | | | | |
| 2 | | A school deso | cribed in sectio | n 170(b)(1)(A)(ii). (Att | ach Schedule E (Form | 990).) | | | | | | |
| 3 | | | • | | ization described in sec | | | | | | | |
| 4 | | | - | tion operated in conju | unction with a hospital | describe | d in sec | tion 170 | (b)(1)(A)(iii) . E | inter the hospital's | | |
| | | name, city, a | nd state: | | | | | | | | | |
| 5 | | An organizati section 170(b | on operated for •)(1)(A)(iv). (Co | the benefit of a colle mplete Part II.) | ge or university owned | or oper | ated by | a govern | mental unit de | escribed in | | |
| 6 7 | | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | | |
| / | Х | An organizatio in section 17 | n that normally r 0(b)(1)(A)(vi).(| eceives a substantial p Complete Part II.) | part of its support from a | governm | ental un | it or from | the general pul | olic described | | |
| 8 | | A community | trust described | in section 170(b)(1)(| A)(vi). (Complete Part | II.) | | | | | | |
| 9 | | | | | tion 170(b)(1)(A)(ix) oper | | | | | | | |
| | | - | r a non-land-grai | nt college of agriculture | e (see instructions). Enter | r the nan | ne, city, | and state | of the college of | or | | |
| | _ | university: | | | | | | | | | | |
| 10 | | from activities | s related to its e | exempt functions, sub | nan 33-1/3% of its supp oject to certain exception e income (less section | ons: and | (2) no r | nore thar | n 33-1/3% of i | ts support from gross | | |
| | | June 30, 1975 | 5. See section | 509(a)(2). (Complete F | Part III.) | JTT tax, | | 1311163363 | s acquired by | | | |
| 11 | | An organizati | on organized a | nd operated exclusive | ly to test for public safe | ety. See | sectior | n 509(a)(4 |). | | | |
| 12 | | or more publi | cly supported o | rganizations describe | ely for the benefit of, to d in section 509(a)(1) of upporting organization | or sectio | on 509(a) |)(2). See | section 509(a | ut the purposes of one)(3). Check the box on | | |
| а | | | 5 | 21 | d, or controlled by its sup | | | , | , 3 | the supported | | |
| | | organization(s |) the power to re | gularly appoint or elect | a majority of the directo | rs or trus | stees of t | he suppor | rting organizati | on. You must | | |
| | _ | | t IV, Sections A | | | | | | | | | |
| b | | management of | oporting organized of the supporting te Part IV, Sect | organization vested in | ontrolled in connection the same persons that c | ontrol or | support manage | the supp | ization(s), by orted organizat | having control or ion(s). You | | |
| С | | Type III function | onally integrated s) (see instructi | . A supporting organizat ons). You must com | ion operated in connectio | n with, a A, D, an | nd functio d E. | onally inte | grated with, its | supported | | |
| d | | Type III non-fu functionally in | nctionally integ tegrated. The o | rated. A supporting org organization generally | anization operated in con must satisfy a distribu s A and D, and Part V. | nnection Ition req | with its s uiremen | supported t and an | organization(s attentiveness |) that is not requirement (see | | |
| е | | 1 2 | | • | en determination from | | that it is | a Type I | Type II Typ | e III functionally | | |
| | L | integrated, or | Type III non-fu | nctionally integrated | supporting organizatior | า. | | | | | | |
| f | | | | | | | | | | | | |
| | | | - | n about the supported | | 1 | | ()) | | | | |
| | (I) Na | ame of supported o | rganization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | organizat in your c | s the tion listed joverning ment? | | unt of monetary see instructions) | (vi) Amount of other support (see instructions) | | |
| | | | | | | Yes | No | | | | | |
| | | | | | | | | | | | | |
| (A) | | | | | | | | | | | | |
| | _ | | | | | | | | | | | |
| (B) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | |
| (D) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| <u>(E)</u> | | | | | | | | | | | | |

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

| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--------------|---|---|---|--|---|-------------------------------------|-----------------------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | 96,416. | 12,539. | 27,345. | 9,606. | 11,050. | 156,956. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 | Total. Add lines 1 through 3 | 96,416. | 12,539. | 27,345. | 9,606. | 11,050. | 156,956. |
| 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) | | | | ŕ | | 96,296. |
| | Public support. Subtract line 5 from line 4 | | | | | | 60,660. |
| Sec | tion B. Total Support | | | | | | |
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 | Amounts from line 4 | 96,416. | 12,539. | 27,345. | 9,606. | 11,050. | 156,956. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | 0. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI | 12,107. | 13,324. | 8,993. | | 3,925. | 38,349. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 195,305. |
| 12 | Gross receipts from related activ | ities, etc. (see ins | structions) | | | 12 | 0. |
| 13 | First 5 years. If the Form 990 is organization, check this box and | for the organization stop here | on's first, second, | third, fourth, or fi | fth tax year as a | section 501(c)(3) | ► |
| | tion C. Computation of Pul | | | | | | |
| | Public support percentage for 20 | • | | | | | 31.06% |
| 15 | Public support percentage from a | 2020 Schedule A, | Part II, line 14 | | | 15 | 38.15% |
| 16a | 33-1/3% support test-2021. If the and stop here. The organization | | | | | | |
| b | 33-1/3% support test-2020. If the and stop here. The organization | e organization dic qualifies as a pul | I not check a box plicly supported o | on line 13 or 16a rganization | , and line 15 is 3 | 3-1/3% or more, c | theck this box ► X |
| 17a | 10%-facts-and-circumstances te or more, and if the organization the organization meets the facts | meets the facts-a | nd-circumstances | test, check this b | box and stop here | • Explain in Part | VI how |
| | 10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and Private foundation. If the organiz | meets the facts-and I-circumstances te | nd-circumstances est. The organizat | test, check this t ion qualifies as a | box and stop here publicly supporte | • Explain in Part d organization | VI how the |
| | | | | . , , | , | | |

Schedule A (Form 990) 2021

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.)

| Sec | tion A. Public Support | | | | | | |
|--------|---|--------------------|--------------------------|----------------------|---------------------|--------------------|---------------------------------------|
| Calend | lar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include | | | | | | |
| 2 | any 'unusual grants.') Gross receipts from admissions, | | | | | | |
| 2 | merchandise sold or services | | | | | | |
| | performed, or facilities | | | | | | |
| | furnished in any activity that is | | | | | | |
| | related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities | | | | | | |
| • | that are not an unrelated trade | | | | | | |
| _ | or business under section 513. | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to or expended on | | | | | | |
| | its behalf. | | | | | | |
| 5 | The value of services or | | | | | | |
| | facilities furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, | | | | | | |
| | 2, and 3 received from | | | | | | |
| | disqualified persons | | | | | | |
| b | Amounts included on lines 2 | | | | | | |
| | and 3 received from other than disgualified persons that | | | | | | |
| | exceed the greater of \$5,000 or | | | | | | |
| | 1% of the amount on line 13 | | | | | | |
| | | | | | | | |
| | Add lines 7a and 7b. | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Sec | tion B. Total Support | <u>.</u> | • | | | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Amounts from line 6 | | | | | | |
| - | Gross income from interest, dividends, | | | | | | |
| ivu | payments received on securities loans, | | | | | | |
| | rents, royalties, and income from | | | | | | |
| h | similar sources Unrelated business taxable | | | | | | |
| D D | income (less section 511 | | | | | | |
| | taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included on line 10b. | | | | | | |
| | whether or not the business is | | | | | | |
| | regularly carried on | | | | | | |
| 12 | Other income. Do not include | | | | | | |
| | gain or loss from the sale of capital assets (Explain in | | | | | | |
| | Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, | | | | | | |
| | 10c, 11, and 12.) | fau tha | a sa la dia d | | | | |
| 14 | First 5 years. If the Form 990 is organization, check this box and | | | | | | ▶ □ |
| Sec | tion C. Computation of Pu | | | | | | |
| 15 | Public support percentage for 20 | | | ine 13, column (f) |) | 15 | 00 |
| 16 | Public support percentage from | | | | | | olo |
| - | tion D. Computation of Inv | | | | | | |
| 17 | Investment income percentage f | | 5 | | umn (f)) | | 00 |
| 18 | Investment income percentage f | - | | - | | | 0/0 |
| | 33-1/3% support tests–2021. If | | | | | | |
| 130 | is not more than 33-1/3%, check | this box and sto | p here. The organ | nization qualifies | as a publicly supp | orted organization | · · · · · · · · · · · · ► □ |
| b | 33-1/3% support tests-2020. If | the organization c | lid not check a bo | ox on line 14 or lin | ne 19a, and line 1 | 6 is more than 33- | 1/3%, and 🛛 🗖 |
| | line 18 is not more than 33-1/3% | 6, check this box | and stop here. Th | ie organization qu | alifies as a public | ly supported organ | ization 🕨 |
| 20 | Private foundation. If the organi | zation did not che | eck a box on line | 14, 19a, or 19b, o | check this box and | I see instructions | · · · · · · · · · · · · · · · · · · · |
| | | | | | | | |

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was 2 described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below. 3a **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Δh **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990). 7 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI. 9a **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**. 9b c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below. 10a **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b

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| | | JT 10JJJ10 | | |
|------|---|------------|-----|----|
| Part | IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |

a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below. the governing body of a supported organization?

b A family member of a person described on line 11a above?

C A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

- Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one 1 or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the 1 1 supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

| | | | Yes | No |
|---|---|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played | | | |
| | in this regard. | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - The organization satisfied the Activities Test. Complete line 2 below. а
 - The organization is the parent of each of its supported organizations. Complete line 3 below. h
 - The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.

2a

2b

3a

11a

11b 11c

1

2

Yes

Yes

Yes

No

No

No

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| 1 Check here if the organization satisfied the Integral Part Test as a qualifyir instructions. All other Type III non-functionally integrated supporting organ | ng trust on Nov nizations must | . 20, 1970 (explain ir complete Sections A | n Part VI). See through E. |
|--|-----------------------------------|---|--------------------------------------|
| Section A – Adjusted Net Income | (A) Prior Year | (B) Current Year (optional) | |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of g income or for management, conservation, or maintenance of property held for production of income (see instructions) | ross 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for tax year or assets held for part of year): | short | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C – Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 Enter 0.85 of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| | | | |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

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Schedule A (Form 990) 2021

| | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | | | |
|-----|--|--------------------------------|--------------------------------------|-----|---|--|--|--|
| Sec | tion D – Distributions | | | | Current Year | | | |
| 1 | Amounts paid to supported organizations to accomplish exempt pu | 1 | | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity | S, | 2 | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of su | pported organizations | | 3 | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide | details in Part VI) | | 5 | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | | | | |
| | Total annual distributions. Add lines 1 through 6. | | | 7 | | | | |
| 8 | Distributions to attentive supported organizations to which the organization in Part VI). See instructions. | on is responsive (provide | details | 8 | | | | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | | | | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | | | | |
| Sec | tion E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributio Pre-2021 | ons | (iii) Distributable Amount for 2021 | | | |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | | | | |
| | Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i>). See instructions. | | | | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | | | | |
| | From 2016 | | | | | | | |
| | PFrom 2017 | | | | | | | |
| | From 2018 | | | | | | | |
| | From 2019 | | | | | | | |
| | • From 2020 | | | | | | | |
| | f Total of lines 3a through 3e | | | | | | | |
| ç | Applied to underdistributions of prior years | | | | | | | |
| ŀ | Applied to 2021 distributable amount | | | | | | | |
| | Carryover from 2016 not applied (see instructions) | | | | | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | | | |
| 4 | Distributions for 2021 from Section D, line 7: \$ | | | | | | | |
| a | Applied to underdistributions of prior years | | | | | | | |
| _ | Applied to 2021 distributable amount | | | | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j and 4c. | | | | | | | |
| 8 | Breakdown of line 7: | | | | | | | |
| a | Excess from 2017 | | | | | | | |
| | Excess from 2018 | | | | | | | |
| C | Excess from 2019 | | | | | | | |
| C | Excess from 2020 | | | | | | | |
| e | Excess from 2021 | | | | | | | |

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Schedule A (Form 990) 2021

Part VI

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| Supplemental Information. | Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section |
|---------------------------------------|--|
| B, lines 1 and 2; Part IV, Section C, | line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, |
| | ection B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, |
| lines 2, 5, and 6. Also complete this | s part for any additional information. (See instructions.) |

PART II, LINE 10 - OTHER INCOME

| NATURE AND SOURCE | | 2021 | 2020 | 2019 | 2018 | 2017 |
|-------------------|-------|----------------------------|-----------------|-------------------------------|--|--|
| FACILITY RENTAL | TOTAL | \$ <u>3,925</u> \$3,925 | <u>.</u> \$0 | <u>\$ 8,993.</u> \$ 8,993. | <u>\$ 13,324.</u> <u>\$ 13,324.</u> | <u>\$ 12,107.</u> <u>\$ 12,107.</u> |

| SCHEDULE | D |
|------------|---|
| (Form 990) | |

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 for instructions and the latest information.

OMB No. 1545-0047 2021

Open to Public Inspection

| Department of the Treasury nternal Revenue Service | ► Go to www.irs | .gov/Form990 for instructions and | I the latest infor | mation. | | Open Inspe | to Public |
|--|---|--|--|-----------------------|---------------------------|----------------------------|------------------------------|
| Name of the organization | | | | | Employer | identification | |
| OLYMPIC FLIGHT | ſ MUSEUM | | | | | | |
| | | | | | 91-18 | 99948 | |
| Part I Organiza | ations Maintaining Donc | or Advised Funds or Other S | Similar Funds | s or Ac | | | |
| Complete | e if the organization ans | wered 'Yes' on Form 990, Pa | art IV, line 6. | | | | |
| | | (a) Donor advised fund | ls | (b) | Funds and | l other acc | ounts |
| 1 Total number at | end of year | | | | | | |
| 2 Aggregate value of co | ontributions to (during year) | | | | | | |
| 3 Aggregate value of g | rants from (during year) | | | | | | |
| 4 Aggregate value | e at end of year | | | | | | |
| 5 Did the organiza are the organiza | tion inform all donors and dor tion's property, subject to the | nor advisors in writing that the ass organization's exclusive legal con | ets held in dono trol? | r advise | d funds | Yes | No |
| 6 Did the organiza for charitable pu | tion inform all grantees, dono poses and not for the benefi | rs, and donor advisors in writing th t of the donor or donor advisor, or | nat grant funds of for any other pu | can be u irpose co | sed only | | |
| impermissible pr | rivate benefit? | | | | | Yes | No |
| | ation Easements. | | | | | | |
| | | wered 'Yes' on Form 990, P | | | | | |
| | | y the organization (check all that a | | | | | |
| | of land for public use (for exam | ple, recreation or education) | Preservation | | - | • | |
| | f natural habitat | | Preservation | of a cer | tified histo | ric structur | e |
| | n of open space | | | | | | |
| 2 Complete lines 2a last day of the ta | a through 2d if the organization hax year. | neld a qualified conservation contribu | tion in the form o | f a conse | | | |
| | | | | | Held at th | e End of th | ne Tax Year |
| | | | | 2a | | | |
| 0 | | ments. | | 2 b | | | |
| c Number of conse | ervation easements on a certi | fied historic structure included in (| a) | 2 c | | | |
| structure listed i | n the National Register | n (c) acquired after 7/25/06, and n | | 2 d | | | |
| 3 Number of conser tax year ► | vation easements modified, tran | nsferred, released, extinguished, or te | erminated by the | organizat | ion during t | the | |
| | where property subject to conse | | | | | | |
| 5 Does the organiz and enforcemen | zation have a written policy re at of the conservation easeme | garding the periodic monitoring, in nts it holds? | spection, handli | ng of vio | olations, | Yes | No |
| 6 Staff and voluntee ► | er hours devoted to monitoring, | inspecting, handling of violations, and | d enforcing conse | rvation e | asements o | during the y | ear |
| 7 Amount of expens ►\$ | ses incurred in monitoring, inspe | ecting, handling of violations, and enf | orcing conservati | on easen | nents durin | g the year | |
| 8 Does each conse and section 170 | ervation easement reported or (h)(4)(B)(ii)? | n line 2(d) above satisfy the requir | ements of sectio | on 170(h |)(4)(B)(i) | Yes | No |
| 9 In Part XIII, dese include, if applic conservation eas | cable, the text of the footnote | ports conservation easements in its to the organization's financial state | s revenue and ex ements that desc | xpense s cribes th | statement a e organiza | and baland ition's acco | ce sheet, and ounting for |
| Part III Organiza Complete | itions Maintaining Colle e if the organization ans | ctions of Art, Historical Tre wered 'Yes' on Form 990, P | asures, or O art IV, line 8. | ther Si | milar As | sets. | |
| historical treasu | res or other similar assets he | r FASB ASC 958, not to report in i Id for public exhibition, education, Il statements that describes these | or research in f | urtheran | ce of nubli | sheet worl c service, | ks of art, provide in |
| b If the organization historical treasure | on elected, as permitted unde | r FASB ASC 958, to report in its re or public exhibition, education, or res | evenue statemer | nt and ba | alance she | | |
| (i) Revenue inc | luded on Form 990, Part VIII, | line 1 | | | ►\$ | \$ | |
| (ii) Assets inclu | ded in Form 990, Part X | | | | Þ | \$ | |
| 2 If the organization amounts require | n received or held works of art, h d to be reported under FASB | nistorical treasures, or other similar a ASC 958 relating to these items: | ssets for financia | l gain, pr | | | |
| a Revenue include | ed on Form 990, Part VIII, line | 1 | | | ►\$ | \$ | |
| b Assets included | in Form 990, Part X | | | | ►\$ | \$ | |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3301L 08/30/21

| Schedule D (Form 990) 2021 OLYM | | | | 91-189 | |
|---|-------------------|--|------------------------------------|------------------------------|-----------------------------|
| Part III Organizations Mainta | ining Collec | tions of Art, Hist | orical Treasures, or | r Other Similar Ass | ets (continued) |
| 3 Using the organization's acquisition items (check all that apply): | , accession, and | d other records, check | any of the following that m | nake significant use of its | collection |
| a X Public exhibition | | d Loan | or exchange program | | |
| b Scholarly research | | e Othe | r | | |
| c X Preservation for future generation 4 Provide a description of the organization | ation's collectio | ns and explain how the | ey further the organization | 's exempt purpose in | |
| Part XIII. SEE PART XIII 5 During the year, did the organiza to be sold to raise funds rather to | | eceive donations of a | rt, historical treasures, o | or other similar assets | |
| | | | | | Yes X No |
| Part IV Escrow and Custodia line 9, or reported an | amount on I | Form 990. Part X | line 21. | swered tes on rol | 111 990, Part IV, |
| | | | | | |
| 1 a Is the organization an agent, true on Form 990, Part X? | stee, custodian | or other intermediary | y for contributions or oth | er assets not included | Yes No |
| b If 'Yes,' explain the arrangement | | | | [| |
| | | | | | Amount |
| c Beginning balance | | | | 1c | |
| d Additions during the year | | | | 1d | |
| e Distributions during the year | | | | | |
| f Ending balance. | | | | | <u> </u> |
| 2 a Did the organization include an a | | | | | |
| b If 'Yes,' explain the arrangement | in Part XIII. C | neck here if the expla | anation has been provide | ed on Part XIII | · · · · · · · · · · · · · · |
| Part V Endowment Funds. C | omplete if t | he organization a | nswered 'Yes' on Fr | orm 990 Part IV lin | ne 10 |
| | (a) Current y | | | | (e) Four years back |
| 1 a Beginning of year balance | (.,) | (, | | (u) ······ | |
| 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 percentag | e of the curren | t year end balance (li | ne 1g, column (a)) held | as: | |
| a Board designated or quasi-endowm | | 00 | | | |
| b Permanent endowment | 00 | | | | |
| c Term endowment ► | 00 | | | | |
| The percentages on lines 2a, 2b, a | nd 2c should eq | ual 100%. | | | |
| 3 a Are there endowment funds not in | the possession of | of the organization that | are held and administered | d for the | No. No. |
| organization by: (i) Unrelated organizations | | | | | Yes No 3a(i) |
| (ii) Related organizations | | | | | 3a(i) |
| b If 'Yes' on line 3a(ii), are the rela | | | | | 3b |
| 4 Describe in Part XIII the intended | | | | | |
| Part VI Land, Buildings, and | | - | | | |
| Complete if the organ | | | rm 990, Part IV, line | e 11a. See Form 99 | 0, 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 | | | 69,232. | 67,179. | 2,053. |
| Total. Add lines 1a through 1e. (Colum | nn (d) must equ | ual Form 990, Part X, | column (B), line 10c.). | | 2,053. |
| BAA | | | | Schedu | ule D (Form 990) 2021 |

| Part VII Investments – Other Securities. Complete if the organization answered | 'Yes' on Form 90 | N/A 00 Part IV line 11b See Form 99 | 0 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- | |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| () | | | |
| 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 | | | |
| (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. Complete if the organization answered | 1 'Yes' on Form 90 | 0 Part IV line 11d See Form 99 | 0 Part X line 15 |
| | scription | | (b) Book value |
| (1) EMPLOYEE ADVANCES | • | | 400. |
| (2) PLANE ARTIFACTS | | | 615,056. |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) (10) | | | |
| | (D) line (15) | ► | |
| Total. (Column (b) must equal Form 990, Part X, column (| B) line 15.) | ······ | 615,456. |
| Part X Other Liabilities. Complete if the organization answered 'Yes' on I | Form 990 Part IV line | 11e or 11f See Form 990 Part X line 25 | |
| | ription of liability | | (b) Book value |
| (1) Federal income taxes | | | (-) |
| (2) SALES TAX PAYABLE | | | 265. |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| (11) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) | | ▶ | 265. |

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.

| Schedule D (Form 990) 2021 OLYMPIC FLIGHT MUSEUM | 91-1899948 | Page 4 |
|---|-----------------|--------|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe | r 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 2a | | |
| b Donated services and use of facilities 2b | | |
| c Recoveries of prior year grants 2c | | |
| d Other (Describe in Part XIII.) 2d | | |
| e Add lines 2a through 2d | 2e | |
| 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 | | |
| b Other (Describe in Part XIII.) | | |
| c Add lines 4a and 4b. | 4c | |
| 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 2a | | |
| b Prior year adjustments | | |
| c Other losses | | |
| d Other (Describe in Part XIII.) 2d | | |
| e Add lines 2a through 2d | 2e | |
| 3 Subtract line 2e from line 1. | | |
| 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 4a | | |
| b Other (Describe in Part XIII.) | | |
| c Add lines 4a and 4b. | 4c | |
| 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.

ie 4, Fait A, fine 2, Fait A, fines 20 and 40, and Fait An, fines 20 and 40. Also complete this part to provide any additional informati

PART III, LINE 1A - F/S FOOTNOTE FOR ART, TREASURES, ETC.

THE ORGANIZATION DOES NOT OWN THE ASSETS BUT PROVIDES A VENUE FOR COLLECTORS OF

VINTAGE AIRCRAFT TO DISPLAY THEIR ARTIFACTS.

PART III, LINE 4 - DESCRIPTION OF ORGANIZATION COLLECTIONS & HOW FURTHERS EXEMPT PURPOSE

THE ORGANIZATION LEASES VINTAGE AVIATION AIRCRAFT FOR DISPLAY IN THE MUSEUM AND AT

OTHER LOCAL EVENTS. THEY ARE ALSO USED AS A FUND RAISING TOOL AND TO RAISE PUBLIC

AWARENESS ABOUT THE PRESERVATION OF AVIATION HISTORY.

BAA

Schedule D (Form 990) 2021

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

OLYMPIC FLIGHT MUSEUM

Employer identification number 91-1899948

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE PRESERVATION AND FLYING OF VINTAGE AIRCRAFT. THE MUSEUM WAS FOUNDED WITH THE GOAL OF BRINGING PEOPLE TOGETHER TO RELIVE, RECOLLECT, AND LEARN ABOUT AVIATION HISTORY. OUR MISSION IS TO DELIVER THE SIGHTS, SOUNDS, SMELLS, AND EXCITEMENT OF FLIGHT TO EVERY MUSEUM VISITOR.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

BRIAN REYNOLDS AND ROBYN REYNOLDS (BOTH BOARD MEMBERS) ARE MARRIED.

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.

BYLAWS OF OLYMPIC FLIGHT MUSEUM

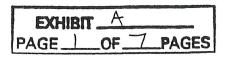
ARTICLE I

Membership

Section 1. <u>Members</u>. The members of the Corporation shall be Brian Reynolds, Richard Potts and Stephanie Johnson, and such other person or persons as the members may elect, by a vote of a majority of all of the members of the corporation, at any annual or special meeting of the members. The right of a member to vote and all his or her right, title, and interest in or to the Corporation shall cease on the termination of his or her membership. No member shall be entitled to share in the distribution of the corporate assets upon the dissolution of the Corporation. Any member may resign from the Corporation by delivering a written resignation to the President or Secretary of the Corporation. Any member may be removed as a member of the Corporation by a majority vote of the members (excluding the member to be removed) at a duly called Annual Meeting or Special Meeting of the members. Removal may be made for any reason, with or without cause.

Section 2. <u>Meetings</u>. The Annual Meeting of members shall be held at such date, time and place within the first six (6) months following the end of the fiscal year of the Corporation as may be fixed by the Board of Directors, or by an officer of the Corporation authorized by the Board, and as stated in the notice of the meeting. Special Meetings of members may be called by the President, or in the case of the President's absence, death or disability, by the Vice-president; by the Directors by action at a meeting; or by a majority of the Directors acting without a meeting; or by any member.

Section 3. <u>Notice of Meetings</u>. Written notice of each Annual Meeting of members or Special Meeting stating the date, time and place thereof shall be given by the Secretary to the person or persons calling the meeting by personal delivery or by mail, telegram or other written media to each member entitled to notice of the meeting, not more than fifty (50) days nor less than ten (10) days before any such meeting. Except as provided in paragraph C of Section I of Article II, such notice need not specify the purposes of the meeting. If mailed, such notice shall be directed to the member at the member's address as the same appears upon the records of the Corporation. The giving of notice shall be deemed to be waived by any member who shall attend and participate in such meeting without protesting, prior to or at the commencement of such meeting, the lack of proper notice, and may be waived, in a writing, by any member either before, at or after such meeting.



Section 4. <u>Place of Meetings</u>. Meetings of members shall be held at the principal office of the Corporation unless the Board of Directors determines that a meeting shall be held at some other place, within or without the State of Washington, and causes the notice thereof to so state.

Section 5. <u>Voting</u>. For purposes of any vote of members, each member shall have one vote. Any member may be represented and considered present at any meeting of members or vote thereat and exercise any other rights by proxy or proxies appointed by a writing signed by such member.

Section 6. <u>Quorum</u>. At any meeting of members of the Corporation the presence of a majority of the members in person or by proxy shall be necessary to constitute a quorum for the transaction of business to be considered at such meeting; provided, however, that no action required to be authorized or taken by a designated proportion or number of members may be authorized or taken by a lesser proportion or number.

Section 7. <u>Action Without a Meeting</u>. Any action which might be taken at any meeting of the members may be taken without such meeting by a writing or writings signed by all of the members. The writing or writings evidencing such action without a meeting shall be filed with the Secretary of the Corporation and inserted in the permanent records relating to meetings of the members.

ARTICLE II

Directors

Section 1. Number, Election and Term of Office.

The number of directors shall be eight (8), but such number may be increased or decreased by amendment to these Bylaws; provided the number of directors shall not be less than the number required by law. When the number of directors is decreased by amendment adopted by the Board of Directors, each director in office shall serve until his term expires, or until his resignation or removal as herein provided.

Each director shall hold office for a term of one (1) year and until his or her successor is duly elected and qualified or until his or her earlier resignation, removal from office or death. Directors shall be elected by the members at each Annual Meeting of the members, or if such meeting is not held or directors are not elected thereat, at a Special Meeting of members called for that purpose. Each director shall be considered for quorum purposes and shall be entitled to vote at any meeting of the directors.

Section 2. <u>Resignation or Removal</u>. Any director, by notice in writing to the Board of Directors, may resign at any time. Any director may be removed from office without assigning any cause at a meeting of members by a majority vote of the members.

| EXHIBIT | A | | |
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Section 3. <u>Directors' Vacancies</u>. Any vacancy in the Board of Directors may be temporarily filled at a meeting of the directors by a majority vote of the remaining directors and a director so elected shall hold office until a director is elected by the members. The members shall have the right to fill such vacancy (whether or not the vacancy has been temporarily filed by the remaining directors) at any meeting of the members, and a director so elected shall hold office until the next Annual Meeting of members and until his or her successor is duly elected and qualified.

Section 4. <u>Quorum</u>. Except with respect to the filling of a vacancy in the Board, a majority of the whole authorized number of directors shall constitute a quorum for the transaction of business at any meeting of the directors.

Section 5. <u>Meetings of Directors</u>. The Annual Meeting of the Board of Directors shall be held immediately following the Annual Meeting of members or as soon thereafter as is practicable. Special Meetings of the board may be called by the President, the Vice-President or any director.

Section 6. <u>Notice of Meetings of Board of Directors</u>. Written notice of the time and place of each meeting of the directors shall be given by the Secretary or the person or persons calling the meeting not more than fifty (50) days nor less than ten (10) days before the date of such meeting to each director. Such notice need not specify the purposes of the meeting. Notice of any meeting shall be considered given if mailed or otherwise sent or delivered in writing to the director at his or her address specified in the records of the Corporation. The giving of notice shall be deemed to be waived by any director who shall attend and participate in such meeting without protesting, prior to or at the commencement of such meeting, the lack of proper notice, and may be waived in a writing, by any director either before, at or after such meeting.

Section 7. <u>Powers</u>. The Board of Directors shall have general charge of the affairs, property and assets of the Corporation. It shall be the duty of the directors to carry out the aims and purposes of the Corporation and, to this end, to manage and control all its property and assets.

Section 8. <u>Committees</u>. The Board of Directors may, from time to time, create an executive committee of the Board and other committees. The Board of Directors may delegate to any such committee which consists solely of Board members any of the authority of the Board, other than the authority to fill vacancies under Section 3 of this Article. Each such committee shall serve at the pleasure of the Board, shall act only in the intervals between meetings of the Board, and shall be subject to the control and direction of the Board; provided, however, that any third party shall not be adversely affected by relying upon any act by any such committee within the authority delegated to it. Each such committee shall act by not less than a majority of the whole authorized number of its members.

Section 9. <u>Action without a Meeting</u>. Any action which might be taken at any meeting of the directors or of any committee thereof may be taken without such meeting by a writing or

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| PAGE 3 | OF 7 | PAGES |

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writings signed by all of the directors or all of the members of such committee, as the case may be. The writing or writings evidencing such action taken without a meeting shall be filed with the Secretary of the Corporation and inserted in the permanent records relating to meetings of the directors.

Section 10. <u>Meetings Held through Communication Equipment</u>. Meetings of the Board of Directors or any committee of the Board may be held through communications equipment if all persons participating can hear each other and such participation shall constitute presence at such a meeting.

Section 11. Contracts and Services. The directors and officers of the Corporation may be interested directly or indirectly in any contract relating to or incidental to the operations conducted by the Corporation, and may freely make contracts, enter into transactions, or otherwise act for and on behalf of the Corporation, notwithstanding that they may also be acting as individuals, or as trustees of trusts, or as agents for other persons or corporations, or may be interested in the same matters as shareholders, directors, or otherwise; provided, however, that any contract, transaction, or act on behalf of the Corporation in a matter in which the directors or officers are personally interested as shareholders, directors, or otherwise shall be at arm's length and not violative of the proscriptions in the Corporation's Articles of Incorporation against the Corporation's use or application of its funds for private benefit; and provided further that no contract, transaction, or act shall be taken on behalf of the Corporation if such contract, transaction, or act is a prohibited transaction or would result in the denial of the tax exemption under Section 503 or Section 507 of the Internal Revenue Code and its Regulations as they now exist or as they may hereafter be amended. In no event, however, shall any person or other entity dealing with the directors of officers be obligated to inquire into the authority of the directors and officers to enter into and consummate any contract, transaction, or other action.

ARTICLE III

Officers

Section 1. <u>Election</u>. The officers of the Corporation shall be elected solely by the Board of Directors and consist of a President, Vice-President, Secretary and Treasurer. The President and Vice-President shall also serve as the Chairman and Vice-Chairman, respectively, of the Board of Directors. Officers shall hold office until the date fixed in accordance with these Bylaws for the Annual Meeting of the directors next following the election of such officers and until their successors are elected and qualified; provided, however, that any officer may be removed with or without cause by the Board of Directors. Any two or more offices may be held by the same person, except the offices of President and Secretary.

Section 2. <u>Duties</u>. The officers shall have such authority and shall perform such duties as are customarily incident to their respective offices and such other and further duties as are prescribed in these Bylaws and as may from time to time be required of them by the directors.

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ARTICLE IV

Indemnification

Section 1. Authorization.

A. In the event that any person who was or is a party or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, seeks indemnification from the Corporation against expenses (including attorney fees) and in the case of actions other than those by or in the right of the Corporation, judgments, fines and amounts paid in settlement, incurred by such person in connection with such action, suit or proceeding by reason of the fact that such person is or was a director, officer, employee or agent of the Corporation or is or was serving at the request of the Corporation as a trustee, director, officer, employee or agent of another corporation (domestic or foreign, nonprofit or for profit), partnership, joint venture, trust or other enterprise, then, unless such indemnification is ordered by a court, the Corporation shall determine or cause to be determined in the manner provided in RCW 24.03, whether or not indemnification is proper in the circumstances because the person claiming such indemnification shall be indemnified.

B. Expenses, including attorney's fees, incurred in defending any action, suit or proceeding referred to in paragraph A of this Section may be paid by the Corporation in advance of the final disposition of such action, suit or proceeding as authorized by the directors in the specific case upon receipt of an undertaking by or on behalf of the director, officer, employee or agent to repay such amount unless it shall ultimately be determined that such person is entitled to be indemnified by the Corporation as authorized in this Article.

C. The indemnification provided by paragraph A of this Section shall not be deemed exclusive of any other rights to which those seeking indemnification may be entitled under the law or any agreement, vote of members or of disinterested directors, or otherwise, both as to action in such person's official capacity and as to action in another capacity while holding such office, and shall continue as to a person who has ceased to be a director, officer, employee or agent and shall inure to the benefit of the heirs, executors and administrator of such person.

Section 2. <u>Insurance</u>. The Corporation, to the extent permitted by RCW 24.03, may purchase and maintain insurance on behalf of any person who is or was a director or officer of the Corporation, or is or was serving at the request of the Corporation as a director, officer, employee or agent of another corporation (domestic or foreign, nonprofit or for profit), partnership, joint venture, trust or other enterprise.

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ARTICLE V

Fiscal Year

The fiscal year of the Corporation shall be fixed, from time to time, by the Board of Directors.

ARTICLE VI

Record of Members and Directors

The Secretary of the Corporation shall keep or cause to be kept a book, which may be included in and be a part of the book containing the minutes of the meetings of the members and of the directors, in which shall be written in ink or typed the names of all members and directors, together with the last known address of each member and director. There shall also be stated therein the date upon which each member or director became such, and upon termination of any membership or directorship for any cause, the facts relating thereto shall be recorded in said book, together with the date of such termination. It shall be the duty of every member and director, upon becoming such member or director, forthwith to furnish to the Secretary of the Corporation, for inclusion in such record, his or her then address and likewise promptly to report to the Secretary for inclusion in such record any change in any such address.

ARTICLE VII

Contracts

The Board of Directors, except as in these Bylaws otherwise provided, may authorize any officer or agent to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Corporation, and such authority may be general or confined to a specific instance; and unless so authorized by the Board of Directors, no officer, agent, or employee shall have any power or authority to bind the Corporation by any contract or engagement, or to pledge its credit, or render it liable pecuniarily for any purposes or to any amount.

ARTICLE VIII

Prohibition Against Sharing in Corporate Earnings

No member, director, officer, or employee of or member of a committee of or person connected with the Corporation, or any other private individual shall receive at any time any of the net earnings or pecuniary profit from the operations of the Corporation, provided that this shall not prevent the payment to any such person of such reasonable compensation for services rendered to or for the Corporation in effecting any of its purposes as shall be fixed by the Board of Directors; and no such person or persons shall be entitled to share in the distribution of any of the corporate assets upon the dissolution of the Corporation.

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| PAGE 6 | OF | 7 | _PAGES |

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ARTICLE IX

Investments

The Corporation shall have the right to retain all or any part of any securities or property acquired by it in whatever manner, and to invest and reinvest any funds held by it, according to the judgment of the Board of Directors, without being restricted to the class of investments which a director is or may hereafter be permitted by law to make or any similar restriction; provided, however, that no action shall be taken by or on behalf of the Corporation if such action is a prohibited transaction or would result in the denial of the tax exemption under Section 503 or Section 507 of the Internal Revenue Code and its Regulations as they now exist or as they may hereafter be amended.

ARTICLE X

Amendments

The Bylaws may be altered, amended, or repealed at any meeting of members of the Corporation by a majority vote of all the members, represented either in person or by proxy. The Board of Directors shall also have the power to alter, amend, or repeal the Bylaws by a majority vote of all the directors.

ARTICLE XI

Exempt Activities

Notwithstanding any other provision of these Bylaws, no member, director, officer, employee, or representative of this Corporation shall take any action or carry on any activity by or on behalf of the Corporation not permitted to be taken or carried on by an organization exempt under Section 501(c)(3) of the Internal Revenue Code and its Regulations as they now exist or as they may hereafter be amended, or by an organization contributions to which are deductible under Section 170(c)(2) of such Code and Regulations as they now exist or as they may hereafter be amended.

BYLAWS ADOPTED on 1998. Secretary a (Print Name)

EXHIBIT PAGES PAGE OF

ARTICLES OF INCORPORATION OF OLYMPIC Flight Museum

The undersigned, desiring to form a charitable corporation under the Washington Nonprofit Corporation Act (RCW 24.03), adopts the following Articles of Incorporation for such corporation.

ARTICLE I

The name of the corporation shall be $Olympic_{Flight}$ Musuem (hereinafter the "Corporation").

ARTICLE II

The period of duration of the Corporation shall be perpetual.

ARTICLE III

The purpose for which the Corporation is organized is to receive, administer and distribute funds and other assets exclusively for charitable, religious, educational and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (hereinafter the "Code") or the corresponding provision of any future United States Internal Revenue Law.

Solely for the above purposes, the Corporation is empowered to exercise all rights and powers conferred by the laws of the State of Washington upon nonprofit corporations, including, but not without limitation thereon, to receive gifts, devises, bequests and contributions in any form, and to use, apply, invest and reinvest the principal and/or income therefrom or distribute the same for the above purposes; except to the extent such rights and powers are expressly denied or limited in these Articles.

ARTICLE IV

No part of the assets or of the net earnings of the Corporation shall inure to the benefit of or be distributable to the Corporation's members, directors, officers or other private individuals, but the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered, to reimburse for reasonable expenses incurred, and to make payments and distributions in furtherance of the purposes set forth in Article III hereof.

ARTICLE V

It is intended that this Corporation shall have the status of a corporation which is exempt from federal income taxation under Section 501(a) of the Code as an organization described in Section 501(c)(3) of the Code. These Articles shall be construed accordingly, and all powers and activities of the Corporation shall be limited accordingly. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and in the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on (1) by a corporation exempt from Federal Income Tax under Section 501(c)(3) of the Code (or the corresponding provision of any future United States Internal Revenue law), or (2) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Code (or the corresponding provisions of any future United States Internal Revenue law).

ARTICLE VI

The Corporation shall have one class of members. The members shall be <u>BRIAN REYNOLDS</u>, <u>RICHARD POTTS</u> and <u>STEPHANIE JOHNSON</u>. Members shall be elected by existing members at a meeting of the members. No member shall be elected unless he or she receives a majority vote of all members.

ARTICLE VII

Upon the dissolution of the Corporation and after paying or making provision for the payment of all of the liabilities of the Corporation, the Board of Directors shall dispose of all of the assets of the Corporation exclusively for the purposes of the Corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Code (or the corresponding provision in any future United States Internal Revenue law), as the Board of Directors shall determine. Any such assets not so disposed of shall be disposed of by the Superior Court of the State of Washington for King County, exclusively for such purposes, to such organization or organizations as said Court shall determine, which are organized and operated exclusively for such purposes and qualify as exempt organizations under Section 501(c)(3) of the Code (or the corresponding provises and provisions in any future United States Internal Revenue law).

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ARTICLE VIII

The number of directors constituting the initial Board of Directors shall be eight directors. Thereafter, the number of directors shall be as may from time to time be set forth in the Bylaws of the Corporation. The names and addresses of the persons who shall serve the Corporation as directors until the first annual meeting, or other meeting called to elect directors are:

- 1. Brian Reynolds
- 2. Clayton Ashley
- 3. Greg Cass
- 4. Dan Clark
- 5. Stephanie Johnson
- 6. Kevin McKee
- 7. Richard Potts
- 8. John Klenke

ARTICLE IX

The address of the initial registered office of the Corporation shall be 1420 Fifth Avenue, Suite 4100, Seattle, Washington 98101-2338. The name of the initial registered agent of the Corporation at such address shall be LPSL Corporate Services, Inc.

ARTICLE X

All references in these Articles to Sections of the Internal Revenue Code shall be considered references to the Internal Revenue Code of 1986, as from time to time amended, and to the corresponding provisions of any similar law subsequently enacted.

ARTICLE XI

The name and address of the incorporator of the Corporation is George Mastrodonato, 1420 Fifth Avenue, Suite 4100, Seattle, Washington 98101-2338.

Executed in duplicate at Seattle, Washington, this _____ day of _____, 1997.

George Mastrodonato, Incorporator

REGISTERED AGENT CONSENT:

The undersigned consents to appointment as registered agent of the corporation named above.

DATED: _____, 1997.

2 8 8 **1**

LPSL Corporate Services, Inc.

By___

George Mastrodonato Vice President

1420 Fifth Avenue, Suite 4100 Seattle, Washington 98101-2338

CITY OF TUMWATER LODGING TAX APPLICATION – Entity Certification

| Application Deadline: Attention: Address/Deliver: | AUGUST 30, 2023, 1 CITY OF TUMWATER HANNA MILES – EXEC <u>hmiles@ci.tumwater.</u> | CUTIVE DEPAR | TMENT | | |
|--|---|--|--|---|--|
| | ORGANIZATIO | N/AGENCY | INFORMATION | | |
| Tumwater Artesian Brewf Organization/Agency Na Chuck Denney | - | | 91-6001520 Federal Tax II Parks and Recr | | tor |
| Contact Name | | | Title | | |
| 555 Israel Rd SW Mailing Address | | | <u>Tumwater</u> City | WA State | <u>9501</u> Zip |
| <u>3607544160</u> Phone | www.tumwaterartes Website | sianbrew. | <u>cdenney@ci.tun</u> Email Address | | |
| ☐ Tourism Promotion/M Amount Requested: <u>\$\$1</u> Brief Description of Tour <u>The City will host the 10th a</u> <u>Bring Brewing Back' to Tur</u> <i>*If an Event/Festival, con</i> | 8,000 fism Promotion/Marketi <u>annual Tumwater Artesia</u> nwater. Funds will be use nplete the following: □ | ing Activities, <u>n Brewfest to c</u> ed to target a re] New Event | al Project / Even Events/Festivals elebrate the legac gional (Pac NW) a Annual Eve | it Budget: <u>\$</u> s, or Tourism <u>y of brewing</u> audience for th nt for <u>9</u> numl | -Related Facilities: and support efforts to he event. ber of years |
| Tumwater Artesian Brewfes Name of Event/Festival | | umwater Valley ocation | Golf Course | | 17, 2024 /ent/Festival |
| tumwaterartesianbrewfest. | | | 2 | | chi/1 cstivai |
| Event/Festival Website (if | | <u>August 19, 202</u> f an existing e | vent, last year's c | late of event | |
| | C | ERTIFICATIO | N | | |
| I hereby state on behalf of <u>C</u> | | ion/Agency Na | me | | that the: |
| Applicant is: No The applicant has, or can obtain aggregate for personal injury, boo The applicant has on file with the I understand that this is an applica a reimbursement basis, and a sign The applicant has accounting/recount inspection by the City of Tumwa I understand that the City of Tumwa I understand that the City of Tumwa I understand that the information of activities and financial status o I hereby certify that the person signal | , general liability insurance cow dily injury and property damage city, or is submitting one copy ation for a contract with the City ned Lodging Tax Invoice is subr cord-keeping systems which A) ter or its agents; and C) is maint water will conduct public discus g Tax Advisory Committee. on contained in this certification f the organization submitting thi | c. c, of their current art y of Tumwater, whi mitted including pr show the purposes tained for at least 6 ssions regarding red a and application for is application. | \$2,000,000 combined icles of incorporation a ch, if awarded, will onl oof of payment docume for which City of Tur years following the end commendations for fun | nd by-laws. ly be paid after the entation. mwater funds hav l of contract. ding to any agenc of Tumwater is a | occurrence and \$2,000,000 e service(s) is rendered - on ve been spent; B) is open to cy making application to the true and accurate statement |
| Chuck Denney, Parks & R Name and Title | tecreation Director | <u>Chuck Denr</u> Signature | <i>ley</i> (e-signature or or | iginal) | <u>8/24/2023</u> Date |
| | | C | | | |

1. What is the purpose of your special event, festival, or tourism-related facility?

The Tumwater Artesian Brewfest was created to celebrate the legacy of brewing in the community and the importance of bringing this industry back with redevelopment of the former Olympia Brewery site and new brewing and distilling locations. Tumwater is requesting funding to support promotions and marketing of the 10th annual Tumwater Artesian Brewfest. The Tumwater Downtown Association will once again be the City's partner in hosting this event.

In addition to tasting and learning about beer, cider and spirits and how they are made, the event highlights Tumwater's history and brewing legacy. Attendees enjoy exhibits by the Olympia/Tumwater Foundation, the Old Brewhouse Foundation, SPSCC Craft Brewing and Distilling Program and the City of Tumwater. Focused on Tumwater's past, present and future plans surrounding craft brewing and distilling, these exhibits both entertain and educate the crowds with a variety of information.

Held at the 10-acre Tumwater Valley Golf Course driving range, the brewfest venue is unique and well suited for this event. With ample space for large crowds, the 2023 event hosted 39 breweries and cideries and two local distillers. Additionally, there were twelve food truck vendors, live music and a variety of outdoor games and activities for people to participate in. This is a growing event and while it was cancelled in 2020 due to covid and scaled down in 2021 due to covid, 2023 saw the a 19% increase in attendance and our largest event to date. It is anticipated to increase in size again in 2024 as we draw in tourist from the entire northwest.

 a. For what specific tourism-generating activities will City of Tumwater lodging tax funds be used? Complete and submit the Lodging Tax Budget Form specific to your special event, festival, or tourism related facility. (The Budget Form is also available online at <u>www.ci.tumwater.wa.us/LodgingTax</u>.)

Lodging Tax funds will be used for marketing to target audiences that could more likely generate hotel stays. The target audience is over 21, with beer/brewing and craft beverage interests, residing beyond the South Sound region – Seattle and Portland metro regions. The 2024 Lodging Tax funds will provide for marketing, such as targeted social media ads (Facebook and Instagram), brewing publication advertisements (paper and online), newspaper advertisements (The Olympian, The Stranger in Seattle and Mercury in Portland), Weekly Volcano/Ranger (JBLM), as well as regional radio, television, and online ads.

Marketing also includes posters and coasters advertising the event which are delivered to local brewers and restuarants as well as to each brewery participating in the event all around Washington and Oregon.

b. If a returning applicant, identify any major changes in the event or organization since the last funding cycle.

Due in part to the popularity of the event and the size of the crowds attending, business sponsorship is anticipated to increase again for the 2024 event. The size of the festival will grow by approximately 10% with additional brewers and cider makers as well as additional food choices, activities and community partners. Live music has been added in 2022, expanded in 2023 and will be expanded again in 2024..

3. Describe the resources available for the proposed tourism-generating activities? Please include the total number of volunteers and volunteer hours that exist for your special event, festival, or tourism-related facility.

Resources for the event include over \$28,000 of in-kind staff time from the City and the event partner, the Tumwater Downtown Association. Additional contributions of time will come from partners, sponsors and community members including the Olympia Tumwater Foundation, the Old Brewhouse Foundation, SPSCC,

O Bee Credit Union. Lacey/Capital/Chehalis Collision Centers and over 100 community members who volunteer to work at the event

4. Do other cities or governmental entities in the county fund your special event, festival, or tourism-related facility? If so, which jurisdictions and how much were you funded from each jurisdiction last year?

No

5. Do you intend to apply for lodging tax funds from other jurisdictions this year? If so, which jurisdictions? Please explain how you will use Turnwater's funds separately from other lodging tax funds you may receive?

No

6. The request of funds from Tumwater will fund what percentage of your total budget for the proposed special event, festival, or tourism-related facility?

9%

7. Describe the tourism promotion impact on the economy from your special event, festival, or tourism-related facility within the City of Tumwater, specifically on the lodging and food service sectors.

The day prior to and the day of the event, we expect increased activity at local hotels from brewers and event patrons. Many of the breweries who attend the event with their staff are traveling from well over 50 miles away. Following the event, local restaurants and pubs experience increased activity and some have even planned their own special event to take advantage of the crowd exiting our brewing festival. The event allows visitors to sample food, wine, craft beer, cider and distilled spirits that are available locally, ultimately providing exposure and attraction to the future Craft Brewing and Distilling Center.

8. How broad-based will the tourism promotion benefit be geographically and economically?

Brewing festivals are very popular and special efforts are made to reach target markets and specific audiences. Marketing and promotion reaches throughout the state of Washington and into much of Oregon. In addition to the City's marketing of the event, each craft brewer is provided with promotional material to use and display at their place of business. From Bellingham, WA to Bend, OR and Spokane to Westport, our event is using print, broadcast and social media to invite everyone to Tumwater.

9. How will receiving lodging tax funds result in an increase in the number of people traveling for business or pleasure to Tumwater?

The LTAC funds assist in developing a regional approach to event promotion and allows for a broader audience to bring more people to the community. LTAC funds will be used to extend and improve the marketing reach for this event

10. For the special event, festival or tourism-related facility, identify the estimated number of participants who will attend in each of the following categories:

a) Overall attendance

5,000

| b) | Staying for the day only <i>and</i> traveling more than fifty miles or more one way from their place of residence or business | 600 |
|----|---|-----|
| c) | Number of participants in any of the above categories who will attend from out-of-state (includes other countries) | 200 |
| d) | Staying overnight in paid accommodations away from their place of residence or business | 100 |
| e) | Staying overnight in unpaid accommodations (e.g. with friends and family) <i>and</i> traveling fifty miles or more one way from their place of residence or business | 300 |
| f) | Total number of paid lodging nights generated in Tumwater | 1 |

g) Describe what methods you will use to determine attendance and to distinguish among the different visitor categories listed above.

This is a ticketed event so overall attendance tracking is done through sales. Visitor categories are determined through online registrations and from data gathered from attendees as they sign up for prizes and awards.

11. If you are awarded a contract, you must be prepared to report to the City the economic benefit from tourists attending your event/facility. Describe how you will document the economic impact from your event/facility; specifically the information requested in question 10. **Submit a sample tracking form, if available.**

We will survey people at the venue to determine their residence and overnight lodging choices where possible. We also review Facebook analytics to get a profile of people who are following our page. Ticket sales transactions also provide data on visitors.

12. Describe how you will promote overnight stays in Tumwater lodging establishments?

We will work with local hotels to create sponsor packages and partnerships that can be promoted through our marketing efforts. Partner hotels will be listed on the event web site, social media sites and printed material. Additionally, information on these hotels will be delivered to participating breweries, their staff and advertised at breweries throughout the region.

13. Describe how you will promote Tumwater and other attractions in the Tumwater area to entice tourists to extend their visit beyond attendance to your special event, festival, or tourism-related facility.

This event is a draw for people from Bellingham, WA to Bend, OR and across the northwest. The City will work with community partners to collaborate on 'weekend experiences' and opportunities.

14. What tourism outcome should the City expect if your proposal is only partially funded? Please be specific. *For example: how do you intend to alternatively fund your program / which services will not happen?*

Partial funding will result in less marketing and a smaller geographical reach in our marketing efforts.

15. List other organizations that you are partnered with for this special event, festival, or tourism-related facility.

This event requires planning in stages that occur year-round. The City has many partners in conducting this event including Red Barn Communications, the Tumwater Downtown Association, Experience Olympia and Beyond (VCB), Olympia/Tumwater Foundation, the Old Brewhouse Foundation, WSU Food Science and Extension programs and the South Puget Sound Community College. Sponsors support event operations and marketing as well. Those include O Bee Credit Union, Olympia Beer, Rob Rice Homes, L&L Hawaiian BBQ, Capital/Lacey/Chehalis Collision Centers, PROForma Northwest, Tumwater Chamber of Commerce, ROXY/KGY/KAYO/KNKX and MIXX radio stations, Tumwater Firefighters Union, Costco, and multiple food vendors. We also consider the 39 individual breweries, cideries, distilleries and one winery as partners in our even

16. List any other measurements that demonstrate the impact of increased tourism attributable to your special event, festival, or tourism-related facility. Include any other thoughts that may encourage the Lodging Tax Advisory Committee/Tumwater City Council to use lodging tax funds to support this application.

Tumwater is a great community and after nine years of steady growth, the Artesian Brewfest has become a great community event. Increasing traffic to Tumwater improves familiarity of local business, restaurants and lodging establishments. This event supports a growing number of craft brewing businesses in the community and the region. Keeping Tumwater on the map and celebrating the legacy of brewing helps to maintain support for redevelopment of the former brewery facilities - a Tumwater City Council priority. This event celebrates the identity and history of Tumwater with cultural, tourism and economic development benefits. It creates a Tumwater brand for the future of the Craft Brewing & Distilling Center Hub

Lodging Tax Budget Form

Lodging Tax Applicant:

Tumwater Artesian Brewfest - City of Tumwater

Specific to your Tourism-Related Facility, Tourism Promotion Activity, Special Event, or Festival, list the amount and status of funding for all sources from which you have already or intend to receive funds. Please include in-kind donations and funds received from admission fees if applicable.

PROJECTED REVENUE:

| So | urce | Amount |
|---|---------------------------|--------------|
| Sponsorships: | | \$33,000.00 |
| Admission: | | \$127,000.00 |
| Reserves: | | |
| Donations/Contributions: | | \$2,000.00 |
| Grants: | | |
| Program Service Fees: | | |
| In-kind Donations: | | \$9,500.00 |
| Gift Shop: | | |
| Vendor Fees: | | \$4,000.00 |
| Fundraising Activities: | | |
| City of Lacey Lodging Tax: | | |
| City of Olympia Lodging Tax: | | |
| City of Tumwater Lodging Tax: | | \$18,000.00 |
| Thurston County Lodging Tax: | | |
| Other Sources of Revenue: (please specify) | | |
| Other Source: | | |
| Other Source: | | |
| Other Source: | | |
| TOTAL REVENUE: | | \$193,500.00 |
| PROJECTED EXPENSES: | | |
| Personnel: (salaries and benefits) | | \$30,000.00 |
| Administration: (utilities, phone, etc | 2.) | |
| Marketing and Promotion: | | \$20,000.00 |
| Professional / Consultant Fees: | | \$19,000.00 |
| Equipment: | | \$47,000.00 |
| Facility / Event Venue Rental: | | \$2,000.00 |
| Travel: (please specify) | | |
| All Other Expenses: (please specify) | Beer/Cider/Spirits | \$37,000.00 |
| Other Expense: | Entertainment/sound/stage | \$30,000.00 |
| Other Expense: | Signage/decoration | \$2,500.00 |
| Other Expense: | Ticketing fees | \$6,000.00 |
| TOTAL EXPENSES: | | \$193,500.00 |
| PROGRAM EXCESS (DEFICIT): | | \$0.00 |

City of Tumwater Lodging Tax Final Report Form

| Organization's Name: <u>City of Tumwater</u> | | | | |
|---|---|--|--|--|
| Submitted By: <u>Chuck Denney</u> | Date: <u>2/9/2023</u> | | | |
| Email Address: cdenney@ci.tumwater.wa.us | Phone: <u>360-754-4160</u> | | | |
| This H | Report Covers: | | | |
| Activity Name: City of Tumwater Artesian Brews | fest | | | |
| Activity Type: 🛛 Special Event/Festival | Marketing/Tourism Facility Promotion Agency | | | |
| Activity Start Date: <u>8/20/2022</u> | Activity End Date: <u>8/20/2022</u> | | | |
| Total Activity Cost: <u>\$103,622.00</u> | | | | |
| Total amount of Tumwater lodging tax funds requested: <u>\$13,500.00</u> | | | | |
| Total amount of Tumwater lodging tax funds expended: <u>\$13,500.00</u> | | | | |

Total amount of lodging tax funds expended from all jurisdictions: <u>\$13,500.00</u>

DEFINITIONS OF METHODOLOGY FOR QUESTIONS BELOW:

This methodology is defined by the Joint Legislative Audit and Review Committee and is used for reporting to the Legislature about the use of lodging tax for each jurisdiction.

- **Direct Count**: Actual count of visitors using methods such as paid admissions or registrations, clicker counts at entry points, vehicle counts or number of chairs filled. A direct count may also include information collected directly from businesses, such as hotels, restaurants or tour guides likely to be affected by an event.
- **Indirect Count**: Estimate based on information related to the number of visitors such as raffle tickets sold, redeemed discount certificates, brochures handed out, police requirements for crowd control or visual estimates.
- **Representative Survey**: Information collected directly from individual visitors / participants. A representative survey is a highly structured data collection tool, based on a defined random sample of participants, and the results can be reliably projected to the entire population attending an event and includes margin of error and confidence level.
- **Informal Survey**: Information collected directly from individual visitors or participants in a non-random manner that is not representative of all visitors or participants. Informal survey results cannot be projected to the entire visitor population and provide a limited indicator of attendance because not all participants had an equal chance of being included in the survey.
- **Structured Estimate**: Estimate produced by computing known information related to the event or location. For example, one jurisdiction estimated attendance by dividing the square footage of the event area by the international building code allowance for persons (3 sq. ft.).
- **Other**: (please describe)

| | Enter the total number of people predicted to | PREDICTED: | 3,000 | | |
|-----------------------------|--|---------------------|-------|--|--|
| Overall | attend this activity (this number would have been submitted on your application for funds); the actual number of people who attended this activity; and | | | | |
| ATTENDANCE | the method used to determine attendance | ACTUAL (ESTIMATED): | 3,187 | | |
| | METHODOLOGY (definitions provided above): Direct | Count | | | |
| | EXPLAIN TRACKING METHOD: Ticketing | | | | |
| | Enter the total number of people who travelled greater than 50 miles predicted to attend this activity (this number would have been submitted on your | PREDICTED: | 350 | | |
| 50+ Miles - Attendance | application for funds); the actual number of people who travelled more than 50 miles to attend this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 350 | | |
| | METHODOLOGY (definitions provided above): Indired | | | | |
| | EXPLAIN TRACKING METHOD: Review of zip | codes | | | |
| | Enter the total number of people from outside the state and country predicted to attend this activity (this number would have been submitted on your | PREDICTED: | 50 | | |
| OUT OF STATE / COUNTRY - | application for funds); the actual number of people from outside the state and country who attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 50 | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Indirect Count | | | | |
| | EXPLAIN TRACKING METHOD: Review of zip | codes | | | |
| PAID FOR | Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted on your | PREDICTED: | 50 | | |
| OVERNIGHT LODGING - | application for funds); the actual number of people who paid for overnight lodging and attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 50 | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Structured Estimate | | | | |
| | EXPLAIN TRACKING METHOD: Counting of H | Participants | | | |
| DID NOT PAY | Enter the total number of people predicted to attend this event without paying for overnight lodging in Tumwater (you would have submitted this number on | PREDICTED: | 2,950 | | |
| FOR OVERNIGHT LODGING - | your application for funds); the actual number of people who attended without paying for overnight lodging; and the method used to determine attendance | ACTUAL (ESTIMATED): | 2,950 | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Struct | | | | |
| | EXPLAIN TRACKING METHOD: Counting of Participants | | | | |
| | Enter total predicted lodging nights in Tumwater (this number would have been submitted on your | PREDICTED: | 50 | | |
| PAID LODGING NIGHTS | application for funds); and actual number of paid lodging nights. (One lodging night = one or more persons occupying one room for one night); and the method used to determine attendance | ACTUAL (ESTIMATED): | 50 | | |
| | METHODOLOGY (definitions provided above): Structured Estimate | | | | |
| | EXPLAIN TRACKING METHOD: Counting of I | articipants | | | |

Please describe any other information that demonstrates the impact of increased tourism attributable to the special event, festival, or tourism-related facility.

This event draws attendees and brewery owners/staff from across the state of Washington and Oregon to the City of Tumwater.

TUMWATER SPECIFIC QUESTIONS:

Did you experience a higher number of tourists this year? If not, what do you think was a contributing factor?

Yes - Due to the ending of covid pandemic and the restrictions on public gathering, this event was scaled up and re-configured with an anticipated larger attendance while meeting safety guidelines outlined and approved by our local health department.

Did you complete all of the items on your Scope of Services consistent with your application submitted to the Lodging Tax Advisory Committee? If not, which items do you still need to complete? Do you plan on completing those items with your own resources? If so, when?

Yes - The event was one of the first large public gatherings in our region and was a great success. The safety and health of attendees, vendors and staff were a priority and this event met all expectations.

What expenses did you pay using Tumwater Lodging Tax funds?

Expenses included materials and supplies for marketing and social media.

Do you plan to do anything differently next year to expand your event, increase tourism to Tumwater, or increase visitors to your facility?

We are expanding the event in 2023 to include more participation from craft brewers and local craft food vendors. We are upgrading our music talent and increasing our social media presence.

CITY OF TUMWATER LODGING TAX APPLICATION – Entity Certification

| APPLICATION DEADLINE: ATTENTION: Address/Deliver: | AUGUST 30, 2023, 12PM/NOON CITY OF TUMWATER HANNA MILES – EXECUTIVE DEPA hmiles@ci.tumwater.wa.us or 555 | RTMENT | | |
|--|---|---|---|--|
| | ORGANIZATION/AGENCY | INFORMATION | ٩ | |
| Visitor and Convention Bu Organization/Agency Nar Annette Pitts Contact Name P.O. Box 1394 | | 91-1735847 Federal Tax <u>CEO</u> Title <u>Olympia</u> | WA | 98507 |
| Mailing Address 509-881-8587 Phone | ExperienceOlympia.com Website | City <u>Annette@Expe</u> Email Addre | State erienceOlympia ess | Zip a.com |
| Amount Requested: <u>\$43,9</u> Brief Description of Touri <u>Experience Olympia & Beyo</u> <u>suite of destination marketing</u> group sales, media relations, s and guides. We've also added promote the launch of the new | sm Promotion/Marketing Activitie nd (EOB) will increasing Tumwater' iniatives, including traditional digital ports commission sales and marketing in a supplemental digital programmat v Craft District, bringing and measuri plete the following: New Event Location | otal Project / Eve s, Events/Festiva <u>s visibility by man</u> <u>l and print advertis</u> <u>c Certified Tourisn</u> <u>ic display advertis</u> ng overnight visito | ent Budget: <u>\$</u> ls, or Tourism rketing Tumwa sing, content ma n Ambassador tr ing campaign sp ors to Tumwaten yent for Date of Ev | n-Related Facilities: ater through a targeted arketing, social media, raining program, maps pecifically designed to r hotels. number of years vent/Festival |
| | CERTIFICAT | ION | | |
| I hereby state on behalf of <u>Visitor & Convention Bureau of Thurston County dba Experience Olympia & Beyond</u> that the: Organization/Agency Name | | | | |
| Applicant is: Nonprofit | | | | |

of activities and financial status of the organization submitting this application.I hereby certify that the person signing this application is duly authorized to execute this document on behalf of the applicant entity.

Annette Pitts, CEO Name and Title

Annette Pitta

Signature (e-signature or original)

8/24/23

Date

1. What is the purpose of your special event, festival, or tourism-related facility?

Experience Olympia & Beyond was created specifically to meet the needs of marketing Thurston County and each of its communities--including the City of Tumwater--as a destination for visitors year-round. Whereas most LTAC-funded events and activities are one or two-day experiences that contribute to the overall Tumwater experience, our work continues year-round with paid destination marketing activities taking place 365 days a year. (The average cost per day to the City of Tumwater at the current level of funding awarded for 2023 is just under \$100 per day of our work). Tourism marketing is an essential building block of local economic development. The revenue generated in hotels and motels supports local properties; lodging taxes collected fund future marketing and activities to bring guests back to the community; and sales taxes collected fund municipal services that provide quality of life for locals.

 a. For what specific tourism-generating activities will City of Tumwater lodging tax funds be used? Complete and submit the Lodging Tax Budget Form specific to your special event, festival, or tourism related facility. (The Budget Form is also available online at <u>www.ci.tumwater.wa.us/LodgingTax</u>.)

Tumwater lodging tax funds will be combined with other funds (tourism promotion area assessments, lodging tax awards from other communities, and private funds our staff generates) to support destination marketing and development initiatives. We will continue to employ innovative research tools that ensure we put all awarded funds to the most effective and efficient use possible. This means all marketing and development decisions are rooted in sound research, and our performance is measured, tracked, and evaluated. We will continue to base content development decisions on the strategy outlined in our annual Business & Marketing Plan, ensuring the highest likelihood of influencing travel to the City of Tumwater. New content--photos, videos, blogs, event listings, etc. will be featured on our website, social media posts and email newsletters sent to opt-in subscribers from around the world. We'll employ a comprehensive public relations campaign that includes story pitches to major media outlets, social media influencer partnerships, FAM tours and crisis communications if needed. We will conduct multi-channel advertising campaigns that combine print, digital, paid social media, and most significantly, digital programmatic display advertising. We'll continue to fund and share professional photography with the City of Tumwater through our Shared Image Library. We will provide market intelligence to the City of Tumwater about visitor trends throughout the year, resulting from the marketing intelligence tools we've funded. This intelligence can include where visitors are traveling from, what the ratio of locals to visitors is within Tumwater throughout the year, visitation trends--time of year, popular Tumwater market segments and most importantly, economic impact. We will also continue to employ, cultivate, and develop a program that is inclusive to our residents, business stakeholders and guests. We are committed to D.E.I. not only as a program we employ, but as a core driving force behind everything we do. We will continue to offer our LTAC Award Support suite of services to market those activities and events that the Tumwater LTAC funds for 2024, and we will work with the City of Tumwater throughout the Thurston County Destination Master Planning process which will help shape the course of our work moving forward and the City of Tumwater as a destination for visitors and locals. Our sales team will also continue to promote City of Tumwater as a key destination for Sports in 2024, helping fill Tumwater fields, courses, and hotels.

b. If a returning applicant, identify any major changes in the event or organization since the last funding cycle.

This year we took our strategic marketing program to a new level, not only rooting our marketing decisions in sound research and data, but now closing the loop on strategic advertising decisions by investing in an innovative new tool that allows us to target and track visitors from the time they receive an advertising message, to when they arrive in a City of Tumwater geofence (hotel). How it works: Using our in-house

geofencing service Datafy, we target those arrival markets most likely to generate overnight visitors in Tumwater hotels and motels. We create digital ads that are served to individuals in those targeted geographic markets. When the prospective visitor clicks on the ad, they are directed to a page on our website from which a pixel is placed on their phone, effectively allowing us to track the device (not the person--no personal information is provided to us). We can then track and measure if and when the device is seen within the City of Tumwater geofence, and more specifically, inside City of Tumwater hotel and motel geofences. This allows us to clearly report on the out-of-area (50+ mile away) visitation that results from our advertising services. The days of not knowing if advertising is working is officially in the past for our organization, and we now know exactly how much it costs to place visitors in Tumwater hotels and how to increase those numbers. This is a huge change from years past.

3. Describe the resources available for the proposed tourism-generating activities? Please include the total number of volunteers and volunteer hours that exist for your special event, festival, or tourism-related facility.

We currently have 5 full-time employees and 18 board members, including four board members representing Tumwater, and one of which being a Tumwater hotelier serving as our Vice President. Our fiscal resources include lodging tax from three municipalities (Tumwater, Olympia Lacey), we receive Thurston County Tourism Promotion Area (TPA) revenue, and private revenue generated through advertising sales, events and sponsorships. We do not have the staff capacity to successfully manage a volunteer program in addition to current workload at our present funding level.

4. Do other cities or governmental entities in the county fund your special event, festival, or tourism-related facility? If so, which jurisdictions and how much were you funded from each jurisdiction last year?

City of Olympia LTAC - \$148,676 (approximately 14% of total 2022 lodging taxes collected) for Tourism & Sports City of Lacey LTAC - \$110,000 (approximately 20% of total 2022 lodging taxes collected) for Tourism & Sports TPA funds - estimated receipts of \$805,000

5. Do you intend to apply for lodging tax funds from other jurisdictions this year? If so, which jurisdictions? Please explain how you will use Turnwater's funds separately from other lodging tax funds you may receive?

Yes. We will request \$148,676K from the City of Olympia, \$110K from City of Lacey and \$5,000 from City of Yelm. Our goal is for each of the major municipalities that we serve (Olympia, Lacey, Tumwater and Yelm) to contribute to our operations in a way that is fair and equitable since each benefits directly from the year-round service our team provides. As a regional organization, all funds, including Tumwater's, are leveraged together for maximum impact. These dollars support a comprehensive sales and marketing program designed to benefit the City of Tumwater and Thurston County.

6. The request of funds from Tumwater will fund what percentage of your total budget for the proposed special event, festival, or tourism-related facility?

3%

7. Describe the tourism promotion impact on the economy from your special event, festival, or tourism-related facility within the City of Tumwater, specifically on the lodging and food service sectors.

This year by taking our strategic marketing to a more refined level, we target and track visitors from the time they receive an advertising message we send them, to when they arrive in a City of Tumwater geofence (hotel) using a new in-house tool called Media Attribution. We will calculate the economic impact of their visitation by dividing the number of visitors seen in Tumwater hotels via Media Attribution by the average traveling party size (obtained through latest EOB Visitor Sentiment Survey), multiply that figure by the average number of nights in market, and multiplying again, by the average daily hotel rate. For leisure travel visitors that do not stay in paid accommodations we multiply the number of visitors seen in Tumwater not staying at paid Tumwater lodging properties by an adjusted Average Spend Per Visitor provided to us by the State of Washington Tourism report, Tourism Economics. Because we know the Average Spend Per Visitor includes the average cost of lodging, we net out the average daily hotel rate, so the remaining average spend reflects costs excluding lodging. This will include visitors spending in Tumwater restaurants and experiences. For sports visitors, we enter the actual number of visitors into an additional research tool, Destinations International's Economic Impact Calculator (Sports) which computes the total number of visitors and their overall economic impact considering additional spectators, average spend per day, etc. Even when we limit the number of visitors that we claim influence over to only those receiving digital programmatic display ads and those brought to the area via a sports event (this excludes folks who come to the area due to our work in social media, public relations, our website, group sales, meetings, etc.) we can still demonstrate that we will generate over \$181,000 for the City of Tumwater, generating significant return on the City's investment.

8. How broad-based will the tourism promotion benefit be geographically and economically?

Our destination marketing and sports sales initiatives will support the City of Tumwater and its local events, businesses and hotels as well as the entire Thurston County region.

9. How will receiving lodging tax funds result in an increase in the number of people traveling for business or pleasure to Tumwater?

By continuing to promote the City of Tumwater as a sports destination and focusing on room night generation associated with these events, and by adding additional focusing on digital programmatic display advertising that we can track back into Tumwater hotel geofences, we can easily predict how many visitors those combined activities will generate. Whereas historically we reported on all visitors and room nights generated by our work, this year, we are only claiming those we can effectively "prove" through Media Attribution and sports sales and support.

10. For the special event, festival or tourism-related facility, identify the estimated number of participants who will attend in each of the following categories:

| a) Overall attendance | 25,634 |
|---|---------------------|
| b) Staying for the day only <i>and</i> traveling more than fifty miles or more on from their place of residence or business | ne way <u>2,272</u> |
| c) Number of participants in any of the above categories who will attend front-of-state (includes other countries) | rom <u>16,188</u> |
| d) Staying overnight in paid accommodations away from their place of resid or business | dence <u>953</u> |
| e) Staying overnight in unpaid accommodations (e.g. with friends and fami | lly) and 23,114 |

traveling fifty miles or more one way from their place of residence or business

f) Total number of paid lodging nights generated in Tumwater

- 1,636
- g) Describe what methods you will use to determine attendance and to distinguish among the different visitor categories listed above.

This year we are measuring visitation differently than in years past. Whereas historically we submitted figures based on TOTAL estimated visitation resulting from the full scope of our services, this year we are only reporting on visitation figures we can prove we have influenced with data to back our claims. This year we invested in a new research tool called Media Attribution that allows us to measure leisure travel visitation which ties to the Datafy geofencing service we brought in-house this year as well. Media Attribution is a sophisticated technology that allows us to target the geographic markets with the highest likelihood of generating overnight stays in Tumwater hotels, serving digital programmatic ads to individuals in those markets, pixeling their device when they click through our ads, and then tracking and measuring when those individuals' cell phone devices are seen inside the Tumwater geofence (and Tumwater hotel geofences). We measured physical visitation in Tumwater's geofences influenced by the digital ads we served YTD in 2023, adjusted the figures to reflect final visitor estimates based on our remaining budget, and adjusted again to reflect a small budget increase to specifically promote the opening of the new Tumwater Craft District. We paired those figures with our predicted Sports visitation figures correlating to the 2024 USSSA Fastpitch Nationals and WIAA Golf Championships. By moving to this method, we are not "claiming" the fuller visitation figures that we have in the past which included visitors resulting from public relations campaigns, print or other kinds of advertising, promotions, products such as our Visitor Guide and Community Guides, our website, or group sales. The figures we are reporting on this year are specifically those visitors seen in-market, whether from digital programmatic ads served through our Media Attribution system or from sports direct sales and/or support.

11. If you are awarded a contract, you must be prepared to report to the City the economic benefit from tourists attending your event/facility. Describe how you will document the economic impact from your event/facility; specifically the information requested in question 10. **Submit a sample tracking form, if available.**

Using Datafy's Media Attribution tool, we can report on actual leisure travel visitation in Tumwater and Tumwater hotels that is influenced by the digital ads we served them in their home markets. We will calculate the economic impact of leisure travel hotel visitors by dividing the number of visitors seen in Tumwater Hotels via Media Attribution by the average traveling party size (obtained through latest EOB Visitor Sentiment Survey), multiply that figure by the average number of nights in market, and multiplying again, by the average daily hotel rate. For leisure travel visitors that do not stay in paid accommodations we multiply the number of visitor provided to us by the State of Washington Tourism report, Tourism Economics. Because we know the Average Spend Per Visitor includes the average cost of lodging, we net out the average daily hotel rate, so the remaining average spend reflects costs excluding lodging. For sports visitors, we enter the actual number of visitors into an additional research tool, Destinations International's Economic Impact Calculator (Sports) which computes the total number of visitors and their overall economic impact considering additional spectators, average spend per day, etc.

12. Describe how you will promote overnight stays in Tumwater lodging establishments?

We will continue to promote Tumwater lodging establishments through a variety of traditional marketing methods including advertising, public relations, social media, and products such as experienceolympia.com, the 2024 Visitor Guide, the Tumwater Community Guide, our Meeting Planner Guide and Sports Facility Guide. We will continue to promote Tumwater through direct sales at domestic and international travel trade shows to book groups and independent travelers for business, leisure and sports. Group/meeting/event sales efforts are directed to align with Tumwater's economic development initiatives and hotel sales interests by focusing on groups related to beer-wine-spirits-cider, and agritourism. The Sports Commission is currently facilitating and supporting the 2024 WIAA Golf Tournament and the USSSA Fastpitch Nationals which would bring over 2700 visitors to Tumwater. If fully funded, we will also promote visitation to Tumwater hotels through a new digital programmatic display advertising campaign specifically centered around the launch of the new Craft District. This campaign would be administered through our new Media Attribution tool in-house which allows us to target ads to those markets most likely to yield overnight stays in Tumwater hotels, and then to measure if and when visitors who received those ads appear within Tumwater hotel geofences.

13. Describe how you will promote Tumwater and other attractions in the Tumwater area to entice tourists to extend their visit beyond attendance to your special event, festival, or tourism-related facility.

We will promote Tumwater attractions, restaurants and events through the following marketing initiatives:

Digital programmatic advertising campaigns: We will leverage new, sophisticated tools in-house to identify key origin markets that have the highest likelihood of delivering visitors into Tumwater hotels with the highest economic impact. We will then serve digital ads to those audiences, pixeling their phones when they click through to a landing page, allowing us to track and follow their devices until they arrive in Tumwater or Tumwater hotel geofences. We will utilize the same tool to conduct retargeting/remarketing campaigns to those same visitors. We will also conduct an additional campaign specific to promoting the opening of the Tumwater Craft District linking the District to Tumwater hotel properties, generating additional paid hotel room nights.

LTAC Award Recipient Support Program: In 2023 we began offering this program to further support our fellow Tumwater LTAC award recipients and further enhance visitation resulting from their activities. We will continue to offer this labor-intensive program in 2024 if fully funded. YTD for 2023 we've created event and/or business listings for each recipient on our website, each has been promoted via social media, included in our Partner e-newsletter (sent to over 200 opt-in subscribers), included in our Visitor e-newsletter (sent to over 12,000 opt-in subscribers), included in seasonal pitch sheets sent to travel writers, media and influencers throughout the country.

Website: Tumwater is featured prominently on the homepage and has a dedicated destination page and url, experiencetumwater.com. The Experience Tumwater Community Guide is available for online viewing or digital download (it's also printed and provided to Tumwater businesses and organizations at no cost). Tumwater events, restaurants and attractions are also featured throughout the website with visitor-centric content.

Content marketing: EOB promotes Tumwater events, attractions and restaurants on our social media platforms, blogs, and opt-in e-newsletters. We pay the full cost of professional photography that is included in the Shared Image library that we make available to the City of Tumwater for its use. The City of Tumwater will have access to these professional images throughout the year. Tumwater is also showcased in the "It's the Water" video that will continue to be shared on social media, displayed on experienceolympia.com, and through opt-in e-newsletters.

Products: Tumwater is included in the EOB Visitor Guide, which is available to visitors and locals online as a flipbook, digital download and/or by request via postal delivery. EOB pays full postage for deliveries and all costs associated with out of area distribution. Tumwater will also be included in the Experience Tumwater Community Guide which is available online as a pdf. Visitors can pick one up either one at a local distribution point or we'll gladly mail them by request.

Visitor Services: EOB partners with regional visitor centers to distribute brochures, maps, and the Experience Tumwater Community Guide for information about Tumwater events, lodging, attractions and restaurants. We also offer a call center to answer visitor questions and are in the process of certifying hospitality professionals throughout the region as Certified Tourism Ambassadors.

Direct sales: EOB promotes Tumwater as a destination for tour & travel product and small meetings and events. We also serve as a resource, providing industry trend data.

Media relations: EOB will pitch stories to travel and lifestyle writers, and major media on Tumwater events, attractions, and restaurants (e.g.: craft district). We will also engage in social media influencer partnerships to promote the area.

Sports Commission: EOB works with sports planners to attract sports tourism to Tumwater through tradeshows, client relations and support through sponsorship and bid fees.

14. What tourism outcome should the City expect if your proposal is only partially funded? Please be specific. *For example: how do you intend to alternatively fund your program / which services will not happen?*

Partial funding would result in our inability to conduct supplemental digital programmatic advertising campaign to promote the opening of the new Craft District. This campaign was added in as a supplemental program specifically designed to not only drive visitors to the market, but to Tumwater lodging as well. By eliminating these funds, we predict 224 hotel room nights and \$23,434 of revenue will be lost (\$21,528 worth of lost hotel/motel revenue, over \$861 of lodging taxes lost to the City of Tumwater, and \$2,041 of l sales tax revenue lost to the City of Tumwater. The additional funds invested in the EOB to conduct this specific campaign we predict to yield a 3:1 Return On Investment (ROI).

15. List other organizations that you are partnered with for this special event, festival, or tourism-related facility.

We partner with the City of Tumwater, all Chambers of Commerce in Thurston County, the Thurston Economic Development Council, Olympic Flight Museum, Port of Olympia, the Cities of Olympia, Lacey, Yelm, Tenino, Rainier, Grand Mound, Rochester and Bucoda, Thurston County, the Olympia Tumwater Foundation, and many more organizations and events.

16. List any other measurements that demonstrate the impact of increased tourism attributable to your special event, festival, or tourism-related facility. Include any other thoughts that may encourage the Lodging Tax Advisory Committee/Tumwater City Council to use lodging tax funds to support this application.

Our primary measurement of economic impact will be the leisure travel visitors that we can attribute to the digital programmatic advertisements we place in their home markets. We will pixel these individuals' phones once they click through ads we place, and we can then track and measure if and when they wind up in Tumwater and Tumwater hotel geofences. At this point, we will know that our work has influenced their visit, and we can apply the published average daily rates at the properties where they stay, or the adjusted average

daily spend for those who were seen in Tumwater, but not at Tumwater hotels. This practice is in keeping with the methodology considered best practice in the industry for this traveling audience.

We will measure the economic impact of sports visitors whose events we influence/book/support. We will add these volume figures into our Destinations International Economic Impact Calculator for Sports to reveal these visitors' economic impact in keeping with the methodology considered best practice in the industry for this traveling audience.

Lodging tax funds are key measurements for the growth of tourism. As a tool for measuring success, lodging taxes indicate how well our tourism work is translating into heads in beds.

Lodging Tax Budget Form

Lodging Tax Applicant: Visitor & Convention Bureau of Thurston County dba Experience Olympia & Specific to your Tourism-Related Facility, Tourism Promotion Activity, Special Event, or Festival, list the amount and status of funding for all sources from which you have already or intend to receive funds. Please include in-kind donations and funds received from admission fees if applicable.

PROJECTED REVENUE:

| So | Source | |
|---|------------------------------|----------------|
| Sponsorships: | | \$65,000.00 |
| Admission: | | |
| Reserves: | | |
| Donations/Contributions: | | |
| Grants: | | \$50,000.00 |
| Program Service Fees: | | \$132,325.00 |
| In-kind Donations: | | \$5,000.00 |
| Gift Shop: | | |
| Vendor Fees: | | |
| Fundraising Activities: | | |
| City of Lacey Lodging Tax: | | \$110,000.00 |
| City of Olympia Lodging Tax: | | \$148,676.75 |
| City of Tumwater Lodging Tax: | | \$43,971.00 |
| Thurston County Lodging Tax: | | |
| Other Sources of Revenue: (please specify) | Tourism Promotion Assessment | \$875,000.00 |
| Other Source: | Interest | \$15,000.00 |
| Other Source: | City of Yelm LTAC | \$5,000.00 |
| Other Source: | | |
| TOTAL REVENUE: | | \$1,449,972.75 |
| PROJECTED EXPENSES: | | |
| Personnel: (salaries and benefits) | | \$594,470.92 |
| Administration: (utilities, phone, et | c.) | \$107,415.00 |
| Marketing and Promotion: | | \$635,460.00 |
| Professional / Consultant Fees: | | \$18,100.00 |
| Equipment: | | |
| Facility / Event Venue Rental: | | |
| Travel: (please specify) | | \$19,295.00 |
| All Other Expenses: (please specify) | | |
| Other Expense: | TPA Expenses | \$17,325.00 |
| Other Expense: | Grant Expenses | \$50,000.00 |
| Other Expense: | | |
| TOTAL EXPENSES: | | \$1,442,065.92 |
| PROGRAM EXCESS (DEFICIT): | | \$7,906.83 |



OLYMPIA-LACEY-TUMWATER VISITOR AND CONVENTION BUREAU OPERATION OF A TOURISM PROMOTION AGENCY

Scope of Work – 2023

Overview

The Olympia-Lacey-Tumwater Visitor & Convention Bureau (VCB) is a non-profit, 501(c)(6) economic development organization responsible for competitively marketing Tumwater, Olympia, Lacey, and all of Thurston County as a year-round destination to leisure travelers. The VCB is the official destination marketing organization (DMO) and sports commission for Olympia, Lacey, Tumwater, and Thurston County.

Scope of Work

The Olympia-Lacey-Tumwater Visitor & Convention Bureau, per RCW 67.28.1816(1) will provide all services customarily performed by a modern, professional, full-service destination marketing organization (DMO). The VCB's destination marketing programs and services will target visitors for Thurston County and shall include, but not be limited to:

- Advertising (print and digital)
- Public relations
- Direct marketing and fulfillment publications, including a visitor guide
- Group meetings, reunions, travel and trade sales

The VCB's sports marketing programs and services shall include, but not be limited to:

- Assemble bids/sponsorships for sporting events
- Connections to Thurston County community
- Facility and site selection support
- Hospitality service
- Hotels: secure rooms and rates
- Marketing and promotion
- Public relations

EXPERIENCEOLYMPIA.COM

T (360) 704-7544 PO Box 1394, Olympia, WA 98507 The Olympia-Lacey-Tumwater Visitor & Convention Bureau is the official destination marketing organization for Thurston County.

INVOICE CITY OF TUMWATER TOURISM/LODGING TAX PROGRAM FUNDING

| CONTACT PERSON:_Kelly Campbell | Employer Identification Number:_91-17 | 35847 | |
|---|--|---------------|--|
| AGENCY: Visitor & Convention Bureau of Thurston dba: Experience Olympia and Beyond | <u>n County</u> DATE: _5.22.23 | | |
| ADDRESS_P.O. Box 1394 | PHONE: _360-280-0830 | | |
| _Olympia, WA 98507 | EMAIL:kelly@experienced | olympia.com | |
| Proof of Payment Must Be Attached | | | |
| The agency identified above provided the following (see RCW 67.28.080). | services to the City of Tumwater to pror | note tourism | |
| Services Provided (Scope of Services/Exhibit A) | Date(s) Provided Co | st (Itemized) | |
| Green Rubino Inv#130684 | | 825.00 | |
| Green Rubino #130834 | 5.1.23 4 | 825.00 | |
| Faye Designs/Corrie Dornhecker #1.25 to 2.6.23 | 2.25.23 70 | 01.25 | |
| Datafy inv#3536 | 4.1.23 2 | 2569.74 | |
| Datfy inv#3654 | 5.1.23 | 2642.13 | |
| Rapt LLC #108 1/2 Tumwater's Rich Brewing Histor | y 3.3.23 10 | 0,000.00 | |
| Lynx Group #05434 VG printing | 5.4.23 | 0,736.88 | |

TOTAL AMOUNT REQUESTED: \$____36300.00

AFFIDAVIT OF VERIFICATION

I, the undersigned, do hereby certify under penalty of perjury that materials have been furnished, the services rendered or the labor performed as described herein (and as outlined in the Scope of Services attached as Exhibit A in the contract document), and that the claim is a just, due and unpaid obligation against the City of Tumwater, and that I am authorized to authenticate and certify said claim.

TITLE

<u>Please email this invoice to:</u> Hanna M. Miles Executive Department 555 Israel Road SW



Invoice

GreenRubino 1114 E Pike St, 3rd Floor Seattle, WA 98122-3916 EIN: 91-1500229

| Experience Olympia & Annette Pitts PO Box 1394 Olympia, WA 98507 Project AE | Beyond EXOLY15626 - Public Relations Services 2023 Sarah Chase | Invoice # Invoice Date Due Date Terms | INV-130684 4/1/2023 5/1/2023 Net 30 | \bigcirc |
|--|--|--|--|------------|
| Public Polotiona Amil | 0000 | | | |

Public Relations - April 2023

Expenses

\$4,675.00

Expense Detail

Description

| Database Management Services | | Amount |
|---|-------------------|------------|
| | | \$150.00 |
| | Expense Subtotal: | \$150.00 |
| | | \$150.00 |
| | Invoice Total | \$4,825.00 |
| ACH Information: Columbia State Bank | Amount Due | \$4,825.00 |

ACH Information: Columbia State Bank Routing: 125108272 Account: 7000518162



GreenRubino 1114 E Pike St, 3rd Floor Seattle, WA 98122-3916 EIN: 91-1500229

| Experience Olympi Annette Pitts PO Box 1394 Olympia, WA 9850 | | Invoice # Invoice Date Due Date Terms | INV-130834 5/1/2023 5/31/2023 Net 30 |
|---|---|--|---|
| Project AE | EXOLY15626 - Public Relations Services 2023 Sarah Morden | | |
| Public Relations - | May 2023 | ۸. | \$4,675.00 |
| Expenses | | | |
| Expense Detail | | | |
| Description | | | Amount |
| Database Manage | ement Services | | \$150.00 |
| | | Expense Subto | tal: \$150.00 |
| | | | \$150.00 |

ACH Information: Columbia State Bank Routing: 125108272 Account: 7000518162

Invoice

Invoice Total

Amount Due

\$4,825.00

\$4,825.00

Corrie Dornhecker • Faye Designs

1402 Thurston Ave. NE • Olympia, WA 98506 (360) 789-8408 • jamcor@comcast.net

INVOICE

| 01/25/2023: New logo download, copy Guide 6:00PM - 7:30PM 1.50 hours @ \$85/hour 8:15PM - 9:00PM 0.75 hours @ \$85/hour | to Word \$127.50 \$63.75 |
|---|--------------------------------|
| 01/26/2023: Sales Sheet Layout 6:00PM - 9:00PM 3.0 hours @ \$85/hour | \$255.00 |
| 02/01/2023: Sales Sheet Revisions 6:30AM - 7:45AM 1.25 hours @ \$85/hour 6:15PM - 7:00PM 0.75 hours @ \$85/hour | \$106.25 \$63.75 |
| 02/02/2023: Sales Sheet Revisions 7:00AM - 7:30PM 0.5 hours @ \$85/hour | \$42.50 |
| 02/06/2023: Pull various previous files, wetra | nsfer |

6:00PM - 6:30PM 0.5 hours @ \$85/hour \$42.50



2125/23

Total Due \$701.25

Taxes are included in total cost.

Datafy LLC

NEW ADDRESS 5974 Fashion Point Dr #200 South Ogden, UT 84403 US denee@datafyhq.com www.datafyhq.com



INVOICE

| BILL TO Annette Pitts Experience Olympia & Beyond PO Box 1394 Olympia, WA 98507 | INVOICE DATE TERMS DUE DATE | 3536 04/01/2023 Net 30 05/01/2023 | 4 |
|---|--------------------------------------|--|---|
|---|--------------------------------------|--|---|

| ACTIVITY | DESCRIPTION | | QTY | RATE | AMOUNT |
|-------------------------------------|------------------------------------|-------------|--|----------|------------|
| Monthly Data Analytics Dashboard | Platinum Dashboard 30% discount of | f\$3347 | 1 | 2,412.90 | 2,412.90T |
| Contract Aug 1, 2022 - Dec 31, 202 | 23 | SUBTOTAL | | | 2,412.90 |
| | | TAX | | | 156.84 |
| | | TOTAL | | | 2,569.74 |
| | | BALANCE DUE | na n | | \$2,569.74 |

Datafy LLC

NEW ADDRESS 5974 Fashion Point Dr #200 South Ogden, UT 84403 US denee@datafyhq.com www.datafyhq.com



INVOICE

| Annette PittsDATE05/08/2023Experience Olympia & BeyondTERMSNet 30PO Box 1394DUE DATE06/07/2023Olympia WA 98507DUE DATEDUE DATE | BILL TO | INVOICE | 3654 |
|--|-----------------------------|----------|------------|
| PO Box 1394 DUE DATE 06/07/2023 | Annette Pitts | DATE | 05/08/2023 |
| | Experience Olympia & Beyond | TERMS | Net 30 |
| | PO Box 1394 | DUE DATE | 06/07/2023 |
| Ciyinpia, WY 00001 | Olympia, WA 98507 | | |

| ACTIVITY | DESCRIPTION | QTY | RATE | AMOUNT |
|-------------------------------------|--|-----|---|------------|
| Monthly Data Analytics Dashboard | Platinum Dashboard 30% discount off \$3347 | 1 | 2,412.90 | 2,412.90T |
| Contract Aug 1, 2022 - Dec 31, 20 | 23 SUBTOTAL | | | 2,412.90 |
| | TAX | | | 229.23 |
| | TOTAL | | | 2,642.13 |
| | BALANCE DUE | | , and her nor we we we have her her her her her an and her her and he | \$2,642.13 |



RAPT LLC

205 Erie St SE Tumwater, WA 98501 US +1 9165480132 austin@raptvisuals.com



INVOICE

| BILL TO | INVOICE | 1083 |
|--|----------|----------------|
| Kelly Campbell | DATE | 03/02/2023 |
| Visitor & Convention Bureau of Thurston County Dba Experience Olympia & Beyond | TERMS | Due on receipt |
| 2424 Heritage Ct. SW, Suite 101 | DUE DATE | 03/02/2023 |
| Olympia, WA 98502 USA | | |

| DATE | SERVICE | DESCRIPTION | QTY | RATE | AMOUNT |
|------------|------------------|--|-----|-----------|-----------|
| 02/28/2023 | Video Production | Tumwater's Rich Brewing History Balance | 1 | 20,000.00 | 20,000.00 |
| | | PAYMENT | | | 20,000.00 |
| | | BALANCE DUE | | | \$0.00 |
| | | | | | PAID |

6 10,00022



QUALITY PRINTING

Invoice

Lynx Group, Inc 2746 Front Street NE

2746 Front Street NE Salem, OR 97301 T 503-588-9339 F 503-588-8376 Salesperson: House Account Manager: Karen Maloney

Page: 1 of 1

| Visitor & Convention Bureau of Thurston County PO Box 1394 Olympia WA 98507 United States | Invoice No. INV05434 Attention Kelly Campbell Terms Payment on Delivery Invoice Date 05/04/23 |
|---|--|
| | Due Date 05/04/23 |
| | Amount Due \$43,061.19 |
| | |

Invoice Summary

| 2023-2024 Visitor Gui | de w/ Map | | | |
|-------------------------|--------------------------|--------------------|----------|-------------|
| Quote No. Q04858v7 | Job No. J06856 | Purchase Order No. | Quantity | Amount |
| 2023-2024 Visitor Guid | le with Map | | 55000 | \$38,307.23 |
| Freight charge to Certi | fied Folder FedEx Freigl | nt | 1 | \$1,011.13 |
| | | | | |

Subtotal Tax **Total Price**

\$39,318.36 \$3,742.83 \$43,061.19

W, 736.88

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| | GreenRubino | | | | | 4/13/2023 | | |
| | Date Type 4/1/2023 Bill | Reference #130684 | | Original Amt. 4,825.00 | Balance Due 4,825.00 | Discount | Payment 4,825.00 | |
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| • | Date Typ 2/25/2023 Bill | | | Original Amt. 701.25 | Balance Due 701.25 | Discount | Payment 701.25 |
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| • | Experience Olympia & Beyond / Visitor & Co | nvention Bureau of Thurston County | 1196 |
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| | Datafy LLC Date Type Reference 4/1/2023 Bill #3536 | Original Amt, Balance Due 2,569.74 2,569.74 | 4/3/2023 Discount Payment 2,569.74 Check Amount 2,569.74 |

Heritage Checking

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| | Datafy Date 5/8/2023 | LLC Type Bill | Reference #3654 | | | Original Amt. 2,642.13 | Balance Due 2,642.13 | 5/15/2023 Discount Check Amount | Payment 2,642.13 2,642.13 |
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| | Rapt L Date | LC Type Bill | Reference #1083 bala | | | Original Amt. 20,000.00 | Balance Due | Discount | Payment 20,000.00 20,000.00 |

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| Experience Olympia & Bevond | Visitor & Convention Bureau of Thurston County |
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Lynx Group, Inc. Date Type Reference Original Amt. Balance Due Discount Payment 1/4/2023 Bill #05434 43,061.19 Check Amount 43,061.19 Check Amount 43,061.19

Heritage Checking

43,061.19

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City of Tumwater Lodging Tax Final Report Form

| Organization's Name: Visitor & Convention Bure | eau of thurston County dba Experience Olympia & Beyond |
|---|--|
| Submitted By: <u>Annette Pitts</u> | Date: <u>1/30/2023</u> |
| Email Address: <u>annette@experienceolympia.com</u> | Phone: <u>509-881-8587</u> |
| This R | eport Covers: |
| Activity Name: tourism marketing | |
| Activity Type: Special Event/Festival | Marketing/Tourism Facility Promotion Agency |
| Activity Start Date: <u>1/01/2022</u> | Activity End Date: <u>12/31/2022</u> |
| Total Activity Cost: <u>\$1,396,285.00</u> | |
| Total amount of Tumwater lodging tax funds r | requested: <u>\$60,000.00</u> |
| Total amount of Tumwater lodging tax funds e | expended: <u>\$38,400.00</u> |

Total amount of lodging tax funds expended from all jurisdictions: <u>\$253,400.00</u>

DEFINITIONS OF METHODOLOGY FOR QUESTIONS BELOW:

This methodology is defined by the Joint Legislative Audit and Review Committee and is used for reporting to the Legislature about the use of lodging tax for each jurisdiction.

- **Direct Count**: Actual count of visitors using methods such as paid admissions or registrations, clicker counts at entry points, vehicle counts or number of chairs filled. A direct count may also include information collected directly from businesses, such as hotels, restaurants or tour guides likely to be affected by an event.
- **Indirect Count**: Estimate based on information related to the number of visitors such as raffle tickets sold, redeemed discount certificates, brochures handed out, police requirements for crowd control or visual estimates.
- **Representative Survey**: Information collected directly from individual visitors / participants. A representative survey is a highly structured data collection tool, based on a defined random sample of participants, and the results can be reliably projected to the entire population attending an event and includes margin of error and confidence level.
- **Informal Survey**: Information collected directly from individual visitors or participants in a non-random manner that is not representative of all visitors or participants. Informal survey results cannot be projected to the entire visitor population and provide a limited indicator of attendance because not all participants had an equal chance of being included in the survey.
- **Structured Estimate**: Estimate produced by computing known information related to the event or location. For example, one jurisdiction estimated attendance by dividing the square footage of the event area by the international building code allowance for persons (3 sq. ft.).
- **Other**: (please describe)

| | Enter the total number of people predicted to | _ | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| Overall Attendance | attend this activity (this number would have been submitted on your application for funds); the actual | PREDICTED: | 33,367 | | | | | | |
| | number of people who attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 28,203 | | | | | | |
| | METHODOLOGY (definitions provided above): Struct | | | | | | | | |
| | EXPLAIN TRACKING METHOD: We use geolog sample of actual visitation to the area. We cla | · • • · | - | | | | | | |
| | Enter the total number of people who travelled greater than 50 miles predicted to attend this activity (this number would have been submitted on your | PREDICTED: | 31,302 | | | | | | |
| 50+ MILES - | application for funds); the actual number of people who travelled more than 50 miles to attend this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 20,286 | | | | | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Struct | ured Estimate | | | | | | | |
| | EXPLAIN TRACKING METHOD: We use geolog sample of actual visitation to the area from 5 attribution rate for our work. | | _ | | | | | | |
| | Enter the total number of people from outside the state and country predicted to attend this activity (this number would have been submitted on your | PREDICTED: | 5,339 | | | | | | |
| Out of State / Country - | application for funds); the actual number of people from outside the state and country who attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 12,756 | | | | | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Structured Estimate | | | | | | | | |
| | EXPLAIN TRACKING METHOD: We use geoloo sample of actual visitation from out of state t rate for our work. | | | | | | | | |
| | rate for our worm. | | | | | | | | |
| | Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity | PREDICTED: | 5,138 | | | | | | |
| Paid for Overnight | Enter the total number of people predicted to pay for | PREDICTED: ACTUAL (ESTIMATED): | 5,138 | | | | | | |
| OVERNIGHT LODGING - | Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted on your application for funds); the actual number of people who paid for overnight lodging and attended this | PREDICTED: ACTUAL (ESTIMATED): | | | | | | | |
| OVERNIGHT | Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted on your application for funds); the actual number of people who paid for overnight lodging and attended this activity; and the method used to determine attendance | PREDICTED: ACTUAL (ESTIMATED): ured Estimate cation data (Datafy) t | 1,074 hat captures a | | | | | | |
| OVERNIGHT LODGING - | Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted on your application for funds); the actual number of people who paid for overnight lodging and attended this activity; and the method used to determine attendance METHODOLOGY (definitions provided above): Structur EXPLAIN TRACKING METHOD: We use geolog sample of actual visitation from out of state to rate for our work. Enter the total number of people predicted to attend this event without paying for overnight lodging in | PREDICTED: ACTUAL (ESTIMATED): ured Estimate cation data (Datafy) to to the area. We claim PREDICTED: | 1,074 hat captures a | | | | | | |
| OVERNIGHT LODGING - | Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted on your application for funds); the actual number of people who paid for overnight lodging and attended this activity; and the method used to determine attendance METHODOLOGY (definitions provided above): Structu EXPLAIN TRACKING METHOD: We use geolog sample of actual visitation from out of state to rate for our work. Enter the total number of people predicted to attend | PREDICTED: ACTUAL (ESTIMATED): ured Estimate cation data (Datafy) to to the area. We claim PREDICTED: ACTUAL (ESTIMATED): | 1,074 hat captures a 5% attribution | | | | | | |
| Overnight Lodging - Attendance Did Not Pay | Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted on your application for funds); the actual number of people who paid for overnight lodging and attended this activity; and the method used to determine attendance METHODOLOGY (definitions provided above): Structu EXPLAIN TRACKING METHOD: We use geolog sample of actual visitation from out of state to rate for our work. Enter the total number of people predicted to attend this event without paying for overnight lodging in Tumwater (you would have submitted this number on your application for funds); the actual number of people who attended without paying for overnight | PREDICTED: ACTUAL (ESTIMATED): ured Estimate cation data (Datafy) t to the area. We claim PREDICTED: ACTUAL (ESTIMATED): | 1,074 hat captures a 5% attribution 11,281 | | | | | | |
| OVERNIGHT LODGING - ATTENDANCE DID NOT PAY FOR OVERNIGHT | Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted on your application for funds); the actual number of people who paid for overnight lodging and attended this activity; and the method used to determine attendance METHODOLOGY (definitions provided above): Structu EXPLAIN TRACKING METHOD: We use geoloo sample of actual visitation from out of state to rate for our work. Enter the total number of people predicted to attend this event without paying for overnight lodging in Tumwater (you would have submitted this number on your application for funds); the actual number of people who attended without paying for overnight lodging; and the method used to determine attendance | PREDICTED: ACTUAL (ESTIMATED): ured Estimate cation data (Datafy) t to the area. We claim PREDICTED: ACTUAL (ESTIMATED): ured Estimate cation data (Datafy) t aim 5% attribution ra | 1,074 hat captures a 5% attribution 11,281 16,581 hat captures a ite for our work. | | | | | | |
| OVERNIGHT LODGING - ATTENDANCE DID NOT PAY FOR OVERNIGHT LODGING - ATTENDANCE | Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted on your application for funds); the actual number of people who paid for overnight lodging and attended this activity; and the method used to determine attendance METHODOLOGY (definitions provided above): Structur EXPLAIN TRACKING METHOD: We use geoloo sample of actual visitation from out of state to rate for our work. Enter the total number of people predicted to attend this event without paying for overnight lodging in Tumwater (you would have submitted this number on your application for funds); the actual number of people who attended without paying for overnight lodging; and the method used to determine attendance METHODOLOGY (definitions provided above): Structur EXPLAIN TRACKING METHOD: We use geoloo sample of actual visitation to the area. We cla We subtract the number of day visitors and to properties. Enter total predicted lodging nights in Tumwater (this number would have been submitted on your | PREDICTED: ACTUAL (ESTIMATED): ured Estimate cation data (Datafy) to to the area. We claim PREDICTED: ACTUAL (ESTIMATED): ured Estimate cation data (Datafy) to aim 5% attribution rational chose found in Tumwa | 1,074 hat captures a 5% attribution 11,281 16,581 hat captures a ite for our work. | | | | | | |
| OVERNIGHT LODGING - ATTENDANCE DID NOT PAY FOR OVERNIGHT LODGING - | Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted on your application for funds); the actual number of people who paid for overnight lodging and attended this activity; and the method used to determine attendance METHODOLOGY (definitions provided above): Structur EXPLAIN TRACKING METHOD: We use geoloo sample of actual visitation from out of state to rate for our work. Enter the total number of people predicted to attend this event without paying for overnight lodging in Tumwater (you would have submitted this number on your application for funds); the actual number of people who attended without paying for overnight lodging; and the method used to determine attendance METHODOLOGY (definitions provided above): Structur EXPLAIN TRACKING METHOD: We use geoloo sample of actual visitation to the area. We cla We subtract the number of day visitors and t properties. Enter total predicted lodging nights in Tumwater | PREDICTED: ACTUAL (ESTIMATED): ured Estimate cation data (Datafy) to to the area. We claim PREDICTED: ACTUAL (ESTIMATED): ured Estimate cation data (Datafy) to aim 5% attribution rate hose found in Tumwa | 1,074 hat captures a 5% attribution 11,281 16,581 hat captures a ite for our work. ater lodging | | | | | | |

| EXPLAIN TRACKING METHOD: We use geolocation data (Datafy) that captures a sample of actual visitation to the area in terms of room nights. We claim 5% attribution rate for our work. |
|---|
| |

Please describe any other information that demonstrates the impact of increased tourism attributable to the special event, festival, or tourism-related facility.

While we may not be seeing overarching increases in all areas we track, we have heard from many of the festivals, events and activities that we help promote, that our work helped boost their attendance from out of area. We also saw huge increases in measurable intent to travel: website visitation increased by 68.39% over 2021 and up over 15.21% over 2019.

TUMWATER SPECIFIC QUESTIONS:

Did you experience a higher number of tourists this year? If not, what do you think was a contributing factor?

This year we brought a new industry-leading geofencing tool in-house to help us more accurately estimate visitation, so because we are comparing numbers from two differing methods, we are unclear of the volume difference from the previous year. That said, be believe that overall lodging visitation is still below pre-COVID numbers (with some variation among lodging properties). The tourism industry is still struggling to rebound, continuing to experience lingering effects of COVID, impacts from consumer concerns over recessionary predictions, and a year of escalating fuel costs. Our visitation figures were, however, trending in the right direction, and we are adjusting our sales and marketing efforts each month to respond to changing conditions within the hospitality and tourism industry.

Did you complete all of the items on your Scope of Services consistent with your application submitted to the Lodging Tax Advisory Committee? If not, which items do you still need to complete? Do you plan on completing those items with your own resources? If so, when?

Yes.

What expenses did you pay using Tumwater Lodging Tax funds?

Photogrpahy, website, CRM, advertising and marketing.

Do you plan to do anything differently next year to expand your event, increase tourism to Tumwater, or increase visitors to your facility?

We intend to roll out a robust combined campaign to grow meeting, event and sports bookings as well as cross-channeling marketing to increase visitation in 2023.

| VIS5847 | | | |
|---------|--|--|--|
| | | | |

| For calendar yea | r 2021, or tax year beginning | , ar | nd ending | |
|--|--|--|---|---------------------------------|
| | 5 AND CONVENTIO STON COUNTY | ON BUREAU | 91-173584 | 7 |
| Net Asset / Fund Balance at Begi | nning of Year | | _ | 852,037 |
| Revenue | | | | |
| Contributions | | 217,936 | | |
| Program service revenue | 1, | 037,249 | | |
| Investment income | | 2,591 | | |
| Capital gain / loss | | | | |
| Fundraising / Gaming: | | | | |
| Gross revenue | | | | |
| Direct expenses Net income | | | | |
| Other income | | 0 | | |
| Total revenue | | | ,257,776 | |
| Expenses | | | <u> </u> | |
| Program services | | | | |
| Management and general | | | | |
| Fundraising | | | | |
| Total expenses | | 1 | ,020,438 | |
| Excess / (deficit) | | | _ | 237,338 |
| Changes | | | - | -249 |
| - | Balance at End of Year | | = | -249 1,089,126 |
| - | | | – = Reconciliation of E | 1,089,126 |
| Net Asset / Fund I Reconciliation of | Revenue | Total expenses | Reconciliation of E per financial statemen | 1,089,126 |
| Net Asset / Fund I Reconciliation of otal revenue per financial statement ess: | Revenue | Less: | per financial statemen | 1,089,126 |
| Net Asset / Fund I Reconciliation of otal revenue per financial statement ess: Unrealized gains | Revenue | Less: Donated se | per financial statemen ervices | 1,089,126 |
| Net Asset / Fund B Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services | Revenue | Less: Donated se Prior year a | per financial statemen ervices | 1,089,126 |
| Net Asset / Fund I Reconciliation of Total revenue per financial statement ess: Unrealized gains Donated services Recoveries | Revenue | Less: Donated se Prior year a Losses | per financial statemen ervices | 1,089,126 |
| Net Asset / Fund I Reconciliation of Total revenue per financial statement ess: Unrealized gains Donated services Recoveries Other | Revenue | Less: Donated se Prior year a | per financial statemen ervices | 1,089,126 |
| Net Asset / Fund I Reconciliation of Total revenue per financial statement less: Unrealized gains Donated services Recoveries Other | Revenue | Less: Donated se Prior year a Losses Other | per financial statemen ervices adjustments | 1,089,126 |
| Net Asset / Fund I Reconciliation of Total revenue per financial statement ess: Unrealized gains Donated services Recoveries Other Plus: | Revenue s | Less: Donated se Prior year a Losses Other Plus: | per financial statemen ervices adjustments | 1,089,126 |
| Net Asset / Fund I Reconciliation of Total revenue per financial statement Less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses | Revenue | Less: Donated se Prior year a Losses Other Plus: Investment Other | per financial statemen ervices adjustments | 1,089,126 |
| Net Asset / Fund B Reconciliation of Total revenue per financial statement Less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other | Revenue s | Less: Donated se Prior year a Losses Other Plus: Investment Other | per financial statemen ervices adjustments expenses | 1,089,126 |
| Net Asset / Fund B Reconciliation of Total revenue per financial statement ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other | Revenue s | Less: Donated se Prior year a Losses Other Plus: Investment Other Total e Balance Sheet | per financial statemen ervices adjustments expenses xpenses per return | 1,089,126 |
| Net Asset / Fund R Reconciliation of Total revenue per financial statement ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return | Revenue s | Less: Donated se Prior year a Losses Other Plus: Investment Other Total e Balance Sheet Ending | per financial statemen ervices adjustments expenses | 1,089,126 |
| Net Asset / Fund R Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other Nus: Investment expenses Other Total revenue per return | Revenue s s | Less: Donated se Prior year a Losses Other Plus: Investment Other Total e Balance Sheet Ending 1,119,237 | per financial statemen ervices adjustments expenses xpenses per return | 1,089,126 |
| Net Asset / Fund B Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities | Revenue s | Less: Donated se Prior year a Losses Other Plus: Investment Other Total e Balance Sheet Ending 1,119,237 30,111 | per financial statemen ervices adjustments expenses xpenses per return Differences | 1,089,126 Expenses ts |
| Net Asset / Fund R Reconciliation of Total revenue per financial statement tess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return | Revenue s s | Less: Donated se Prior year a Losses Other Plus: Investment Other Total e Balance Sheet Ending 1,119,237 | per financial statemen ervices adjustments expenses xpenses per return | 1,089,126 Expenses ts |
| Net Asset / Fund B Reconciliation of Total revenue per financial statement ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities | Revenue s | Less: Donated se Prior year a Losses Other Plus: Investment Other Total e Balance Sheet Ending 1,119,237 30,111 1,089,126 | per financial statemen ervices adjustments expenses xpenses per return Differences | 1,089,126 Expenses ts |
| Net Asset / Fund B Reconciliation of Total revenue per financial statement ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities | Revenue s | Less: Donated se Prior year a Losses Other Plus: Investment Other Total e Balance Sheet Ending 1,119,237 30,111 1,089,126 | per financial statemen ervices adjustments expenses xpenses per return Differences | 1,089,126 Expenses ts |
| Net Asset / Fund B Reconciliation of Total revenue per financial statement Less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities | Revenue s s light 1,257,776 Beginning 868,952 16,915 852,037 Miscellaneous | Less: Donated se Prior year a Losses Other Plus: Investment Other Total e Balance Sheet Ending 1,119,237 30,111 1,089,126 | per financial statemen ervices adjustments expenses xpenses per return Differences | 1,089,126 Expenses ts |

DNM & ASSOCIATES, P.S. PO BOX 1156 SHELTON, WA 98584 360-426-5667

November 11, 2022

CONFIDENTIAL

Visitors and Convention Bureau of Thurston County P.O. Box 1394 Olympia, WA 98507

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

DNM & ASSOCIATES, P.S.

Filing Instructions

Visitors and Convention Bureau of Thurston County

Exempt Organization / Private Foundation Tax Return(s)

Taxable Year Ended December 31, 2021

Federal Filing Instructions

Your Form 990 for the year ended 12/31/21 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

DNM & ASSOCIATES, P.S. PO BOX 1156 SHELTON, WA 98584

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

| VIS5847 |
|---------|
|---------|

| Form 8879-TE | IRS <i>e-file</i> Signature Authorization for a Tax Exempt Entity | | OMB No. 1545-0047 |
|---|---|---|---|
| Department of the Treasury | For calendar year 2021, or fiscal year beginning | , 20 | 2021 |
| Internal Revenue Service Name of filer | VISITORS AND CONVENTION BUREAU | EIN or SSN | |
| | OF THURSTON COUNTY | 91-17358 | 47 |
| Name and title of officer or person sub | ject to tax CHRISTINA DANIELS | | |
| | TREASURER | | |
| | Return and Return Information | | |
| | for which you are using this Form 8879-TE and enter the applicable amount, if any, from | | |
| | y enter dollars and cents. For all other forms, enter whole dollars only. If you check the b low, and the amount on that line for the return being filed with this form was blank, then I | | |
| | hichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then | | ы, т ы, |
| | t complete more than one line in Part I. | | |
| 1a Form 990 check here | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 1,257,776 |
| 2a Form 990-EZ check he | ere b Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a Form 1120-POL check | | 3b | |
| 4a Form 990-PF check he | | | |
| 5a Form 8868 check here | b Balance due (Form 8868, line 3c) | | |
| 6a Form 990-T check here | | | |
| 7a Form 4720 check here | | | |
| 8aForm5227check here9aForm5330check here | | | |
| 10a Form 8038-CP check here | | | |
| | on and Signature Authorization of Officer or Person Subject to Tax | | |
| complete. I further declare the intermediate service provider acknowledgement of receipt the date of any refund. If ap (direct debit) entry to the final return, and the financial instit 1-888-353-4537 no later that processing of the electronic the payment. I have selected electronic funds withdrawal. PIN: check one box only I authorize DNM I authorize DNM As an officer or person filed return. If I have of the IRS Fed/State Signature of officer or person subject | companying schedules and statements, and, to the best of my knowledge and belief, th at the amount in Part I above is the amount shown on the copy of the electronic return. If , transmitter, or electronic return originator (ERO) to send the return to the IRS and to re or reason for rejection of the transmission, (b) the reason for any delay in processing the policable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an el- ancial institution account indicated in the tax preparation software for payment of the fede- tution to debit the entry to this account. To revoke a payment, I must contact the U.S. Tr a 2 business days prior to the payment (settlement) date. I also authorize the financial in payment of taxes to receive confidential information necessary to answer inquiries and re d a personal identification number (PIN) as my signature for the electronic return and, if a ERO firm name to enter my PIN g charities as part of the IRS Fed/State program, I also authorize the aforementioned EF onsent screen. on subject to tax with respect to the entity, I will enter my PIN as my signature on the tax indicated within this return that a copy of the return is being filed with a state agency(ies program, I will enter my PIN on the return's disclosure consent screen. | I consent to allow n eceive from the IRS e return or refund, a lectronic funds with eral taxes owed on reasury Financial Ag istitutions involved i esolve issues relate applicable, the cons 29990 as n Enter five numbers, but to not enter all zeros a being filed with a s RO to enter my PIN a year 2021 electron | t, and ny (a) an and (c) drawal this gent at n the ed to sent to my signature ut state I on the nically |
| ERO's EFIN/PIN. Enter you | r six-digit electronic filing identification | | |
| number (EFIN) followed by | vour five-digit self-selected PIN. 9142449 | | |
| • | Do not enter pric entry is my PIN, which is my signature on the 2021 electronically filed return indicated accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for rns. | d above. I confirm t | |
| ERO's signature | IEL MORTENSEN, CPA | 11/11/22 | |
| | ERO Must Retain This Form — See Instructions | | |
| | Do Not Submit This Form to the IRS Unless Requested To Do | o So | |

99 Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2021 **Open to Public**

| Depa Interr | rtment of the Treasu | iry | | | | - | / numbers on this f 990 for instructions | | • • | | | 0 | Inspection |
|--------------------------------|---|---|----------------|-------------------|------------------|----------------|---|-----------------|---------------------|-----------------|--------------------|---------------|--|
| - | For the 2021 c | | /ear, or ta | | | i eige in enni | , and ending | <u>unu no n</u> | | | | | |
| | Check if applicable: | | f organizatior | | | AND CON | VENTION BUR | EAU | | | D Employe | er identifica | tion number |
| \square | Address change | | | OF | THURST | ON COUN | TY | | | | | | |
| H. | Name change | Doing bu | usiness as | | | | | | | | 91-1 | 7358 | 47 |
| Η | Ŭ | Number and street (or P.O. box if mail is not delivered to street address) Room/suite E | | | | | | | | E Telephon | | | |
| | Initial return | | | | | | | | | | 360- | 704- | /544 |
| | Final return/ terminated | | | province, cou | ntry, and ZIP or | • • | | | | | | | |
| \square | Amended return | OLYM | | of principal offi | | WA 9850 | 57 | | | | G Gross red | ceipts \$ | 1,257,776 |
| H | Application pending | | | | cer: | | | | H(a) Is th | his a grou | p return for s | subordinates | ? Yes X No |
| Ľ | Application penuling | | LY GI | | | | | | | | - | | Yes No |
| | | | BOX 1 | 1394 | | | 00505 | | H(b) Are | | ordinates inc | | |
| | | | MPIA | 37 | | | 98507 | | | II INO, a | attach a list. | . See instruc | cuons |
| | Tax-exempt status: | | | X 501(c) | | (insert no.) | 4947(a)(1) or | 527 | | | | | |
| - | | | | | LYMPIA. | | | | | | ption numbe | | 1.73 |
| | Form of organization: | | | Trust | Association | Other 🕨 | | | L Year of formation | ion: LS | 990 | M State | of legal domicile: WA |
| _ P | | immary | | | | | | | | | | | |
| | | | - | | sion or most | - | | | | · · · · · · · · | | | <u></u> |
| e | • | | | | | | BY DEVELOP | NG MEZ | ANINGFUL | EXPE | RIENC | ES AN | D |
| าลท | PROM | OTING | TRAVE | L TO V | IBRANT | THURSTO | N COUNTY. | | | | | | |
| /erı | | | <u></u> | | | | | | | | | | |
| Governance | | | | - | | | tions or disposed o | of more that | an 25% of its n | et asse | ets. | | |
| øð | | | | | erning body (| | | | | | | 17 | |
| ies | 4 Number of | of indeper | ndent voti | ng membe | rs of the gov | erning body | (Part VI, line 1b) | | | | . 4 | 17 | |
| Activities | 5 Total nun | nber of in | dividuals | employed | n calendar y | ear 2021 (P | art V, line 2a) | | | | . 5 | 5 | |
| Act | 6 Total nun | | | | | | | | | | . 6 | 0 | |
| | | | | | | | ne 12 | | | | | | 0 |
| | b Net unrel | ated busi | ness taxa | ble income | from Form | 990-T, Part | I, line 11 | <u></u> | | | | | 0 |
| | 0 Constributi | | evente (D | t. \ / | | | | | | rior Year | ,175 | (| Current Year 217,936 |
| an | | ions and | grants (Pa | art VIII, IIne | • 1n) • 0a) | | | | | | ,767 | - | 1,037,249 |
| Revenue | 9 Program | service re | evenue (P | art viii, lin | e 2g) | | | | | | ,160 | - | |
| Re | 10 Investme | nt income | | I, column (| A), lines 3, 4 | , and 7d) | | | | | ,100 | | 2,591 |
| | | | | | | | nd 11e) | | | 140 | ,102 | - | 1 257 776 |
| | | | | | | | olumn (A), line 12) | | | , 140 | ,102 | - | 1,257,776 11,217 |
| | 13 Grants ar | | | • | |) line () | · · · · · · · · · · · · · · · · · · · | | | | | | <u> </u> |
| | 14 Benefits p | | | | | | mn (A), lines 5–10 | | | 357 | ,743 | | 345,740 |
| ses | | | | | | | min (A), lines $5-10$ |) | | 557 | ,/=5 | | 0 <u>1111111111111111111111111111111111111</u> |
| _ | 16a Professio | | - | | | | | • | | | | | 0 |
| Expei | | - | | | olumn (D), lin | | | | | 100 | ,478 | | 663,481 |
| _ | 17 Other exp | | | | | | | | | | ,221 | - | |
| | | | | | | | A), line 25) | | | | ,881 | - | 1,020,438 237,338 |
| L SS | 19 Revenue | iess expe | enses. Su | Diract line | to from line | 12 | | | Beginning | | | | End of Year |
| ets c | 20 Total ass | ets (Part | X. line 16 |) | | | | | | | ,952 | | 1,119,237 |
| Asse Bal | 21 Total liab | ilities (Par | rt X. line : | 201 | | | | | | | ,915 | | 30,111 |
| Net Assets or Fund Balances | 22 Net asset | | | | | | | | | | ,037 | - | 1,089,126 |
| | | gnature | | | | | | <u></u> | •• 1 | | , | - | _,,0 |
| | | | | L have ever | nined this retu | m including a | accompanying sched | lles and sta | tements and to | the her | at of my kr | nowledge | and belief it is |
| 10 | | | | | | | accompanying sched | | | | SCOLINY KI | owieuge | 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 | | Signatur | | | DANT | | | | | | | Date | | | |
|------------|---------|-----------|------------|------------|-----------|-------------|------------|---------------------------|-----------|------|--------|--------------|---------|--------|-----------|
| Here | | | | TINA | DANI | ELS | | | TREASURER | | | | | | |
| | Print/T | ype prepa | arer's nar | ne | | | Preparer's | Preparer's signature Date | | | | Check | if PTIN | | |
| Paid | DANI | EL MOF | RTENSE | EN, CPA | | | DANIEL | MORTENSEN, CPA | | 11/1 | 1/22 | self-employe | d P(| 016311 | 56 |
| Preparer | Firm's | name | • | DNM | & AS | SOCIA | TES, | P.S. | | | Firm's | EIN 🕨 | 84- | 3297 | 029 |
| Use Only | | | | PO E | 30X 1 | 156 | | | | | | | | | |
| | Firm's | address | ► | SHEL | TON, | WA | 98584 | | | | Phone | no. 3 | 60-4 | 426- | 5667 |
| May the IR | S disc | cuss this | s returr | with the | preparer | shown ab | ove? See i | instructions | | | | | 2 | X Yes | No |
| For Paperw | ork Re | eduction | Act N | otice. see | the separ | ate instruc | ctions. | | | | | | | Form 9 | 90 (2021) |

| | VISITORS AND CON | | 91-1735847 | | Page |
|---|--|--|------------------------------|-------------------------------------|------------|
| | Statement of Program Serv Check if Schedule O contains | | line in this Part III | | x |
| 1 Briefly des WE STR | scribe the organization's mission: ENGTHEN THE REGION ING TRAVEL TO VIBH | I'S ECONOMY BY DE | VELOPING MEAN] | | IENCES ANI |
| • | | | which were not listed on the | | |
| prior Form | rganization undertake any significant n 990 or 990-EZ? describe these new services on Sche | · - · · | | | Yes X No |
| 3 Did the or services? | rganization cease conducting, or mal | ke significant changes in how it con | | | Yes X No |
| 4 Describe t expenses. | describe these changes on Schedule the organization's program service a . Section 501(c)(3) and 501(c)(4) org expenses, and revenue, if any, for ea | ccomplishments for each of its thre anizations are required to report th | | | |
| 4a (Code: PRODUC |) (Expenses \$ E AND DISTRIBUTE V | including grants of VISITORS AND CONV | |) (Revenue \$ PUBLICATION | s. |
| • | | | | | |
| • | | | | | |
| · | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| • | | | | | |
| 4b (Code: ADVERT AND TH |)(Expenses \$ ISE THE REGION IN ROUGH DIRECT SELL | | TRY PUBLICATIO | | ST MEDIA, |
| • • | | | | | |
| * • • • • • • • • • • • |) (Expenses \$ N ANNUAL MEETING] | · · <u>· · · · · · · · · · · · · · · ·</u> · | |) (Revenue \$ PERS OF TREN | DS AND |
| ACTIVI | TY IN THE TOURISM | MARKET. | | | |
| • | | | | | |
| • | | | | | |
| • • | | | | | |
| • | gram services (Describe on Schedul | , | | | |
| (Expenses | s \$ incl gram service expenses ► | uding grants of \$ |) (Revenue \$ | |) |

Form 990 (2021) VISITORS AND CONVENTION BUREAU 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 | 1 | | х |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 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 | 3 | | Х |
| 4 | Section 501(c)(3) organizations. 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 | 4 | | |
| 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 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 | 6 | | Х |
| 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 | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | Х |
| 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 | 9 | | 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 | 10 | | 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | х | |
| 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 | 11b | | X |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | | | v |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 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 | | | 77 |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | v |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 120 | | x |
| h | Schedule D, Parts XI and XII | 12a | | |
| b | | 106 | | x |
| 13 | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b 13 | | X |
| 13 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | 140 | | |
| | 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 | 14b | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 140 | | |
| 10 | | 15 | | x |
| 16 | bid 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 | 16 | | 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 | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | <u> </u> | | <u> </u> |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | <u> </u> |
| - | If "Yes," complete Schedule G, Part III | 19 | | x |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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 12 If "Ves." complete Schedule I Parts Land II | 21 | x | 1 |

| | | | | | | Yes | No |
|-------------|---|---------|----------|------------|------------|---------|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual | als on | | | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | | | 22 | | 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 compensat | ed | | | | | 37 |
| • • | employees? If "Yes," complete Schedule J | | | | 23 | | 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 lin | ies 24 | b | | | | v |
| | through 24d and complete Schedule K. If "No," go to line 25a | | | | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | | | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the | year | | | 240 | | |
| d | to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | | | 24c 24d | | |
| d 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess | | ofit | | 24u | | |
| 2 Ja | transaction with a discussified non-an during the year? If (Vea " according to Calculate Dart I | | | | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in | | | | 200 | | |
| ~ | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9 | | | | | | |
| | f "Vaa" complete Schedule L. Dort L | | | | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any | curre | ent | | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | 00.10 | | | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | | | | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, truste | ee, ke | у | | | | |
| | 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 the | | | | | | |
| | persons? If "Yes," complete Schedule L, Part III | | | | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Sche | dule L | _, | | | | |
| | Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contribut | or? If | | | | | |
| | "Yes," complete Schedule L, Part IV | | | | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | | | | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? | lf | | | | | |
| | "Yes," complete Schedule L, Part IV | | | | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu | | | | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | ed | | | | | 37 |
| • • | conservation contributions? If "Yes," complete Schedule M | | | | 30 | | X X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedu | ile N, | Pai | <i>t I</i> | 31 | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | | 1 20 | | x |
| 22 | complete Schedule N, Part II | | | | 32 | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Reg | ulation | าร | | 1 22 | | x |
| 34 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | | | 33 | | |
| 54 | an N/ and Part // line 4 | | | | 34 | | x |
| 35a | Did the experimetion being a controlled active within the maximum of continue $542(h)(42)2$ | | | | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | | 000 | | <u> </u> |
| ~ | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line | | | | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitab | | | | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | | | | 36 | | |
| 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, H | | | | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines | | | | | | |
| | 19? Note: All Form 990 filers are required to complete Schedule O. | | | | 38 | x | |
| Pa | Int 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 | | | <u></u> | | <u></u> | |
| | | | | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | | 13 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | (|) | _ | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | | | | |
| | reportable gaming (gambling) winnings to prize winners? | <u></u> | <u></u> | <u></u> | 1c | | |

VIS5847

| Form | 990 (2021) VISITORS AND CONVENTION BUREAU 91-1735 | 847 | | | Р | age 5 |
|----------|--|-----------|------------------|-----|---|----------|
| _ | rt V Statements Regarding Other IRS Filings and Tax Compliance (contin | | | | | 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 retur | ms? | | 2b | х | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | | | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financia | l accou | int)? | 4a | | х |
| 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 | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact | tion? | | 5b | | X |
| С | 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 contribution | ons or | | | | |
| | gifts were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g | 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 | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | IS | | | | |
| | required to file Form 8282? | | | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c | ontract | ? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | tion file | e a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine | d by th | e | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | | | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \ldots | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | 4 | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | - | | |
| 11 | Section 501(c)(12) organizations. 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 | | | | | |
| 40 | against amounts due or received from them.) | 11b | . | 1.0 | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | , | 12a | | |
| b | | 12b | | - | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | 42- | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| h | 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 | 406 | | | | |
| - | the organization is licensed to issue qualified health plans | 13b | | - | | |
| C 145 | Enter the amount of reserves on hand | 13c | | 14a | | x |
| 14a b | Did the organization receive any payments for indoor tanning services during the tax year? | Ia 0 | | 14a | | <u>^</u> |
| b 15 | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune | | | 15 | | x |
| | excess parachute payment(s) during the year? | | | 15 | | Λ |
| 16 | If "Yes," see instructions and file Form 4720, Schedule N. | incorr | ~? | 16 | | x |
| 10 | Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O. | . incom | כי | 10 | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in | | | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | |
| | If "Yes " complete Form 6069 | | | | | |

Form 990 (2021) VISITORS AND CONVENTION BUREAU

91-1735847

Page 6

| Pa | rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below | ow, and fo | ora" | No" | |
|------------|---|---------------------|------------|--------|-----------------|
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedu | | | ructic | ons. |
| | Check if Schedule O contains a response or note to any line in this Part VI | <u></u> | | | X |
| Sec | tion A. Governing Body and Management | | | | |
| | | - | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 1 | .7 | | | |
| | 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. | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 1 | .7 | | | |
| 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? | L | 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? | L | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | L | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | 5 | | Х |
| 6 | Did the organization have members or stockholders? | L | 6 | | X |
| 7a | 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? | L | 7a | | 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? | L | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the for | ollowing: | | | |
| а | The governing body? | L | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | Х | |
| 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 | | Х |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal Reve | enue Cod | le.) | | |
| | | - | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | 10a | | 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? | | 10b | | <u> </u> |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | 11a | х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | · · · · · · · · · · | 12a | Х | <u> </u> |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflic | ;ts? - | 12b | Х | <u> </u> |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | | |
| | describe on Schedule O how this was done | | <u>12c</u> | х | L |
| 13 | Did the organization have a written whistleblower policy? | | 13 | | <u>X</u> |
| 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 | ····· ⊢ | 15a | X | <u> </u> |
| b | Other officers or key employees of the organization | ····· - | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | 40 | | v |
| | with a taxable entity during the year? | | <u>16a</u> | | 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 | | 4.01 | | |
| <u></u> | organization's exempt status with respect to such arrangements? | | 16b | | |
| - | tion C. Disclosure | | | | |
| 17 10 | 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(| 6) | | | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | | |
| 40 | Own website Another's website X Upon request X Other (explain on Schedule O) | and | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, financial statements available to the public during the tax year. | ailu | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | |
| | ELLY CAMPBELL 809 LEGION WAY SE, SUITE 309 | | | | |
| | LINE WA 98501 | 360- | 704 | 1-7 | 544 |
| DAA | | | | | 0 (2021) |

Form 990 (2021)

DAA

Form 990 (2021) VISITORS AND CONVENTION BUREAU

| 91- | ·17 | '35 | 847 | |
|-----|-----|-----|-----|--|
|-----|-----|-----|-----|--|

| 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 |
| 1a 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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. |

| | | Í | | (0 | | | - | | | |
|-----------------------|-----------------------|---------------------------|---------------|---------|--------------|------------------------------|--------|--------------------------|------------------------------|---|
| (A) Name and title | (B) Average | | | | more | than on | | (D) Reportable | (E) Reportable | (F) Estimated amount |
| | hours per week | | | | | is both a pr/trustee | | compensation from the | compensation from related | of other compensation |
| | (list any | or u | Inst | Officer | Key | em | For | organization (W-2/ | organizations (W-2/ | from the |
| | hours for related | Individual or director | Institutional | cer | Key employee | hest | Former | 1099-MISC/ 1099-NEC) | 1099-MISC/ 1099-NEC) | organization and related organizations |
| | organizations | for tr | | | ploye | eom | | 1000 1120) | 1000 1120) | 0 |
| | below dotted line) | rrustee or | trustee | | ð | Highest compensated employee | | | | |
| (1) ANNETTE PITTS | | | | | | | | | | |
| | 40.00 | | | | | | | | | |
| CEO | 0.00 | | | Х | | | | 56,859 | 0 | 0 |
| (2) PATTY BELMONTE | | | | | | | | | | |
| | 1.00 | | | | | | | | _ | _ |
| SECRETARY | 0.00 | X | | x | | | | 0 | 0 | 0 |
| (3) CHRISTINA DANIE | | | | | | | | | | |
| | 1.00 | | | | | | | | - | |
| TREASURER | 0.00 | x | | x | | | | 0 | 0 | 0 |
| (4) MICHAEL DAVIDSO | | | | | | | | | | |
| | 1.00 | | | | | | | | | • |
| PAST PRESIDENT | 0.00 | x | | x | | | | 0 | 0 | 0 |
| (5) CHUCK DENNEY | 1 00 | | | | | | | | | |
| DIRECTOR | 1.00 | x | | | | | | 0 | 0 | 0 |
| (6) JOE DOWNING | 0.00 | ^ | | | | | | 0 | 0 | 0 |
| (6) UOE DOWNING | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | x | | | | | | 0 | 0 | 0 |
| (7) SUE FALASH | 0.00 | | | | | + | | v | 0 | 0 |
| | 1.00 | | | | | | | | | |
| VICE PRESIDENT | 0.00 | x | | x | | | | 0 | 0 | 0 |
| (8) SANS GILMORE | | | | | | | | ` | | |
| (0) 212(2) 02210112 | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | x | | | | | | 0 | 0 | 0 |
| (9) KELLY GREEN | | | | | | | | | | |
| | 1.00 | | | | | | | | | |
| PRESIDENT | 0.00 | x | | x | | | | 0 | 0 | 0 |
| (10) DENISE HIBBELN | | | | | | | | | | |
| | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (11) ED KUNKEL | | | | | | | | | | |
| | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| | | | | | | | | | | Form 990 (2021) |

| Form 990 (2021) VISITORS Part VII Section A. Officers | | | | | | | | U 91-173 nd Highest Compensated | | | | Page 8 |
|--|---|-----------------------------------|-----------------------|---|----------------------------------|-----------------------------------|--------------|---|--|----------|--|----------------|
| (A) Name and title | (B) Average hours per week | (de bo off | o not c x, unle | (C) Positie check m ess pers nd a dir | on nore t son is rector | than one s both a r/trustee | e n e) | (D) Reportable compensation from the | (E) Reportable compensation from related | | (F) stimated amo of other compensatio | |
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | o | from the organization a ated organiza | and |
| (12) ASLAN MEADE | 1.00 | | | | | | | | | | | |
| AT LARGE EXECUTIVE (13) JILL NELSON | 0.00 | x | | | | | | 0 | 0 | | | 0 |
| DIRECTOR | 1.00 0.00 | x | | | | | | 0 | 0 | | | 0 |
| (14) MIKE REID DIRECTOR | 1.00 | x | | | | | | 0 | 0 | | | 0 |
| (15) JACKLYNN ROBI | | • | | | | | | 0 | 0 | | | 0 |
| DIRECTOR (16) BEN SCHOLL | 0.00 | x | | | | | | 0 | 0 | | | 0 |
| DIRECTOR | 1.00 0.00 | x | | | | | | 0 | 0 | <u> </u> | | 0 |
| (17) JOSH STOTTLEN DIRECTOR | 1YER 1.00 0.00 | x | | | | | | 0 | 0 | | | 0 |
| (18) EILEEN SWARTH | 1.00 | | | | | | | 0 | 0 | | | |
| DIRECTOR (19) SHINA WYSOCKI | 0.00 1.00 | x | | | | | | 0 | 0 | | | 0 |
| DIRECTOR 1b Subtotal | 0.00 | x | | | | | | 0 56,859 | 0 | | | 0 |
| c Total from continuation shee d Total (add lines 1b and 1c) | ets to Part VII, S | | | | | | | 56,859 | | | | |
| 2 Total number of individuals (in reportable compensation from | cluding but not li | mite | d to | | list | ed ab | ove | | \$100,000 of | | | |
| 3 Did the organization list any for employee on line 1a? If "Yes," | ormer officer, dir complete Sched | ecto dule | r, tru: J for | stee, such | key ina | empl <i>lividua</i> | oye al | ee, or highest compensated | t | | 3 | es No X |
| 4 For any individual listed on line organization and related organ | e 1a, is the sum nizations greater | of re thar | eport \$15 | able c 60,000 | com)? <i>If</i> | pensa "Yes, | atio ," c | n and other compensation omplete Schedule J for su | from the <i>ch</i> | | 4 | x |
| <i>individual</i> Did any person listed on line 1 for services rendered to the or | la receive or acc | rue | com | oensa | tion | from | an | y unrelated organization or | · individual | | 5 | x |
| Section B. Independent Contractor 1 Complete this table for your five | ve highest comp | | | | | | | | | | | |
| compensation from the organiz | zation. Report co (A) business address | mpe | ensat | ion fo | r th | e cale | end | | in the organization's tax ye (B) ion of services | ear. | ((Compe | C) ensation |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent or received more than \$100,000 | | | | | | | | se listed above) who | 0 | | | |

| | Teceiveu | more | ulali | φ100,00 |
|-----|----------|------|-------|---------|
| DAA | | | | |

Form 990 (2021) VISITORS AND CONVENTION BUREAU Part VIII

Statement of Revenue

91-1735847

| | | | | | | respon | | (A) | (B) | (C) | (D) |
|----|----------------------|--|-------------|------------------|---------------------------------------|----------|---------------|----------------------|--|-------------------------------|---|
| | | | | | | | | (A) Total revenue | (D) Related or exempt function revenue | Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| 1 | a F | ederated camp | aigns | | 1a | | | | | | |
| 1 | bΝ | Vembership due | es | | 1b | | 9,000 | | | | |
| | c F | Fundraising eve | nts | | 1c | | | | | | |
| | d F | Related organiza | ations | | 1d | | | | | | |
| | e G | Government grants (co | ontributior | ns) | 1e | | 145,447 | | | | |
| | | All other contributions, and similar amounts no | | | 1f | | 63,489 | | | | |
| | gΝ | Noncash contributions | included | in | | | | | | | |
| | | nes 1a-1f | | | | | 45 | 015 005 | | | |
| | hΤ | Total. Add lines | 1a–1f | | | | | 217,936 | | | |
| | | | | | | | Business Code | 705 114 | 705 114 | | |
| 2 | . ' | PROMOTIONAL | | ITRACTS | | | 900099 | 785,114 249,000 | 785,114 | | |
| | b. | LODGING TA | | | | | 541800 | 3,135 | 249,000 3,135 | | |
| | ר _. מ | OTHER SERV | | | | | 541800 | 5,135 | 3,135 | | |
| | u. | | | | | | | | | | |
| | e ∙ | All other program | | | | | | | | | |
| | | Fotal. Add lines | | | | | · | 1,037,249 | L | | |
| 3 | | nvestment incor | | | | | | | | | |
| | | other similar am | ` | • | | | | 2,591 | | | 2,5 |
| 4 | h | ncome from inv | estmei | nt of tax-exempt | bond | proceeds | ····· ► | | | | |
| 5 | | Royalties | | | | | | | | | |
| | | , | | (i) Real | | | Personal | | | | |
| 6 | a G | Gross rents | 6a | | | | | | | | |
| 1 | b L | ess: rental expenses | 6b | | | | | | | | |
| | c R | Rental inc. or (loss) | 6c | | | | | | | | |
| | dN | Net rental incom | e or (l | oss) | | | ► | | | | |
| 7 | 7a Cross amount from | | (ii) | Other | | | | | | | |
| | | other than inventory | 7a | | | | | | | | |
| 1 | b L | ess: cost or other | | | | | | | | | |
| | b | basis and sales exps. | 7b | | | | | | | | |
| | | Gain or (loss) | 7c | | | | | | | | |
| | | Net gain or (loss | | | · · · · · · · · · · · · · · · · · · · | | 🕨 | | | | |
| 8 | () 0 | Gross income from not including \$ of contributions rep Ic). See Part IV, lir | orted o | n line | 8a | | | | | | |
| | b I | Less: direct exp | enses | | 8b | | | | | | |
| | | Net income or (I | | | | | ► | | | | |
| | | Gross income fr | | - | | | | | | | |
| | а | activities. See Pa | art IV, | line 19 | 9a | | | | | | |
| 1 | b L | _ess: direct exp | enses | | 9b | | | | | | |
| | | Net income or (I | | | vities . | | ► | | | | |
| 10 | | Gross sales of in | | • | | | | | | | |
| | | eturns and allow | | | 10a | | | | | | |
| 1 | b L | Less: cost of go | ods so | ld | 10b | | | | | | |
| | c N | Net income or (l | oss) fr | om sales of inve | entory . | | ► | | | | |
| | | | | | | | Business Code | | | | |
| 11 | a | | | | | | | | | | |
| | b. | | | | | | | | | | |
| 11 | C. | • | | | | | └── ↓ | | | | |
| (| | All other revenue | | | | | | | | | |
| | | Total. Add lines | | | | | | | | | |

Form 990 (2021) VISITORS AND CONVENTION BUREAU Part IX Statement of Functional Expenses

91-1735847

| | Check if Schedule O contains a respons | , | | | |
|----------|--|-----------------------|------------------------------------|---|--|
| | ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 11,217 | | | |
| 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 | 56,859 | | | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 233,954 | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 28,876 | | | |
| 0 | Payroll taxes | 26,051 | | | |
| 1 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 2,190 | | | |
| с | Accounting | 2,306 | | | |
| d | Lobbying | - | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| 3 | (A) amount, list line 11g expenses on Schedule O.) | 23,415 | | | |
| 2 | | 528,640 | | | |
| 3 | Office expenses | 8,462 | | | |
| 4 | Information technology | 18,975 | | | |
| 5 | Royalties | - | | | |
| 6 | Occupancy | 24,028 | | | |
| 7 | Travel | 6,213 | | | |
| 8 | Payments of travel or entertainment expenses | - | | | |
| | for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 1 | Payments to affiliates | | | | |
| 2 | Depreciation, depletion, and amortization | 4,607 | | | |
| 3 | Insurance | 4,290 | | | |
| 4 | 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.) | | | | |
| а | TPA ADMINISTRATION FEES | 16,089 | | | |
| b | SMALL EQUIPMENT | 8,519 | | | |
| c | COMMUNITY RELATIONSHIP | 7,585 | | | |
| d | STAFF TRAINING | 6,459 | | | |
| | All other expenses | 1,703 | | | |
| 5 | Total functional expenses. Add lines 1 through 24e | 1,020,438 | 0 | 0 | |
| .5 (6 | Joint costs. Complete this line only if the | 1,520,150 | U | | |
| • | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here ► if | | | | |

Form 990 (2021) Part X

| 1) | VISITORS | AND | CONVENTION | BUREAU | 91-17 | 35847 | | Pa | age 1 1 |
|----|-------------------|----------|-------------------------|-------------------------|-------|-------|---------|----|----------------|
| Ba | alance Sheet | | | | | | | | |
| Ch | eck if Schedule O | contains | a response or note to a | any line in this Part X | | | <u></u> | | |
| | | | | | | (| | | |

| | | · · · · | • | | (A) | | (B) | | | |
|-------------|----|---|---|---------------------------------------|-------------------|----------|------------------------|--|--|--|
| | | | | | Beginning of year | | End of year | | | |
| | 1 | Cash—non-interest-bearing | | | 324,898 | 1 | 37,446 | | | |
| | 2 | Cash—non-interest-bearing Savings and temporary cash investments | | | 495,768 | 2 | 993,113 | | | |
| | 3 | Pledges and grants receivable, net | | | 5,250 | 3 | 15,000 | | | |
| | 4 | Accounts receivable, net | | ····· | | 4 | | | | |
| | 5 | Loans and other receivables from any current or former | r officer direct | ior | | - | | | | |
| | | trustee, key employee, creator or founder, substantial of | | | | | | | | |
| | | controlled entity or family member of any of these perso | | | | 5 | | | | |
| | 6 | Loans and other receivables from other disqualified per | | | | 5 | | | | |
| | | under section $4958(f)(1)$), and persons described in sec | | 6 | | | | | | |
| Assets | 7 | | | 7 | | | | | | |
| Ass | | · · · · · · · · · · · · · · · · · · · | | | 1,362 | 8 | 607 | | | |
| | 8 | Inventories for sale or use | | ····· | 32,485 | | 68,489 | | | |
| | 9 | Prepaid expenses and deferred charges | · · [· · · · ·] · · · · · | | 52,705 | 9 | 00,109 | | | |
| | | Land, buildings, and equipment: cost or other | | 22 071 | | | | | | |
| | . | basis. Complete Part VI of Schedule D Less: accumulated depreciation | 10a | 33,871 | 0 1 9 0 | | 4 692 | | | |
| | | Less: accumulated depreciation | 100 | 29,289 | 9,189 | 10c | 4,582 | | | |
| | 11 | Investments—publicly traded securities | | ····· | | 11 | 1 | | | |
| | 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 | Total assets. Add lines 1 through 15 (must equal line 3 | | | 868,952 | 16 | 1,119,237 | | | |
| | 17 | Accounts payable and accrued expenses | | 16,915 | 17 | 30,111 | | | | |
| | 18 | Grants payable | | 18 | | | | | | |
| | 19 | Deferred revenue | | 19 | | | | | | |
| | 20 | Tax-exempt bond liabilities | L | | 20 | | | | | |
| | 21 | Escrow or custodial account liability. Complete Part IV of | of Schedule D | · | | 21 | | | | |
| ŝ | 22 | Loans and other payables to any current or former offic | er, director, | | | | | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial of | | | | | | | | |
| iabi | | controlled entity or family member of any of these perso | | | | 22 | | | | |
| | 23 | Secured mortgages and notes payable to unrelated thir | | | | 23 | | | | |
| | 24 | Unsecured notes and loans payable to unrelated third p | oarties | | | 24 | | | | |
| | 25 | Other liabilities (including federal income tax, payables | to related third | d | | | | | | |
| | | parties, and other liabilities not included on lines 17-24) | . Complete Pa | art X | | | | | | |
| | | of Schedule D | | | | 25 | | | | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 16,915 | 26 | 30,111 | | | |
| | | Organizations that follow FASB ASC 958, check her | | | | | | | | |
| ses | | and complete lines 27, 28, 32, and 33. | | | | | | | | |
| anc | 27 | Net assets without donor restrictions | | | 852,037 | 27 | 1,089,126 | | | |
| Balances | 28 | Net assets with donor restrictions | | | | 28 | | | | |
| Fund | | Organizations that do not follow FASB ASC 958, ch | eck here 🕨 | Γ | | | | | | |
| Fu | | and complete lines 29 through 33. | | | | | | | | |
| o | 29 | Or with the standard management of the standard st | | | | 29 | | | | |
| ets | 30 | | in or capital surplus, or land, building, or equipment fund | | | | | | | |
| Assets | 31 | Retained earnings, endowment, accumulated income, o | | | | 30 31 | | | | |
| Net 4 | 32 | | | ····· | 852,037 | 32 | 1,089,126 | | | |
| Ž | 33 | Total liabilities and net assets/fund balances | | | 868,952 | 33 | 1,119,237 | | | |
| | | | | | | | Form 990 (2021) | | | |

Form 990 (2021)

Page **11**

| Form | 990 (2021) VISITORS AND CONVENTION BUREAU 91-1735847 | | | Pa | ge 12 |
|----------|---|----------|-------------|--------|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u>.</u> | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,25 | 57, | 776 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,02 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 37, | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 8. | 52,0 | 037 |
| 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 | | - | 249 |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 32, column (B)) | 10 | 1,08 | 39,1 | 126 |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u></u> | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | - | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on | | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | . 2a | x | |
| | 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: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | x |
| | 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: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| с | 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? | | . <u>2c</u> | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | |
| 2- | Schedule O. | | | | |
| Ja | 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 OMR Circular A 1332 | | 20 | | x |
| F | Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | . <u>3a</u> | | |
| O | | | 3b | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | <u></u> | | | (2021) |
| | | | FOL | 11 336 | ≠ (ZUZ1) |

| Schedule B | Schedule of Contributors | | OMB No. 1545-0047 |
|--|--|----------------|-------------------|
| (Form 990) Department of the Treasury Internal Revenue Service | Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. | | 2021 |
| Name of the organization | | Employer ident | tification number |
| VISITORS AND OF THURSTON (| CONVENTION BUREAU COUNTY | 91-17358 | 47 |
| Organization type (check o | ne): | | |
| Filers of: | Section: | | |
| Form 990 or 990-EZ | X 501(c)(6) (enter number) organization | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | |
| | 527 political organization | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | |
| | 501(c)(3) taxable private foundation | | |
| instructions. General Rule X For an organization | 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$ or property) from any one contributor. Complete Parts I and II. See instructions for determi | 5,000 | |
| contributor's total co | | | |
| Special Rules | | | |
| regulations under se 16b, and that receive | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13 ed from any one contributor, during the year, total contributions of the greater of (1) \$5,00 it on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. | 3, 16a, or | |
| contributor, during th literary, or education | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an le year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scient al purposes, or for the prevention of cruelty to children or animals. Complete Parts I (enter instead of the contributor name and address), II, and III. | tific, | |
| contributor, during th contributions totaled during the year for a | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an a year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were rece in <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the s to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contril pore during the year | eived he | |
| must answer "No" on Part IV | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For /, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990 eet the filing requirements of Schedule B (Form 990). | , | |

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

3

(a)

No.

4

(a)

No.

5

(a)

No.

N/A

N/A

| /IS5847 | | | |
|------------|--|--------------------------------|--|
| Schedule B | (Form 990) (2021) | PAG | E 1 OF 1 Page 2 |
| | organization TORS AND CONVENTION BUREAU | | nployer identification number |
| Part I | Contributors (see instructions). Use duplicate copies of Pa | art I if additional space is n | eeded. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| . <u>1</u> | N/A | \$ 40,000 | Person X Payroll . Noncash . (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | N/A | \$ 15,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 N/A | Total contributions | Type of contribution |

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

| Schedule | в | (Form | 990) | (2021 |
|----------|---|----------|------|-------|
| ochedule | | (1 01111 | 550, | |

Person

Payroll

Person Payroll

Noncash

Person

Payroll

Person Payroll Noncash

(Complete Part II for noncash contributions.)

Noncash (Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions.)

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(d)

Type of contribution

(d)

Type of contribution

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9,000

(C)

Total contributions

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Total contributions

(C)

Total contributions

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| SCH | IEDULE D | Supplementa | al Financial Statements | | OMB No. 1545-0047 |
|-------|----------------------------|---|--|-----------------------|-------------------------|
| (For | rm 990) | Complete if the org | ganization answered "Yes" on Form 990, 0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | | 2021 |
| • | ment of the Treasury | ▶ | Attach to Form 990. | | Open to Public |
| | I Revenue Service | ► Go to www.irs.gov/Form9 | 990 for instructions and the latest informati | | Inspection |
| | of the organization | CONVENTION BUREAU | | Employer identificati | ion number |
| OI | | | | 91-17358 | 47 |
| | | | Funds or Other Similar Funds or A | | |
| | Complete | if the organization answered "Yes" | on Form 990, Part IV, line 6. | | |
| | | | (a) Donor advised funds | (b) Funds ar | nd other accounts |
| 1 | Total number at end o | of year | | | |
| 2 | Aggregate value of co | ontributions to (during year) | | | |
| 3 | Aggregate value of gra | ants from (during year) | | | |
| 4 | | nd of year | | | |
| 5 | - | nform all donors and donor advisors in writing | - | | |
| ~ | | | s exclusive legal control? | | Yes No |
| 6 | • | nform all grantees, donors, and donor adviso poses and not for the benefit of the donor or | | | |
| | | | | | Yes No |
| Pa | | ation Easements. | | | |
| | | if the organization answered "Yes" | on Form 990, Part IV, line 7. | | |
| 1 | Purpose(s) of conservation | vation easements held by the organization (c | heck all that apply). | | |
| | Preservation of lar | nd for public use (for example, recreation or | education) Preservation of a historically | important land are | ea |
| | Protection of natur | ıral habitat | Preservation of a certified his | storic structure | |
| | Preservation of op | pen space | | | |
| 2 | • | o o i | conservation contribution in the form of a conse | ervation | |
| | easement on the last of | | | | the End of the Tax Year |
| а | Total number of conse | ervation easements | | 2a | |
| b | Total acreage restricte | ed by conservation easements | | 2b | |
| | | | e included in (a) | 2c | |
| d | | on easements included in (c) acquired after 7 | 7/25/06, and not on a | | |
| - | | | | 2d | |
| 3 | | on easements modified, transferred, released | d, extinguished, or terminated by the organizat | tion during the | |
| | tax year ► | | at in Incented N | | |
| 4 | | ere property subject to conservation easemer have a written policy regarding the periodic | | | |
| 5 | | | Is? | | |
| 6 | | | ling of violations, and enforcing conservation e | | |
| Ū | | surs devoted to monitoring, inspecting, hand | | asements during t | ne year |
| 7 | Amount of expenses in | incurred in monitoring, inspecting, handling c | of violations, and enforcing conservation easem | nents during the v | ear |
| | ▶\$ | | | | |
| 8 | | | tisfy the requirements of section 170(h)(4)(B)(i |) | |
| | and section 170(h)(4)(|)(B)(ii)? | | | Yes No |
| 9 | In Part XIII, describe h | how the organization reports conservation ea | asements in its revenue and expense statemen | nt and | |
| | | | o the organization's financial statements that d | lescribes the | |
| | - | ting for conservation easements. | | . | |
| Pa | Irt III Organizat | itions Maintaining Collections of A | Art, Historical Treasures, or Other 3 | Similar Assets | 5. |
| | | | | | |
| 1a | 0 | • | ot to report in its revenue statement and balanc xhibition, education, or research in furtherance | | |
| | | rt XIII the text of the footnote to its financial | | | |
| h | • | | report in its revenue statement and balance sh | heet works of | |
| | - | | ibition, education, or research in furtherance of | | |
| | | amounts relating to these items: | | | |
| | • | - | | ▶ \$ | |
| | (ii) Assets included in | | | ▶ \$ | |
| 2 | • • | | es, or other similar assets for financial gain, pro | ovide the | |
| | - | uired to be reported under FASB ASC 958 r | | | |
| а | | | ~ | ▶ \$ | |
| b | Assets included in For | rm 990, Part X | | 🕨 💲 | |
| For F | Paperwork Reduction | Act Notice, see the Instructions for Form | 990. | Sche | dule D (Form 990) 2021 |

| Sche | dule D (Form 990) 2021 VISITORS | | | | | 91-17 | | | Page 2 |
|------|---|-------------------|-------------------|-----------------|----------------|----------------|---------------------------|-----------|---------------------|
| Pa | rt III Organizations Maintainin | g Collectio | ns of Art, H | istorical T | reasures, | or Other | Similar | Assets | (continued) |
| 3 | Using the organization's acquisition, access collection items (check all that apply): | sion, and other | records, check | any of the fol | llowing that n | nake significa | ant use of | f its | |
| а | Public exhibition | | d 🗌 Loan or | exchange pro | oaram | | | | |
| b | Scholarly research | | | | - | | | | |
| c | Preservation for future generations | | | | | | • • • • • • • • • • • • • | | |
| 4 | Provide a description of the organization's | collections and | explain how the | w further the | organization | s exempt pu | irnose in | Part | |
| - | XIII. | | | by former the | organization | o oxompt po | | i uit | |
| 5 | During the year, did the organization solicit | or receive dor | ations of art bi | storical treasu | ires or other | similar | | | |
| 5 | assets to be sold to raise funds rather than | | | | | | | | ☐ Yes ☐ No |
| Da | assets to be sold to faise fullities failler that art IV Escrow and Custodial A | | | le organization | | f | | | |
| га | Complete if the organizatio | • | | rm 000 Bo | nt IV/ line (| 0 or ropol | tod on | omount | on Form |
| | 990, Part X, line 21. | ii answereu | | пп ээо, га | ut iv, iiie | | | amount | |
| | | | | | | 1 | | | |
| 1a | Is the organization an agent, trustee, custo | | • | | | | | | |
| | included on Form 990, Part X? | | | | | | | | . Yes No |
| b | If "Yes," explain the arrangement in Part XI | II and complet | e the following t | able: | | | | | |
| | | | | | | | | | Amount |
| С | Beginning balance | | | | | | 1 | <u>c</u> | |
| d | Additions during the year | | | | | | 1 | d | |
| | Distributions during the year | | | | | | | e | |
| f | Ending balance | | | | | | | f | |
| 2a | Did the organization include an amount on | Form 990, Par | t X, line 21, for | escrow or cu | stodial accou | nt liability? | | | Yes No |
| | If "Yes," explain the arrangement in Part XI | II. Check here | if the explanatio | n has been p | rovided on P | art XIII | | | |
| Pa | rt V Endowment Funds. | | | | | | | | |
| | Complete if the organization | n answered | "Yes" on Fo | rm 990, Pa | art IV, line | 10. | | | |
| | | (a) Current y | ear (b) | Prior year | (c) Two ye | ars back | (d) Three y | ears back | (e) Four years back |
| 1a | Beginning of year balance | | | | | | | | |
| | Contributions | | | | | | | | |
| | Net investment earnings, gains, and | | | | | | | | |
| | losses | | | | | | | | |
| Ь | Grants or scholarships | | | | | | | | |
| | Other expenditures for facilities and | | | | | | | | |
| Ũ | ' | | | | | | | | |
| f | programs Administrative expenses | | | | | | | | |
| | | | | | | | | | |
| | End of year balance | | halanaa (lina 4a | | h ald a si | | | | |
| 2 | Provide the estimated percentage of the cu | | | | neid as: | | | | |
| a | Board designated or quasi-endowment | | D | | | | | | |
| | Permanent endowment ► % | • | | | | | | | |
| С | Term endowment ▶ % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sl | • | | | | | | | |
| 3a | Are there endowment funds not in the poss | session of the o | organization that | are held and | administere | d for the | | | |
| | organization by: | | | | | | | | Yes No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) |
| | (ii) Related organizations | | | | | | | | |
| b | If "Yes" on line 3a(ii), are the related organ | izations listed a | as required on S | chedule R? | | | | | 3b |
| 4 | Describe in Part XIII the intended uses of t | he organization | n's endowment f | unds. | | | | | |
| Pa | rt VI Land, Buildings, and Eq | uipment. | | | | | | | |
| | Complete if the organizatio | n answered | "Yes" on Fo | rm 990, Pa | rt IV, line | 11a. See I | Form 99 | 0, Part 2 | X, line 10. |
| | Description of property | (a) Cost | or other basis | (b) Cost or | other basis | (c) Acc | cumulated | | (d) Book value |
| | | (inv | restment) | (oth | er) | depr | eciation | | |
| 1a | Land | | | | | | | | |
| | Buildings | | | | | | | | |
| | Leasehold improvements | | | | | | | | |
| | Equipment | | | | | | | | |
| | Other | | | | 33,871 | | 29,2 | 89 | 4,582 |
| | I. Add lines 1a through 1e. (Column (d) mus | | 90. Part X colu | | | | | | 4,582 |
| | | | , · ar · ·, oolui | | | | | | -/552 |

Schedule D (Form 990) 2021

| Schedule D (Fo | orm 990) 2021 🛛 🛛 🛛 | ISITORS | AND | CONVENTI | ON | BUREAU | | 91-1 | 735847 | | Page 3 |
|----------------------|--------------------------|-------------------------|-------------------|---|----------|-------------------|-----------|---------------|-------------------------------------|-----------------|--------|
| Part VII | Investments - | | | | | | | | | | U |
| | Complete if the | e organization | answe | red "Yes" on | Forn | n 990, Part IV | /, line | 11b. See | Form 990, P | art X, line 1 | 2. |
| | (a) Description | n of security or categ | jory | | | (b) Book value | | | (c) Method of | valuation: | |
| | | g name of security) | | | | | | | Cost or end-of-yea | ar market value | |
| (1) Financial of | derivatives | | | | | | | | | | |
| (2) Closely he | ld equity interests | | | | | | | | | | |
| (3) Other | | | | | | | | | | | |
| (^) | | | | | | | | | | | |
| <u>(B)</u> | | | | | | | | | | | |
| (C) | | | | | | | | | | | |
| (D) | | | | | | | | | | | |
| (E) | | | | | | | | | | | |
| (F) | | | | | | | | | | | |
| (G) | | | | | | | | | | | |
| (H) | | | | | | | | | | | |
| | (b) must equal For | | | e 12.)► | | | | | | | |
| Part VIII | Investments - | - | | | | | / P | 44. 0. | E | | • |
| | Complete if the | | answe | red "Yes" on | Forn | | , line | 11c. See | | | 3. |
| | (a) Descr | ription of investment | | | | (b) Book value | | | (c) Method of Cost or end-of-yea | | |
| | | | | | | | | | Cost of end-of-yea | | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | + | | | | | | |
| (5) | | | | | + | | | | | | |
| (6) | | | | | + | | | | | | |
| (7) | | | | | + | | | | | | |
| (8) | | | | | | | | | | | |
| (9) Total (Column | n (b) must equal For | m 000 Part X c | col (B) lin | 0 13 | + | | | | | | |
| Part IX | Other Assets. | | ю. (<i>b)</i> шт | • | <u> </u> | | | | | | |
| i art i/c | Complete if the | | answe | red "Yes" on | Forn | n 990 Part IV | / line | 11d See | Form 990 P | art X line 1 | 5 |
| | | organization | | (a) Description | | | , | | 1 0111 000, 1 | (b) Book | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| (5) | | | | | | | | | | | |
| (6) | | | | | | | | | | | |
| (7) | | | | | | | | | | | |
| (8) | | | | | | | | | | | |
| (9) | | | | | | | | | | | |
| | n (b) must equal For | m 990, Part X, c | col. (B) lin | e 15.) | | | | | | | |
| Part X | Other Liabiliti | | | | | | | | | | |
| | Complete if the line 25. | e organization | answe | red "Yes" on | Forn | n 990, Part IV | /, line | 11e or 1 | 1f. See Form | 990, Part X | , , |
| 1. | (a) D | escription of liability | | | | | | | | (b) Book | value |
| (1) Federal i | ncome taxes | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| (5) | | | | | | | | | | | |
| (6) | | | | | | | | | | | |
| (7) | | | | | | | | | | | |
| (8) | | | | | | | | | | | |
| (9) | | | | | | | | | | | |
| Total. (Column | n (b) must equal For | m 990, Part X, c | col. (B) lin | e 25.) | | ····· | | | ► | | |
| 2. Liability for | uncertain tax positio | ns. In Part XIII, | provide th | ne text of the foo | otnote | to the organizati | ion's fin | nancial state | ements that repo | rts 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

91-1735847

| Sche | dule D (Form 990) 2021 VISITORS AND CONVENTION BURE | :AU | 91-173584 | 7 | Page 4 |
|-------------|---|----------------|--------------------------|---------|---------------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Statem | ents With | Revenue per Re | turn. | |
| | Complete if the organization answered "Yes" on Form 990, I | Part IV, line | e 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: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| С | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| | Other (Describe in Part XIII.) | | | | |
| | Add lines 4a and 4b | | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | |
| | rt XII Reconciliation of Expenses per Audited Financial Stater | | | Retur | 'n. |
| | Complete if the organization answered "Yes" on Form 990, I | Part IV, line | e 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: | | | | |
| а | Donated services and use of facilities | 2a | | | |
| | Prior year adjustments | | | | |
| | Other losses | | |] | |
| d | Other (Describe in Part XIII.) | 2d | |] | |
| | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| | Other (Describe in Part XIII.) | | | 1 | |
| | Add lines 4a and 4b | | | 4c | |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | |
| | rt XIII Supplemental Information. | | | | |
| Provi | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I | V, lines 1b ar | nd 2b; Part V, line 4; F | Part X, | line |
| 2; Pa | rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | e any additior | al information. | | |
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| | | | | CONVENTION | BUREAU | 91-1735847 | Page 5 |
|---|----------|-----------------|-----------------|------------|--------|------------|---------------|
| Part XIII | Suppleme | ntal Informatio | n (conti | nued) | | | |
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| SCHEDULE I (Form 990) | | | ther Assistanc nd Individuals | • | • | | | No. 1545-0047 | | | |
|--|--|---------------------------------------|----------------------------------|----------------------------------|---|------------------------------------|-------------------------------|---------------|--|--|--|
| | | | ion answered "Yes" o | on Form 990, Part IV, | | | | to Public | | | |
| Department of the Treasury Internal Revenue Service | Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. | | | | | | | | | | |
| Name of the organization VISITORS AND CO. OF THURSTON COU | NVENTION BUR | | | | | | Employer identification numbe | pection | | | |
| Part I General Information on Grants | | | | | | | | | | | |
| Does the organization maintain records to substant the selection criteria used to award the grants or a Describe in Part IV the organization's procedures | assistance? | • • • • • • • • • • • • • • • • | | | | | Yes | X No | | | |
| Part II Grants and Other Assistance Part IV, line 21, for any recipient | to Domestic Orgar | nizations | and Domestic G | | | | nswered "Yes" on For | m 990, | | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description noncash assista | | - | | | |
| (1) AMERICAN LUNG ASSOCIATION 5601 6TH AVENUE S, SUITE 460 SEATTLE WA 98108 | | | 10,000 | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
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| (8) | | | | | | | | | | | |
| (9) | | | | | | | | | | | |
| 2 Enter total number of section 501(c)(3) and govern | | | | | | <u> </u> | ► | | | | |
| 3 Enter total number of other organizations listed in For Paperwork Reduction Act Notice, see the Instruct | the line 1 table | | | | | ····· | ► | | | | |

VIS5847

| | (Form 990) (2021) VISITORS AND | CONVENTION E | | 1-1735847 | | Page 2 |
|----------|--|-----------------------------|-----------------------------|----------------------------------|--|---------------------------------------|
| Part III | | | | organization answered | d "Yes" on Form 990, Part | IV, line 22. |
| | Part III can be duplicated if addition | | | 1 | 1 | I |
| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| 1 | | | | | | |
| 2 | | | | | | |
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| 6 | | | | | | |
| 7 | | | | | | |
| Part IV | Supplemental Information. Prov | vide the information re | equired in Part I, line | 2; Part III, column (b |); and any other additional | information. |
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OMB No 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (Form 990) Complete to provide information for responses to specific questions on 2021 Form 990 or 990-EZ or to provide any additional information. **Open to Public** Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service Inspection ► Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number VISITORS AND CONVENTION BUREAU 91-1735847 OF THURSTON COUNTY FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS PRODUCE AND DISTRIBUTE VISITORS AND CONVENTION BUREAU PUBLICATIONS. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS REVIEWED BY THE BOARD'S TREASURER BEFORE FILING. COPIES OF FORM 990 ARE AVAILABLE TO ALL DIRECTORS. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY BOARD MEMBERS ARE RESPONSIBLE FOR PROVIDING INFORMATION REGARDING CONFLICTS INTEREST AND TO RECUSE THEMSELVES FROM THE DECISION MAKING PROCESS OF OF RELATED ITEMS. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE EXECUTIVE DIRECTOR UNDERGOES AN ANNUAL REVIEW DURING WHICH COMPENSATION IS ANALYZED USING COMPARABILITY DATA AND IS UPDATED AS NEEDED. FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE OFFICERS UNDERGO AN ANNUAL REVIEW DURING WHICH COMPENSATION IS ANALYZED USING COMPARABILITY DATA AND IS UPDATED AS NEEDED. - NO PUBLIC DISCLOSURE EXPLANATION FORM 990, PART VI, LINE 18 THE ORGANIZATION RESPONDS TO WRITTEN REQUESTS. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION RESPONDS TO WRITTEN REQUESTS.

| VIS584 | 17 |
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| | |

| | 4562 | | | epreciation and | | | | | OMB No. 1545-0172 |
|------------|--|----------------------|--|--|------------------------|------------------|-------------|----------|---------------------------------|
| Form | 4502 | | (Inc | luding Information | | operty) | | | 2021 |
| Depart | ment of the Treasury | | | Attach to you | | | | | |
| - | I Revenue Service (99) | | | gov/Form4562 for inst | | he latest inform | | | Sequence No. 1/9 |
| Name | | | | VENTION BURE | AU | | | ying nu | |
| | | | STON COUNT | ĽY | | | 91- | 1735 | 847 |
| | ess or activity to which this | | | | | | | | |
| | NDIRECT DEPR | | | perty Under Section | n 170 | | | | |
| га | | - | - | y, complete Part V k | | omolete Part I | | | |
| 1 | Maximum amount (see | | · · · · · | | | | | 1 | 1,050,000 |
| 2 | | | | ee instructions) | | | | 2 | _,, |
| 3 | Threshold cost of section | on 179 prop | erty before reduction | n in limitation (see instru | ictions) | | | 3 | 2,620,000 |
| 4 | Reduction in limitation. | Subtract line | e 3 from line 2. If ze | ro or less, enter -0- | <i>,</i> | | | 4 | <u> </u> |
| 5 | | | | or less, enter -0 If married | | | | 5 | |
| 6 | | (a) Description | of property | (b) (| Cost (business use | only) (c) E | lected cost | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 7 | Listed property. Enter t | he amount f | rom line 29 | | | 7 | | | |
| 8 | Total elected cost of se | ection 179 p | roperty. Add amount | ts in column (c), lines 6 a | and 7 | | | 8 | |
| 9 | Tentative deduction. Er | nter the sm a | aller of line 5 or line | 8 | | | | 9 | |
| 10 | Carryover of disallowed | d deduction f | from line 13 of your | 2020 Form 4562 | | | | 10 | |
| 11 | | | | ess income (not less than | | | | 11 | |
| 12 | | | | ut don't enter more than | | | | 12 | |
| <u>13</u> | Carryover of disallowed Don't use Part II or Pa | | | and 10, less line 12 | P | 13 | | | |
| | | | | | tion (Don't | include listed | propor | | o instructions) |
| | | | | nd Other Deprecia | | | proper | y. See | |
| 14 | during the tax year. Se | | | ther than listed property | | | | 14 | |
| 15 | č | | | | | | | 14 15 | |
| 16 | Other depreciation (inc | | | | | | | 15 | 4,607 |
| | | | | le listed property. S | | | | 10 | 1,007 |
| 10 | | represidu | | Section A | | , io.j | | | |
| 17 | MACRS deductions for | assets plac | ed in service in tax | years beginning before 2 | 2021 | | | 17 | 0 |
| 18 | | | | ear into one or more general ass | | | | | |
| | | | | rvice During 2021 Tax | | | ciation S | ystem | |
| | (a) Classification of prope | ərty | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Metl | nod | (g) Depreciation deduction |
| 19a | 3-year property | | | | | | | | |
| b | 5-year property | | | | | | | | |
| C | 7-year property | | | | | | | | |
| d | 10-year property | | | | | | | | |
| e | 15-year property | | | | | | | | |
| f | 20-year property | | | | | | | | |
| g | 25-year property | | | | 25 yrs. | | S/L | | |
| h | Residential rental | | | | 27.5 yrs. | MM | S/L | | |
| | property | | | | 27.5 yrs. | MM | S/L | | |
| i | Nonresidential real | | | | 39 yrs. | MM | S/L | | |
| | property | Ham O t | | | | MM | S/L | 0 | - |
| 20- | | uon C—Ass | ets Placed in Serv | ice During 2021 Tax Yo | ear Using the | Alternative Depr | | | 1 |
| 20a | Class life | | | <u> </u> | 10 | | S/L | | |
| | 12-year | | | | 12 yrs. | NANA . | S/L S/L | | |
| | 30-year 40-year | | | | 30 yrs. | MM | S/L S/L | | |
| | art IV Summary | (See inst | tructions) | 1 | 40 yrs. | | J/L | | |
| <u></u> 21 | Listed property. Enter a | | | | | | | 21 | |
| 22 | | | | lines 19 and 20 in colum | n (g), and line | 21. Enter | | | |
| | | | - | erships and S corporation | | | <u></u> | 22 | 4,607 |
| 23 | For assets shown above | e and place | d in service during t | he current year, enter th | e | | | | |
| | | | | | 23 | | | | |
| | | ributable to s | section 263A costs | | 23 | RE NO AM | OUNT | 5 FO | Form 4562 (i R PAGE 2 |

THERE ARE NO AMOUNTS FOR PAGE 2

VIS5847 Visitors and Convention Bureau 91-1735847

Federal Asset Report Form 990, Page 1

FYE: 12/31/2021

| Asset | Description | Date In Service | Cost | Bus Sec <u>%</u> 179Bonus | Basis for Depr | Per | Conv Meth | Prior | Current |
|----------|---------------------------------|---------------------|----------------|------------------------------|-------------------|--------|------------------|----------------|--------------|
| 1 | Depreciation: Server | 12/31/09 | 2,168 | | 2,168 | | MO S/L | 2,168 | 0 |
| 2 | Intel 13-550 Computer Sys | 10/14/11 | 1,108 | | 1,108 | | MO S/L | 1,108 | 0 |
| 3 | Office Equipment | 1/30/12 | 1,220 | | 1,220 | | MO S/L | 1,220 | 0 |
| 4 | 6 Workstations | 10/06/14 | 4,678 | | 4,678 | | MO S/L | 3,734 | 669 |
| 5 | Equipment | 7/01/15 | 979 | | 979 | | MO S/L | 770 | 140 |
| 6 | Network backup system | 6/15/15 | 1,826 | | 1,826 | - | MO S/L | 1,826 | 0 |
| | Macbook | 10/15/15 | 1,809 | | 1,809 | 5 | | 1,809 | 0 |
| 8 | Desktop scanner | 12/15/15 | 441 | | 441 | 5 | | 441 | 0 |
| 9 | Dell Optiplex | 6/02/16 | 776 | | 776 | 5 | 1110 0/2 | 711 | 65 |
| 10 | Epson Projector | 8/06/16 | 326 | | 326 | 5 | 1110 0/1 | 287 | 39 |
| 11 | Canon Camera | 12/13/16 | 549 165 | | 549 | 5 | MO S/L MO S/L | 449 | 100 30 |
| 12 13 | Monitor Furniture | 12/14/16 8/04/17 | | | 165 | | | 135 2,043 | 30 598 |
| 13 | | 8/04/17 12/15/17 | 2,990 6,323 | | 2,990 6,323 | | | 2,045 3,900 | 598 1,264 |
| 14 15 | Computer Equipment TVs | 12/13/17 | 0,323 1,329 | | 0,323 1,329 | 5 5 | | 3,900 798 | 1,264 |
| 15 | Room Dividers | 12/31/17 | 1,329 | | 1,529 | 5 | | 618 | 200 |
| 10 | Workstation | 12/31/17 | 1,051 | | 1,031 | 5 | MO S/L MO S/L | 1,005 | 200 334 |
| 17 | Shelving | 12/31/17 | 630 | | 630 | 5 | | 378 | 534 126 |
| 18 | Dell XPS 13 Computer | 7/01/18 | 1,502 | | 1,502 | | MO S/L MO S/L | 750 | 301 |
| 20 | DELL COMPUTER | 11/07/19 | 1,362 | | 1,365 | | MO S/L MO S/L | 319 | 273 |
| 20 | DELL LATITUDE | 12/12/19 | 983 | | 983 | | MO S/L MO S/L | 213 | 196 |
| 21 | | 141417 _ | | | | 5 | MO 5/L | | |
| | Total Other Depreciation | _ | 33,871 | | 33,871 | | | 24,682 | 4,607 |
| | | | | | | | | | |
| | | • .• | 22.071 | | 22.071 | | | 24 692 | 4 607 |
| | Total ACRS and Other Depr | reciation = | 33,871 | | 33,871 | | | 24,682 | 4,607 |
| | | | | | | | | | |
| | | | 22.071 | | 22.071 | | | 24 692 | 4 607 |
| | Grand Totals | • | 33,871 | | 33,871 | | | 24,682 | 4,607 |
| | Less: Dispositions and Trans | fers | 0 | | 0 | | | 0 | 0 |
| | Less: Start-up/Org Expense | _ | 0 | | 0 | | | | 0 |
| | Net Grand Totals | _ | 33,871 | | 33,871 | | | 24,682 | 4,607 |
| 1 | | _ | | | | | | | |

FYE: 12/31/2021

| Descrip | tion | | | | |
|------------|-------------------------|-------------------------|-----------------|----------------------------------|------------------------|
| Descrip | | | | | |
| | An | nount Busine | | stal Acquired afte de 6/30/75 | er US Obs (\$ or %) |
| | | | | | |
| | \$ | 2,591 | 14 | | |
| TOTAL | \$ | 2,591 | | | |
| | | | | | |
| Form | <u>1 990, Part IX, </u> | <u>Line 11g - Other</u> | Fees for Servic | <u>e (Non-employe</u> | <u>e)</u> |
| Des | scription | | | | |
| | ! | Total | Program | Management & | Fund |
| | _ | Expenses | Service | General | Raising |
| OTHER FEES | | | | | |
| | \$ | 23,415 \$ | | | \$ |
| | | 22 /1E C | 23,415 | \$ O | \$ |
| TOTAL | \$_ | 23,415 \$ | | T | |
| TOTAL | · - | | | | |
| TOTAL | · - |), Part IX, Line 2 | | | |
| | · - | | | | |
| | <u>Form 990</u> | | | | Fund |

408

 408
 408

 \$
 1,703

 \$
 0

408

MISC. EXPENSE

TOTAL

DNM & ASSOCIATES, P.S. PO BOX 1156 SHELTON, WA 98584

231384 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

| Ω | |
|--|---|
| OLYMPIA AREA VISTOR | -CONVENTION BUREAU |
| a domestic corporation of | Olympia, Washington, |
| | |
| | |
| was filed for record in this office on this date, on file in this office. | and I further certify that such Articles remain |
| Filed at request of Dale Hume P.O. Box 1427 Dlympta, Wa 98507 TOT-PROTIT Filing and recording fee \$ 20.00 License to June 30, 19 \$ Excess pages @ 25¢ \$ Microfilmed, Roll No. 1274 (1, -07 | In witness whereof I have signed and have affixed the seal of the State of Washington to this certificate at Olympia, the State Capitol, <u>August 2, 1973</u> |
| мистоплией, кол но. 11. –07 Раде | A. LUDLOW KRAMER SECRETARY OF STATE |

ARTICLES OF INCORPORATION AUG 0 1973 OF A LIDLOW KRAMER ACCILITATION BUREAU A LIDLOW KRAMER

. ...

EILED.

We, the under_igned persons, acting as the incorporators of a ... non-profit 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 I NAME

The name of the corporation shall be the Olympia Area Visitor-Convention Bureau.

Article II DURATION

The period of duration of the corporation shall be perpetual.

Article III PURPOSE

The purpose of this corporation shall be to foster and promote the cities of Olympia, Lacey and Tumwater and Thurston County as tourist areas and further to solicit for Olympia and vicinity conventions, assemblies and other gatherings of visitors and to render assistance to organizations hosting conventions in such cities or seeking to host conventions in such cities and generally to do all other and further lawful acts necessary or convenient to the above purposes. The corporation shall have all powers granted by law necessary and proper to carry out its above stated purposes consistent with its qualifications under Section 501 (c) (6) of the Internal Revenue Code.

IV ADMINISTRATION

Provisions for the regulation of the internal affairs of the corporation shall be set forth in the By Laws.

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PEBBLES, SWANSON & LINDSKOG Attorneys at Law 202-212 Security Building Olympia, Washington 98501

Page One

Article V MEMBERSHIP

The membership of the Olympia Area Visitor-Convention Bureau, shall be composed of any individual, partnership, municipal body or corporation that applies for membership in the Bureau and who has paid membership . dues to the Bureau subject to the approval of the Board of Directors.

Article VI CAPITALIZATION

This corporation shall have no capital stock and shall issue no shares, but shall issue membership certificates to its respective members.

Article VII LOCATION

The address of the initial registered office of this corporation shall be 525 South Washington Street, Olympia, Washington 98501. The name of the initial registered agent of the corporation at such address shall be Dale Hume.

Article VIII BOARD OF DIRECTORS

The affairs of this corporation shall not consist of more than twentyone (21) members, nor less than eleven (11) members, the exact number which shall be fixed from time to time by the By Laws of the corporation. The terms of such directors shall be for a period of three (3) years from the annual meeting at which they are elected and until their successors are elected and qualified, provided, however, that at the first election of such directors at the annual meeting of the corporation held in the year 1974, three (3) of the directors fixed by the By Laws of the corporation shall hold office for a term of one year and until their successors are elected and qualified, four (4) of the directors elected at such meeting shall hold office for terms of two (2) years and until their successors are elected and qualified and the remaining of such directors elected at such meeting shall hold office for

405

PEBBLES, SWANSON & LINDSKOG Attorneys at Law 202-212 Security Building Olympia, Washington 98501

Page Two

a term of three (3) years and until their successors are elected and qualified. The original directors of this corporation number eleven (11) and their names and addresses are as follows:

Rod Moreland, President

Mike Vavrinec, Vice President

Jerry Craig, Treasurer

Bill Moreland, Secretary

Gene Vosberg

Tom Deats

Aggie Davis

Don Gessell

Dave Antsen

C. Don Thompson

John Donaldson

Holly Motel 2816 Martin Way Olympia, Washington

Falls Terrace Restaurant 106 S. Deschutes Way Olympia, Washington

Olympia Oyster House 320 West 4th Olympia, Washington

Holiday Inn 621 S. Capitol Way Olympia, Washington

Tyee Motor Inn 500 Tyee Drive Tumwater, Washington

Evergreen Inn Evergreen Park Drive Olympia, Washington

Davis Brown Derby East 9th and Capitol Way Olympia, Washington

Washington Natural Gas 222 W. 4th Olympia, Washington

Olympia Downtown Association 525 So. Washington Street Olympia, Washington

Lacey Area Chamber of Commerce 5602 Pacific Lacey, Washington

South Sound Center Merchants Assr P. O. Box 3487 Lacey, Washington

and each of said persons was a citizen of the United States and a resident of the state of Washington.

-1 (.6

PEBBLES, SWANSON & LINDSKOG Attorneys at Law 202-212 Security Building Olympia, Washington 98501

Page Three

Article IX INCORPORATORS

The names and addresses of the incorporators of the corporaton are

as follows:

Rod Moreland

Jerry Craig

Holly Motel 2816 Martin Way Olympia, Washington

Olympia Oyster House 320 West 4th Olympia, Washington

Dale Hume

525 So. Washington Street Olympia, Washington

Article X DISSOLUTION

In the event of dissolution, the assets of the corporation shall be applied first to the discharge and satisfaction of all outstanding obligations and liabilities of the corporation, and the remaining assets of the corporation after payment of such obligations and liabilities shall be distributed to one or more regularly organized and qualified charitable, educational, scientific, non-profit, or philanthropic organizations to be selected by the Board of Directors.

JERRY CRAIG DALE HUME

State of Washington County of Thurston

Subscribed and sworn to before me this 2nd day of August 1973

Residing at Clympia

Notary Public Residing at Clympia Washington Commission expires August 19, 1974

FEBBLES, SWANSON & LINDSKOG Attorneya at Law 202-212 Security Building Olympia, Washington 98501

Page Four

FILED

Pursuant to the provisions of RCW 24.03 of the Washington Non 1 1983 Profit Corporation Act, the undersigned adopts the following articles of amendment to the articles of incorporation.

- (1) The name of the corporation is <u>Olympia Area</u> Visitor-Convention Bureau
- (2) The following amendment(s) to the articles of incorporation were adopted on February 11th, 1983.

ARTICLE 1 - Changing name to Lacey-Tumwater Visitor Convention Bureau.

On February 11th, 1983, the Olympia Area Visitor and Convention Bureau met for their monthly Board of Director's Meeting. During this meeting it was voted unanimously by a 2/3 majority of the board that the name be officially changed to the Olympia-Lacey-Tumwater Visitor Convention Bureau. The members having no voting rights.

Vice President or Signature and title of President

CASHRER title of Secretary or Treasurer lature and

State of Washington

County of Thurston

The undersigned, a notary public, in and for the state and county above set forth, hereby certifies that on February , 1983, personally appeared before me <u>fluin</u> <u>Man. Along</u> <u>and</u> who, being by me first duly sworn, declared that (s) he is the int <u>manual</u> of the aforementioned corporation and that (s) he signed the foregoing document, and that the statements therein contained are true.

Notary Public

Seal

2-231384-5

FILE NUMBER



DOMESTIC

STATE OF WASHINGTON DEPARTMENT OF STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal, hereby

certify that

ARTICLES OF AMENDMENT TO

ARTICLES OF INCORPORATION

| of | OLYMPIA | AREA | VISITOR-CONVENTION | BUREAU |
|-----|---------|------|--------------------|--------|
| UI. | | | | |

a domestic corporation of_____

Olympia, Washington,

Changing name to OLYMPIA-LACEY-TUMWATER VISITOR CONVENTION BUREAU

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

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

April 1, 1983 RALPH MUNRO SECRETARY OF STATE

SSF-57-A (11-70) -111-



BOARD OF DIRECTORS BYLAWS

VISITOR AND CONVENTION BUREAU OF THURSTON COUNTY DBA OLYMPIA-LACEY-TUMWATER **VISITOR & CONVENTION BUREAU**

Approved: June 21, 2022

TABLE OF CONTENTS

PAGE 2 / MISSION, VISION, AND VALUES

PAGE 3 / BYLAWS AND GOVERNING POLICIES

PAGE 10 / INVESTIGATIONS AND CONDUCT

PAGE 11 / CONFLICT OF INTEREST

PAGE 15 / BOARD COVENANT

PAGE 16 / BOARD JOB DESCRIPTION & RESPONSIBILITIES

PAGE 18 / BOARD SELF-EVALUATION

PAGE 18 / BOARD ORIENTATION

MISSION, VISION, VALUES

The VCB inspires, informs, and influences travelers and travel decision makers to visit Thurston County. Through a strategic mix of marketing, communication, and sales initiatives, we promote and package the region - inviting individual travelers, meetings and events, group tours and sporting events to explore, stay and compete in Thurston County.

MISSION

We reveal the most iconic Thurston County experiences for the world to discover.

VISION

To be known as a top travel destination in the Pacific Northwest

VALUES

Accountability

We take responsibility for our words, actions, results, and everything in between.

Collaboration

We do our best work when we recognize one another's strengths – we listen, support and adapt together.

Respect

We value diverse perspectives and treat people with dignity and professionalism.

Trust

The relationships we build are rooted in our ability to instill confidence that we are experts in our field, our actions are fair, and our behavior is responsible and reliable.

Integrity

Our organization is transparent and firmly rooted in the highest ethical standards.

Empathy

We care about the well-being of others and show kindness and caring every day.

BYLAWS & POLICIES

OVERVIEW

The following are the official bylaws of the Visitor and Convention Bureau of Thurston County, dba Olympia-Lacey-Tumwater Visitor & Convention Bureau (OLTVCB) and dba Experience Olympia & Beyond, originally approved by the Board of Directors on November 20, 2018. The bylaws serve as governing rules by which the organization will conduct itself. Where prudent, additional policies have been added to further define and clarify courses of action for the organization. These policies were amended and adopted by the Board of Directors on June 21, 2022, and are identified as "POLICY" throughout this document.

A good faith effort will be made to abide by all governing policies. There may be unforeseen circumstances when the Board of Directors may choose to take action to modify said policies for a special situation.

The Board of Directors will conduct a review of the bylaws and policies on an as needed basis to ensure relevancy and effective governance of the organization.

BYLAWS AND POLICIES

Article I. Olympia-Lacey-Tumwater Visitor & Convention Bureau

- Olympia-Lacey-Tumwater Visitor & Convention Bureau (OLTVCB) focus and goal is to reveal the most iconic Thurston County experiences for the world to discover.
- 2. The OLTVCB shall operate as a nonprofit 501(c)(6).
- 3. The OLTVCB fiscal year shall be based on the calendar year.
- Registered Office: The post office address of the registered office of the Olympia Lacey Tumwater Visitor and Convention Bureau shall be 2424 Heritage Ct. SW STE 101, Olympia, WA 98502, or such other address as may be subsequently approved by the Board of Directors.
- 5. Dissolution: The Olympia Lacey Tumwater Visitor and Convention Bureau, as a private nonprofit organization, may only be dissolved with approval of two-thirds majority of all current members of the Board of Directors.

Article II. Stakeholders & Meetings

1. <u>Stakeholders</u> / Any individual or organization which supports the purpose of the OLTVCB shall be considered a stakeholder.

2. <u>By-laws</u> / All stakeholders may be provided a copy of the OLTVCB By-laws upon request.

3. <u>Meetings</u> / At least one stakeholder meeting shall be held each year. Stakeholders of the OLTVCB shall be informed of the time and place of the meeting at least two weeks in advance.

POLICY: The OLTVCB will conduct an annual stakeholder meeting.

Article III. Board of Directors

- 1. <u>The Board of Directors shall consist of a minimum of eleven (11) and up to twenty-one (21)</u> / Directors of the Board shall include:
 - a. A minimum of three (3) and up to five (5)-directors total from the municipalities served by the OLTVCB, generally one elected official and/or employee of the municipality from each funding municipality.
 - b. A minimum of one (1) hotelier shall be represented
 - c. The remaining directors shall be made up of representation of entities that manage regional and local attractions or non-profit organizations that promote Thurston County tourism economy, and those who provide or manage services to tourists in Thurston County; including but not limited to lodging, retail, attractions and entertainment, food service, transportation, tribes, and other businesses that rely on a robust tourism economy.
 - d. The CEO is an ex-officio director of the board who serves in a non-voting capacity whose service does not count toward the total number of directors.
- 2. <u>Election to the Board of Directors</u>
 - a. Candidates for Board of Directors shall be submitted to the Nominating Committee for consideration. The Nominating Committee will provide their recommendations to the Executive Committee for approval. Endorsed Candidates will be submitted for full Board of Directors approval.
 - b. Elected Officials representing a funding municipality will be recommended to the Executive Committee for appointment to the Board by the municipality.
 - c. Endorsed candidates will be submitted to the full Board of Directors for approval.
 - d. Board directors shall elect a Candidate to a term, per paragraph 3 of this section.
- 3. Term of Office
 - a. Board and Officer terms shall begin on the date of the Annual Membership Meeting, with the exception of elected, who are appointed.
 - b. Board of Directors shall serve a three (3) year term.
 - c. Election of Board Directors filling a vacant position for unexpired terms shall be for the balance of the term vacated as endorsed by the Executive Committee and approved by the full Board. See Mid-term vacancies. Article III Section 7.
- 4. <u>Term Limits / Renewal /</u> Board Director terms may be renewed up to three (3) consecutive terms (partial or full). Upon completion of three consecutive terms, the Board Directors may run for election again after taking one calendar year off the Board. Exceptions may be granted if approved by the Nominating Committee and approved by the Board of Directors.

POLICY: The OLTVCB Board of Directors is not required to fill a vacancy for unexpired terms unless the size of the board falls below the minimum per Article III, Section 1 of the bylaws and/or of required positions are vacated.

5. <u>Resignations</u>

a. Three (3) missed (unexcused) meetings by a Director within a twelve (12) month period, signals an automatic resignation from the Board of Directors.

POLICY: An "unexcused absence" is defined as: no notification given to OLTVCB staff or Board President. Notification will be given a minimum of two hours prior before the scheduled meeting.

POLICY: Once automatic resignation is signaled, the board president will follow-up with written notification to the board director.

- b. Any director may resign effective upon giving written notice to the President of the Board, unless such notice specifies a later time for the resignation to become effective.
- 6. <u>Election to Office</u> / Directors will be elected to office by via email one month prior to the Annual Meeting.
 - a. Stakeholders will be given two (2) weeks to submit their vote via email survey.

POLICY: Ballots with the board slate will be distributed to OLTVCB stakeholders within one month of the election.

- <u>Removal from Office</u> / Any director serving on the Board of Directors may be removed by two thirds (2/3) vote of all other current directors of the Board present at a regular or a special meeting of the Board provided that notice of such proposal has been given or sent to each Board director in writing at least five (5) days prior to the meeting.
- 8. <u>Vacancies</u> / Board of Directors' mid-term vacancies may be appointed by the Executive Committee submitting an endorsed Candidate's name to the Board of Directors for approval.
- Board Meetings / The Board of Directors shall meet at least quarterly. The time and place for the regular meetings shall be made by a majority agreement. The Board of Directors shall receive notice of a meeting no less than one week before the meeting. Robert's Rules of Order shall serve as the guide for the conduct of business at meetings of the OLTVCB.
 - a. <u>Meeting Types</u> / The OLTVCB board meets in two ways:
 - i. <u>Open</u> / Meetings of this type are open to our stakeholders.

ii. <u>Closed</u> / Upon the affirmative vote in open meeting to assemble in closed session, the board of directors may convene in closed executive session to consider personnel matters (including salary negotiation and complaints against any officer or employee of the corporation); consult with legal counsel or consider communications with legal counsel; discuss likely or pending litigation; and consider proprietary or confidential non-published information related to the activities of the organization.

POLICY: In very special cases, when advised by an attorney, the Chief Executive Officer can call a closed executive session to discuss matters of a sensitive and/or urgent nature.

- b. <u>Minutes</u> / Will be taken at all open meetings.
- c. <u>Quorum</u> / At any meeting of the Board of Directors at least one-half of the Board directors must be present in person, via phone call, or through a video chat software to constitute a quorum and validate decisions. Each Board director present shall be entitled to one vote. A vote of the majority of the Board directors present shall affirm resolutions put forth.
- 10. <u>Responsibilities</u> / The Board of Directors is responsible for managing the business and property of the Olympia Lacey Tumwater Visitor and Convention Bureau. The Board may establish and excuse any committees deemed necessary, hire and manage the performance of the Chief Executive Officer, set rates, acquire and sell assets, establish policies and define, approve or disallow exceptions to policy.

| BOARD ROLES | STAFF ROLES |
|-------------------|----------------------------------|
| Governs | Administers |
| Decides "what" | Decides "how" |
| Makes policy | Carries out policy |
| Sets direction | Plans and works to achieve |
| | goals based on direction |
| | Provides updates on achievements |
| Monitors progress | Monitors progress |

See Board of Directors Job Description on Page 14

- <u>11. Accountability</u> / Directors of the Board of Directors are expected to take actions in good faith and in reasonable pursuit of decisions made by the Board. The OLTVCB will maintain Directors and Officers insurance at the minimum per claim limit as required and contracted with municipalities'; preferably with an A+ rated insurance company.
- 12. <u>Alternates</u> / If a Board Director is not able to attend a meeting, they can send an alternate representative in good standing with the OLTVCB. The attendance of an alternate will count for a quorum however the alternate's ability to issue a proxy vote must be preapproved in advance of the meeting by either the CEO or Board President.

Article IV. Officers

POLICY: Officers shall be elected by the Board of Directors at the Board meeting preceding the Annual Meeting and immediately following the vote. Voting for officers will be conducted by secret ballot.

- <u>Election of officers</u> / The Board of Directors shall elect a President, a Vice President, a Treasurer, Secretary, and other elected officers, up to a total of eight members, as the Board of Directors deem necessary. Any Board director may serve as an officer with the exception of an elected official for a funding municipality.
- Term of Office / Officers shall serve a three-year term. Any officer may be removed by two thirds (2/3) vote by the Board of Directors present provided notice has been given as provided for above at a meeting in which a quorum is present. A vacancy in an officer position may be filled by a majority vote of the Board Directors present.

POLICY: When a board member is elected to an Officer position, their term limit on the board of directors adjusts to end according to the officer term.

 Term Limits / Renewal / Officer terms may be renewed up to three (3) consecutive terms (partial or full). Upon completion of three consecutive terms, Officers may run for election again after taking one calendar year off the Board. Exceptions may be granted if approved by the Nominating Committee and approved by the Board of Directors.

POLICY: Terms are three years in length for both director and officer roles.

<u>President</u> / The President of the OLTVCB shall be responsible for the strategic leadership and external relations of the OLTVCB, shall preside at all meetings of the Board of Directors including the Annual or any special meetings of the OLTVCB, shall call such other meetings of the Board of Directors as they shall deem necessary, and shall perform such other duties usually inherent in such office and/or delegate them as deemed necessary.

<u>Vice President</u> / The Vice President shall act on behalf of the President of the OLTVCB in his/her absence.

<u>Treasurer</u> / The Treasurer shall receive and be accountable for all funds belonging to the organization, pay all obligations legally incurred by the Olympia Lacey Tumwater Visitor and Convention Bureau when payment is authorized by the Board of Directors, maintain bank accounts in depositories, provide financial reports and perform such other acts as the President may direct. The Treasurer may also delegate these duties to the Chief Executive Officer, administrator, or such other staff or an accounting firm and shall ensure all records are

kept for the Board of Directors and the OLTVCB and any other responsible parties as deemed necessary, prudent, and approved by the Board of Directors.

POLICY: The Treasurer shall serve as the chair of the budget and policy committee.

<u>Secretary</u> / The Secretary shall be responsible for working with staff to ensure all Board and Executive Committee meetings are recorded, distributed to the board, and approved by board vote.

POLICY: OLTVCB staff will draft meeting minutes and submit them to the Secretary for approval. The Secretary will approve the draft minutes for presentation to the board of directors.

<u>Past President</u> / The Past President is a voting member of the Executive Committee and provides leadership to the Board of Directors, when applicable.

<u>At-Large</u> / The At-Large position represents the viewpoints of the Board of Directors.

Article V. Committees

1. <u>All committees of the OLTVCB shall be proposed by the Executive Committee and approved</u> by the Board of Directors / The President shall appoint all committee chairs.

POLICY: Approval for committees can be created by using formal vote or consensus. Task force groups may be formed for a specific purpose and do not need formal approval.

- 2. <u>Executive Committee</u> / Officers, the Past President, if applicable, and At-Large Executive Board Directors shall constitute the Executive Committee. This Committee shall approve the agenda for Board meetings and carry on the oversight of the organization according to the directions established by the Board.
 - a. There shall be an Executive Committee of the Board of Directors, consisting of the President, Vice President, Past President when applicable, Treasurer, Secretary, and up to four At-Large Executive Committee members.
 - b. The Executive Committee shall transact business of an emergency or delegated nature, act on behalf of the Board of Directors between meetings of the directors and oversee the on-going operation of the OLTVCB. The Executive Committee shall report the substance of any such actions to the Board of Directors at its next meeting.
 - c. At any executive committee meeting at least one-half of the members must be present in person, via phone call, or through a video chat software to constitute a quorum and validate decisions. Each member present shall be entitled to one vote. A vote of the majority of the members present shall affirm resolutions put forth.
 - d. The executive committee, on behalf of the board of directors, shall make the recommendation to hire, determine the compensation of, and dismiss the Chief Executive Officer of the OLTVCB.

- e. The Executive Committee, will on an annual basis establish goals/objectives and review performance of the Chief Executive Officer for merit pay increases or incentive compensation.
- 3. <u>Nominating Committee</u> / The President chairs the Nominating Committee and shall appoint 3-6 Board Directors including the President to serve on the committee.

Article VI. Activity and Fund Use Limitations

1. No part of the net earnings, contributions or gifts given to this organization shall be distributed in an unlawful manner or for the personal use of any Board-director, OLTVCB stakeholder or other private persons.

Article VII. Amendments

 These Bylaws may be amended, changed, modified or repealed by an affirmative vote of twothirds (2/3) of the members of the Board of Directors present at any meeting of the Board provided that a quorum is present and that two weeks' notice of the amendment, change, modification or repeal was given with the notice of such meeting and that such amendment, change, modification or repeal is consistent with the Articles of Incorporation governing the operations of this organization.

Certified to be the Bylaws of the Corporation adopted at a meeting of the Board of Directors held on the 21st day of June 2022.

INVESTIGATIONS & CONDUCT

OLTVCB INVESTIGATIONS

The OLTVCB will take all reports seriously and conduct an appropriate investigation. The OLTVCB will expect that all employees and directors will cooperate in any investigation, whether those employees are directly involved. The OLTVCB will attempt to keep the facts and results of its investigation confidential, although that is not always possible. The OLTVCB may take appropriate disciplinary action against an employee or director found to have violated the policy, up to and including termination of employment or board service.

NON-RETALIATION

The OLTVCB prohibits retaliation because of an employee's or director's good faith report of discrimination or harassment, or participation in an investigation of such a claim. Any individual who is found to have engaged in retaliatory conduct will be subject to appropriate corrective action, up to and including termination of employment. Employees who believe they have experienced such retaliation should notify their supervisor, the CEO, president, or executive committee.

SUBSTANCE ABUSE AND MISUSE

While at work, each OLTVCB employee has a responsibility to our customers, our employees, and to the public to perform his or her work and to deliver services in a safe and conscientious manner. All employees must be able to work in a drug-free environment and themselves be free from the effects of alcohol and other job-impairing substances. Accordingly, the use, sale, or possession by an employee of liquor, controlled substance, drug not medically authorized, or other substances which may impair job performance or pose a hazard to the safety and welfare of the employee, the public, or other employees, is strictly prohibited and will result in termination. Should an issue arise indicating that drugs, alcohol, substance-not-medically authorized or other inappropriate item may be present in the workplace, OLTVCB reserves the right to search employees' work areas and belongings with another manager, supervisor or other third party shall be present. OLTVCB also reserves the right to conduct alcohol and drug tests at any time.

The OLTVCB may terminate an employee if the employee violates this policy, fails to cooperate fully in drug test procedures, refuses to be tested, or provides false information.

The OLTVCB takes seriously its commitment to provide safe and conscientious services to its customers, the public and its employees. Recognizing this commitment, the OLTVCB has access to a clinically-conducted employee assistance resources which can provide professional assistance in an effort to aid any employee who has an alcohol or substance dependency problem. All employees who suspect they may have an alcohol or substance abuse problem are encouraged to utilize their program's resources <u>before</u> the problem affects their employment status. Seeking employee assistance resources is voluntary and confidential.

CONFLICT OF INTEREST POLICY

CONFLICT OF INTEREST

The purpose of the Conflict of Interest Policy is to protect the interests of OLTVCB when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer, director or staff member of OLTVCB or might result in a possible excess benefit transaction. This policy is intended to supplement, but not replace, any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

Definitions:

Interested Person – Any director, officer, staff member, or member of a committee, who has a direct or indirect financial interest, as defined below, is an interested person.

Financial Interest – A person who has directly or indirectly through business, investment, or family:

- An ownership or investment interest in any entity with which OLTVCB has a transaction or arrangement.
- A compensation arrangement with OLTVCB or with any entity or individual with which OLTVCB has a transaction or arrangement; or
- A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which OLTVCB is negotiating a transaction or arrangement.

Compensation – Any direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. A person who has a financial interest may have a conflict of interest only if the Board of Directors, or committee, decides that a conflict of interest exists.

Procedures:

- 1. Duty to Disclose. In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees considering the proposed transaction or arrangement.
- 2. Determining Whether a Conflict of Interest Exists. After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he or she shall leave the Board of Directors or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining Board of Directors or committee members shall decide if a conflict of interests exists.
- 3. Procedures for Addressing the Conflict of Interest.
 - a. An interested person may make a presentation at the Board of Director's meeting or committee meeting, but after the presentation, he or she shall leave the meeting during the discussion of, and vote on the transaction or arrangement involving the possible conflict of interest.
 - b. The President of the Board of Directors or chairman of the committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed

transaction or arrangement.

- c. After exercising due diligence, the Board of Directors or committee shall determine whether OLTVCB can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
- d. If a more advantageous transaction or arrangement is not reasonably possible, under the circumstances, not producing a conflict of interest, the Board of Directors or committee shall determine by a majority vote of the disinterested directors or committee members whether the transaction or arrangement is in OLTVCB's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination, it shall make its decision as to whether to enter into the transaction or arrangement.
- 4. Violations of the Conflicts of Interest Policy.
 - a. If the CEO or Board of Directors has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
 - b. If after hearing the member's response and after making further investigation as warranted by the circumstances, the CEO or Board of Directors determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.
- 5. Annual Statements:
 - a. Each director, officer, staff member and member of a committee shall annually sign a statement which affirms such person:
 - i. Received a copy of the Conflict of Interest Policy;
 - ii. Read and understands the Policy;
 - iii. Agreed to Comply with the Policy;
 - iv. Understands that OLTVCB is a non-profit corporation and to maintain its federal tax exemption must engage in activities which accomplish one or more of its tax-exempt purposes.

YOUR RESPONSIBILITY TO REPORT

As a team member of the OLTVCB, you have the right and responsibility to question or challenge situations in which you suspect that something improper, unethical, or illegal is going on. The OLTVCB is committed to looking into concerns and addressing them if they're found to have merit, but we won't know that those concerns exist unless you let someone know. Being aware of suspected misconduct and not reporting it could result in termination from the OLTVCB or being discharged without severance if in a paid status, or removed from our sponsorship or vendor lists, regardless of contractual obligations and may make you liable for the misconduct as an accomplice. If you do report suspected misconduct, you also have an obligation to cooperate in investigating the matter.

Once you've decided that you need to talk to someone about your issue or concern, who should you contact?

First, talk to your CEO. Give your CEO a chance to solve the problem. If your CEO cannot resolve the issue to your satisfaction or you are not comfortable talking to your CEO, contact a member of the Board Executive Committee. If the issue still is not resolved to your satisfaction or if you are not comfortable talking to a Board member, notify the Board President. Your confidentiality and, if you wish – your anonymity, will remain intact during the investigation whenever possible. If it becomes a legal issue, you may be required to disclose your name and sources of information.

We understand that many persons prefer that their communications concerning misconduct remain P a g e 12 | 18 confidential. Although we will try to protect the confidentiality of persons who report suspected misconduct, we cannot guarantee complete confidentiality. For example, sometimes it is impossible to investigate suspected misconduct without identifying the complainant. We believe, however, that it is better to come forward than to let the misconduct continue. A non-retaliation concept will be utilized for persons reporting suspected misconduct.

CONFIDENTIAL INFORMATION

You are responsible for the safekeeping of any confidential OLTVCB information or trade secrets to which you have access.

Confidential information and trade secrets, sometimes called "proprietary information," means information that belongs to the OLTVCB and which the OLTVCB has a right or obligation to protect. It includes any information that is not generally disclosed, is regarded as private, and/or which either is useful to the OLTVCB or would be helpful to competitors. Examples of confidential information include:

- Sales file information
- Sales database meeting planners, tour operators, etc.
- Personal Information about team members
- Financial data
- Contract information
- Planned new projects
- List of vendors, supplies and/or sponsors
- Wages and salary information, apart from your own compensation which you may disclose as you wish
- Projected earnings
- Changes in management or policies
- Suppliers/hotel pricing
- Electronically stored information

These are basic guidelines for protecting the OLTVCB proprietary information:

- If you have access to proprietary information, discuss it with others in the OLTVCB on a need-to-know basis.
- Do not disclose proprietary information to an outside person or entity, except under a nondisclosure agreement that has been approved by the OLTVCB legal advisor.
- Do not disclose proprietary information in social conversations or in normal business dealings with suppliers, customers, sponsors, or vendors.

If asked about disclosure of confidential or proprietary information, contact your CEO or the President of the OLTVCB.

RECORDS OF PROCEEDINGS

- 1. <u>The Minutes of the Board of Directors and all committees shall contain:</u>
 - a. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, and action taken to determine whether a conflict of interest was present, and the Board of Director's or committee's decision as to whether a conflict of interest in fact existed.
 - b. The names of the persons who were present for discussion and votes relating the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

COMPENSATION

- 1. A voting member of the Board of Directors who receives compensation, directly or indirectly, from OLTVCB for services is precluded from voting on matters pertaining to that member's compensation.
- 2. A voting member of any committee whose jurisdiction including compensation matters and who receives compensation, directly or indirectly from OLTVCB for service, is precluded from voting on matters pertaining to that director's compensation.
- 3. No member of the Board of Directors or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from OLTVCB either individually or collectively is prohibited from providing information to any committee regarding compensation.

ANNUAL STATEMENTS

- 1. Each director, officer, staff member and member of a committee shall annually sign a statement which affirms such person:
 - a. Received a copy of the Conflicts of Interest Policy;
 - b. Read and understands the Policy;
 - c. Agreed to Comply with the Policy;
 - d. Understands that OLTVCB is a non-profit corporation and to maintain its federal tax exemption must engage in activities which accomplish one or more of its tax-exempt purposes.

BOARD COVENANT

This covenant defines our best intentions and goals and Board Members of the Olympia-Lacey-Tumwater Visitor & Convention Bureau (OLTVCB). Each board director shall sign a document agreeing to the following responsibilities.

BOARD JOB DESCRIPTION

The OLTVCB Board Director acts as a voting director of the Board with full authority and responsibility to develop policies, procedures, and regulations for the operation of the OLTVCB; assists with the monitoring of the OLTVCB's financial health, programs, and overall performance; provides the Chief Executive Officer with resources to meet the needs of those the OLTVCB serves.

BOARD RESPONSIBILITIES

- Act as a trustee for stakeholders and community
- Establish objectives and board policies
- Adopt Budget
- Make decisions not delegated
- Elect officers and monitor performance
- Hire, direct and monitor Chief Executive Officer
- Oversee committees
- Attends all Board meetings and activities, including special events and Board retreats.
- Becomes knowledgeable about the OLTVCB
- Prepares for and contributes to Board meetings by being well-informed on agenda issues and expressing his/her point-of-view
- Openly considers others' points-of-view and makes constructive suggestions to help the Board make decisions that benefit those who the OLTVCB serves.
- Represents the OLTVCB to individuals, the public and other organizations.
- Assumes Board leadership roles when asked.
- Keeps the Chief Executive Officer informed about any concerns the community has expressed.
- Acts in the best interest of the OLTVCB and has a duty of loyalty to the organization
- Honors confidentiality of proprietary OLTVCB information and discussions in a closed session

BOARD JOB DESCRIPTION & RESPONSIBILITIES

Upon election to the board, each board director is expected to sign a Board Covenant. This covenant defines the best intentions and goals of Board Directors of the OLTVCB. The covenant includes the Board Job Description and Board Responsibilities outlined below. Signed covenants are stored at the OLTVCB administrative office.

BOARD JOB DESCRIPTION

The OLTVCB Board Director acts as a voting member of the Board with full authority and responsibility to develop/adopt policies, procedures, and regulations for the operation of the OLTVCB; assists with the monitoring of the OLTVCB's financial health, programs, and overall performance; provides the Chief Executive Officer with resources to meet the needs of those the OLTVCB serves.

BOARD RESPONSIBILITIES

- Act as a trustee for stakeholders and community
- Establish objectives and board policies
- Adopt Budget
- Make decisions not delegated
- Elect officers and monitor performance
- Hire, direct and monitor Chief Executive Officer
- Oversee committees
- Attends Board meetings and activities, including special events and Board retreats
- Becomes knowledgeable about the OLTVCB
- Prepares for and contributes to Board meetings by being well-informed on agenda issues and expressing his/her point-of-view
- Openly considers others' points-of-view and makes constructive suggestions to help the Board make decisions that benefit those who the OLTVCB serves
- Represents the OLTVCB to individuals, the public and other organizations
- Assumes Board leadership roles when asked
- Keeps the Chief Executive Officer informed about any concerns the community has expressed

RESPONSIBLE BOARD DIRECTORS

- Respond to meeting notices
- · Attend meetings prepared and participate
- Know the organization's financial position
- Avoid conflicts of interest
- Subordinate personal and professional interests
- Support the Board's decisions
- Evaluate and make recommendations

LEGAL AND ETHICAL STANDARDS

- Obedience to laws and policies
- Loyalty to OLTVCB interests
- Care due diligence

FIDUCIARY RESPONSIBILITIES

The OLTVCB Board of Directors makes fundamental management and policy decisions by adopting policies and by-laws, as well as motions and resolutions at Board Meetings. The day-to-day management is the responsibility of the Chief Executive Officer.

Each Director (including the Chief Executive Officer) is in a "fiduciary" relationship with the OLTVCB as a whole; i.e., the organization on whose board they serve. If you are a director or officer, you must act with the utmost good faith and use your powers solely in the interest of the OLTVCB. When you become a Director or officer, you agree to give diligent attention to the OLTVCB concerns and to be faithful and honest in carrying out the duties of your position. You are not expected to be infallible, but you must act with honesty and in good faith.

The Board of Directors has many responsibilities as outlined in the Bylaws of the Corporation. They can be summarized as:

Each Board member must oversee the business conduct and ethical standards of the OLTVCB. The specific responsibilities of directors include the following:

- 1. Each Director has a fiduciary obligation to:
 - a. Act in good faith, with the care an ordinarily prudent person in a like position would exercise under similar circumstances;
 - b. Act in a manner he or she reasonably and honestly believes to be in the best interests of the OLTCVB; and
 - c. Become fully informed of all relevant information about a particular matter before making a decision on that matter as a member of the Board.
- 2. A Director must avoid breaches of fiduciary duty, such as fraud, overreaching, improper personal benefit, lack of good faith, or failure to become fully informed.
- 3. A Director will perform his or her duties with the knowledge that his or her conduct sets an example for the ethical tone of the OLTVCB.

BOARD SELF-EVALUATION

The VCB Board of Directors conducts annual self-evaluations to evaluate the overall health, vitality, and effectiveness of the board.

Each board director is asked to complete the electronic Board Self-Evaluation survey. They are given three (3) weeks to complete the survey. VCB Board President aggregates the results and presents to Executive Committee and Board of Directors for analysis. The report will include discussion of key strengths (things the Board is doing well) and key opportunities (things the Board can be doing better to improve overall health and governance of the organization).

Staff will prepare and the Board President will distribute individual Board Scorecards. Scorecards will show a record of individual board director attendance and committee participation.

BOARD ORIENTATION

BOARD DIRECTORS

Upon election to the VCB Board of Directors, all new board directors will participate in a Board Orientation. The orientation will include a discussion of the following: an overview of the VCB and tourism's role in economic development, board roles and responsibilities and VCB's staff structure.

EXECUTIVE COMMITTEE

When a board director is elected to the Executive Committee, they will refresh their understanding of the VCB by participating in the Board Orientation.

| | 2023 Board of Directors | | | | | | | | | | |
|-----------|-------------------------|----------------|-----------------------------------|---------------------------------|------------------------------------|----------|-------|-------|------------------------|----------------|--|
| First | Last | Position | Title | Organization | Street | City | State | Zip | Primary# | Second # | |
| Sue | Falash | President | Facilities & Athletics Manager | Regional Atheltic Complex | 8345 Steilacoom Rd. SE | Olympia | WA | 98513 | (360) 438-2694 | (253) 227-2643 | |
| Christina | Daniels | Treasurer | Owner | Hubers Gasthaus | 2312 Friendly Grove RD | Olympia | WA | 98506 | (360) 943-6543 | (360) 481-0648 | |
| Patty | Belmonte | Secretary | CEO | Hands On Childrens Museum | 414 Jefferson St SE | Olympia | WA | 98501 | (360) 956-0818 ex. 141 | (360) 789-9061 | |
| Jeetu | Chaudhry | Board Director | General Manager | Holiday Inn Express | 4460 3rd Avenue SE | Lacey | WA | 98503 | 360-491-7985 | 310-926-8315 | |
| Michael | Davidson | Board Director | GSM - Tracker Boat / ATV Center | Cabela's | 1600 Gateway Blvd NE | Lacey | WA | 98516 | 360-252-3509 | 360-791-2596 | |
| Chuck | Denney | Board Director | Director, Parks & Recreation | City of Tumwater | 555 Israel Road SW | Tumwater | WA | 98501 | (360) 754-4160 | (360) 239-6314 | |
| Amy | Evans Harding | Board Director | Port Commissioner | Port of Olympia | 606 Columbia St NW, Suite 300 | Olympia | WA | 98501 | (406) 260-5530 | | |
| Sans | Gilmore | Board Director | Attorney | Sans Gilmore, P.S., Inc. | 2646 RW Johnson Blvd SW STE 100 | Tumwater | WA | 98512 | (360) 489-1120 | | |
| Angela | Jefferson | Board Director | Councilmember | City of Tumwater | 555 Israel Rd SW | Tumwater | WA | 98502 | (360) 349-1878 | | |
| Ed | Kunkel | Board Director | Councilmember | City of Lacey | 420 College St. SE | Lacey | WA | 98503 | (360) 489-9533 | 360-789-4708 | |
| Hanford | McCloud | Board Director | 6th Tribal Council Member | Nisqually Indian Tribe | 4820 She Nah Num Drive SE | Olympia | WA | 98513 | (360) 456-5221 | | |
| Jill | Nelson | Board Director | Owner | Nelson Ranch | 3624 Waldrick Rd SE | Olympia | WA | 98501 | (360) 352-4124 | 360-970-0304 | |
| Mike | Reid | Board Director | Economic Development Director | City of Olympia | 120 State Ave NE #113 | Olympia | WA | 98501 | (360) 753-8591 | 360-480-9167 | |
| Line | Roy | Board Director | Communications & Recreation | City of Yelm | 106 2nd Street SE | Yelm | WA | 98597 | (360) 458-3244 | 719-439-1754 | |
| Satpal | Sohal | Vice President | Owner | La Quinta Inn & Suites Tumwater | 4600 Capitol Blvd SE | Tumwater | WA | 98501 | (360) 352-5433 | 206-229-5246 | |
| Brandon | Staff | Board Director | Global Supply Chain Specialist | Boeing | 1766 Vista Loop SW | Tumwater | WA | 98512 | 541-821-3243 | | |
| Rick | Walk | Baord Director | City Manager | City of Lacey | 420 College St. SE | Lacey | WA | 98503 | (360) 491-5642 | 360-339-0475 | |
| Shina | Wysocki | Board Director | Owner | Chelsea Farms Oyster Bar | 6438 Young Rd NW | Olympia | WA | | (360) 701-8358 | 360-701-8358 | |
| Annette | Pitts | Staff Member | CEO | Experience Olympia & Beyond | <u> </u> | Olympia | WA | | (360) 704-7544 ex. 2 | 509-881-8587 | |
| Kelly | Campbell | Staff Member | VP Finance & Administration | Experience Olympia & Beyond | 2424 Heritage Ct. SW, Ste 101 | Olympia | WA | 98502 | (360) 704-7544 ex. 7 | 360-280-0830 | |

CITY OF TUMWATER LODGING TAX APPLICATION – Entity Certification

| Application Deadline:AUGUST 30, 2023Attention:City of Tumwaten Hanna Miles – Ex hmiles@ci.tumwate | R ECUTIVE DEPAR | TMENT | | _ |
|---|--|--|--|--|
| ORGANIZAT | ION/AGENCY | INFORMATION | | |
| Tumwater Valley Golf Club/Tumwater Parks & Organization/Agency Name Todd Anderson Contact Name 555 Israel Road SW Mailing Address | & Recreation | 91-6001520 Federal Tax II <u>Recreation Ma</u> Title <u>Tumwater</u> City | | <u>98501</u> Zip |
| 360-239-6315www.tumwatervaPhoneWebsite | alleygc.com | tanderson@ci.tu Email Address | | |
| ☐ Tourism Promotion/Marketing Activities Amount Requested: <u>\$2,000</u> Brief Description of Tourism Promotion/Mark <u>Tumwater Valley Golf Club will host the WIAA St</u> <u>local hotels, restaurants and other local businesses.</u> <i>*If an Event/Festival, complete the following:</i> <u>WIAA High School State Golf Championships</u> Name of Event/Festival Event/Festival Website (<i>if different than above</i>) | _ To eting Activities ate High School □ New Event <u>TVGC & 3 othe</u> Location May of 2023 | tal Project / Even , Events/Festivals | t Budget: <u>\$</u> , or Tourism <u>ps. This event</u> nt for <u>2 - 4</u> n <u>May of</u> Date of Ev | -Related Facilities: has proven to fill our umber of years |
| | CERTIFICATIO | N | | |
| I hereby state on behalf of <u>Tumwater Valley Golf C</u> Organiz Applicant is: Nonprofit The applicant has, or can obtain, general liability insurance aggregate for personal injury, bodily injury and property dams The applicant has on file with the City, or is submitting one co I understand that this is an application for a contract with the C a reimbursement basis, and a signed Lodging Tax Invoice is s The applicant has accounting/record-keeping systems which inspection by the City of Tumwater or its agents; and C) is ma I understand that the City of Tumwater will conduct public dis City of Tumwater and its Lodging Tax Advisory Committee. I hereby certify that the information contained in this certificat of activities and financial status of the organization submitting I hereby certify that the person signing this application is duly | For Profit covering no less than age. opy, of their current ar City of Tumwater, wh submitted including pr A) show the purpose aintained for at least 6 scussions regarding re ion and application for g this application. | since \$2,000,000 combined ticles of incorporation a ich, if awarded, will onl toof of payment docume s for which City of Tur years following the end commendations for fundament r funding with the City of | nd by-laws. ly be paid after th entation. nwater funds hav l of contract. ding to any agenc of Tumwater is a | e service(s) is rendered - on re been spent; B) is open to cy making application to the true and accurate statement |
| Todd Anderson, Recreation Manager Name and Title | Todd Ande | | | <u>8/24/23</u> Date |

CITY OF TUMWATER LODGING TAX APPLICATION – Funding Criteria

1. What is the purpose of your special event, festival, or tourism-related facility?

The goal is to continue to compete for hosting the WIAA State High School Golf Championships. By hosting it not only gives our local high school athletes the opportunity to play on their home course but it brings thousands of people into town as spectators, participants, coaches, families and officials. This benefits our local hotels/motels as well as restaurants, small businesses and tourism.

2. a. For what specific tourism-generating activities will City of Tumwater lodging tax funds be used? Complete and submit the Lodging Tax Budget Form specific to your special event, festival, or tourism related facility. (The Budget Form is also available online at <u>www.ci.tumwater.wa.us/LodgingTax</u>.)

Our goal is to continue to build upon the "Wow Factor" we have created for this event. This year's participants were welcomed into the Tumwater Community with street banners lining Capitol Boulevard and Tumwater Valley Drive welcoming all WIAA State Golf Participants to Tumwater. We created a tunnel of signs leading the way to the first tee that highlighted each school represented. This turned out to be a popular photo opportunity for many. We created a hospitality tent for volunteers, coaches and officials, which is typically only seen at exclusive events. The goal for 2024 and beyond is to continue to set ourselves apart in order to compete with Eastern Washington and their desired weather. We need to provide over the top service and attention to detail in order to have a chance at competiting to win these bids on a regular basis. If successful with securing these LTAC funds, we will purchase a set of outdoor dual wireless sound system, ten logo table covers, signage and flags that will be used for the closing ceremony as well as during the event.

b. If a returning applicant, identify any major changes in the event or organization since the last funding cycle.

No major changes to the event itself. Seeking financial support to grow and enhance the experience for the kids.

3. Describe the resources available for the proposed tourism-generating activities? Please include the total number of volunteers and volunteer hours that exist for your special event, festival, or tourism-related facility.

The State Championship is the pinnacle of high school golf. We are dedicated to providing a well organized and memorable event for all. We will have a full compliment of staff and volunteers dedicated to ensuring success. In addition to our staff, it takes approximately a dozen volunteers working a grand total of 75 hours to pull this event off.

4. Do other cities or governmental entities in the county fund your special event, festival, or tourism-related facility? If so, which jurisdictions and how much were you funded from each jurisdiction last year?

We are working with Experience Olympia and Beyond on providing "Things to do" packets, water for athletes and supplying drinks and snacks for the hospitality tent for coaches, officials and volunteers.

5. Do you intend to apply for lodging tax funds from other jurisdictions this year? If so, which jurisdictions? Please explain how you will use Turnwater's funds separately from other lodging tax funds you may receive?

No, our focus is on Tumwater and offering "Shoulder Season" events that grow our local, Tumwater businesses outside of the summer season. This event is held every May which fits perfectly within our vision.

CITY OF TUMWATER LODGING TAX APPLICATION – Funding Criteria

6. The request of funds from Tumwater will fund what percentage of your total budget for the proposed special event, festival, or tourism-related facility?

The golf course actually loses approximately 50% revenue on the three days this event is held, as the differential between the tournament junior rate and our regular public rate tee times is \$20 vs \$42. The City of Tumwater is dedicated to growing junior golf and hosting community events that benefit the larger community as a whole. LTAC funds secured will be targeted towards enhancing the experience for spectators and players alike at the closing ceremony with a new portable dual wireless sound system and ten new stretch fabric table covers.

7. Describe the tourism promotion impact on the economy from your special event, festival, or tourism-related facility within the City of Tumwater, specifically on the lodging and food service sectors.

This event fills the local hotels/motels during their off peak season and actually brings families into our community well in advance of the tournament dates. Players want to familiarize themselves with the course; therefore, we experience families traveling to Tumwater multuiple times throughout the year to play practice rounds.

8. How broad-based will the tourism promotion benefit be geographically and economically?

In 2023, we hosted 61 small high school divisions with 120 participants from all over Washington State. Only two of those high schools were within 30 miles of Tumwater. The feedback from Experience Olympia and Beyond was 150 Tumwater hotel room nights were booked for this event at an economic impact totalling \$138,000.

9. How will receiving lodging tax funds result in an increase in the number of people traveling for business or pleasure to Tumwater?

The goal with this lodging tax request is to set ourselves up to be in contention of winning future bids. We have to literally roll out the red carpet and make a lasting impression from the moment participants arrive and throughout their stay, as we simply cannot compete with Eastern Washington's dry weather so we have to win them over in every other aspect possible.

10. For the special event, festival or tourism-related facility, identify the estimated number of participants who will attend in each of the following categories:

| a) Overall attendance | 400 players |
|--|-------------|
| b) Staying for the day only <i>and</i> traveling more than fifty miles or more one way from their place of residence or business | 50 players |
| c) Number of participants in any of the above categories who will attend from out-of-state (includes other countries) | 175 players |
| d) Staying overnight in paid accommodations away from their place of residence or business | 150 players |
| e) Staying overnight in unpaid accommodations (e.g. with friends and family) <i>and</i> traveling fifty miles or more one way from their place of residence or business | 25 players |

CITY OF TUMWATER LODGING TAX APPLICATION – Funding Criteria

f) Total number of paid lodging nights generated in Tumwater

Two

g) Describe what methods you will use to determine attendance and to distinguish among the different visitor categories listed above.

Participants must qualify for State through competing at the District level. TVGC has no bearing on which players/schools will qualify. WIAA distributes the list of schools/players merely days prior to the tournament. The simple fact is players and families will travel from all over Washington State to partake in this event. This tournament has proven to fill hotel rooms and is beneficial to the entire community.

11. If you are awarded a contract, you must be prepared to report to the City the economic benefit from tourists attending your event/facility. Describe how you will document the economic impact from your event/facility; specifically the information requested in question 10. **Submit a sample tracking form, if available.**

Hosting the WIAA State Golf Championships automatically draws hundreds of families from out of the area. Those qualifying will be coming multiple times throughout the year to play these courses and familiarize themselves. Most will stay two if not three consecutive nights for the tournament itself. We work closely with the Experience Olympia and Beyond Sports Taskforce in tracking numbers.

12. Describe how you will promote overnight stays in Tumwater lodging establishments?

We work with WIAA and Experience Olympia and Beyond in promotional materials and in working directly with our Tumwater hotels. We include Tumwater hotels contact information and any special booking instructions in our coach's informational packets.

13. Describe how you will promote Tumwater and other attractions in the Tumwater area to entice tourists to extend their visit beyond attendance to your special event, festival, or tourism-related facility.

We will continue to grow our local partnerships to provide information for distribution in coach's packets. Experience Olympia and Beyond has done a great job of getting us their visitor guides to include and some local restaurants are offering food specials for this event. We do not attempt to entice tourists to extend their stays as the student athletes need to return immediately to school. However, we do promote to the schools to encourage their players to travel throughout the year to play practice rounds which drives additional hotel bookings. We offer the O Bee Junior Open Golf Tournament in April and promote it to all high school golf coaches as THE premier prep tournament for State. We also host dozens of large tournaments each year with groups and events from around the state. We are also now the home course for the new South Puget Sound Community College golf team and will be competing to host community college tournaments in 2025, which will draw competitors from all of Washington and Oregon.

14. What tourism outcome should the City expect if your proposal is only partially funded? Please be specific. *For example: how do you intend to alternatively fund your program / which services will not happen*?

Securing the bid as a host site is a highly competitive process. We were fortunate to win the previous bid and have gone above and beyond to make our event special and memorable. WIAA Officials have commented that TVGC is the model course for what they would like to see for the entire State Golf experience. We need to continue adding to our offering to stay ahead of the competing courses in King County and Eastern WA. Looking to the LTAC Committee for financial support is giving us the very best chance possible at continuing

to be successful in the bidding process. Reduced funding will reduce the chances of obtaining the bid.

15. List other organizations that you are partnered with for this special event, festival, or tourism-related facility.

City of Tumwater, River's Edge Restaurant, WIAA, Experience Olympia and Beyond, local hotels and businesses.

16. List any other measurements that demonstrate the impact of increased tourism attributable to your special event, festival, or tourism-related facility. Include any other thoughts that may encourage the Lodging Tax Advisory Committee/Tumwater City Council to use lodging tax funds to support this application.

It simply comes down to execution and course conditions at the very highest level. Execution goes well beyond the tournament itself. The entire community rallies behind this event in support of these kids and families. Signs on business billboards, restaurant and hotel specials, attractions open and welcoming, etc. We are confident in our TVGC team in continuing to deliver an exceptional product and organizing a well-facilitated tournament that will be memorable for all involved. It comes down to the little extras we do that will continue to set us apart and give us the best chance at continuing to lead the way and be at the forefront of capturing these competitive bids. We appreciate your consideration in funding 100% of our requested LTAC funds.

Lodging Tax Budget Form

Lodging Tax Applicant:

Tumwater Valley Golf Club - Todd Anderson

Specific to your Tourism-Related Facility, Tourism Promotion Activity, Special Event, or Festival, list the amount and status of funding for all sources from which you have already or intend to receive funds. Please include in-kind donations and funds received from admission fees if applicable.

PROJECTED REVENUE:

| So | urce | Amount |
|---|--------------------------|--------------------------------------|
| Sponsorships: | | |
| Admission: | | |
| Reserves: | | |
| Donations/Contributions: | | |
| Grants: | | |
| Program Service Fees: | | |
| In-kind Donations: | | \$1,500.00 |
| Gift Shop: | | |
| Vendor Fees: | | |
| Fundraising Activities: | | |
| City of Lacey Lodging Tax: | | |
| City of Olympia Lodging Tax: | | |
| City of Tumwater Lodging Tax: | | \$4,500.00 |
| Thurston County Lodging Tax: | | |
| Other Sources of Revenue: (please specify) | | |
| Other Source: | | |
| Other Source: | | |
| Other Source: | | |
| TOTAL REVENUE: | | \$6,000.00 |
| PROJECTED EXPENSES: | | |
| Personnel: (salaries and benefits) | | Baseline Operations |
| Administration: (utilities, phone, etc | e.) | Baseline Operations |
| Marketing and Promotion: | | Pole Banners & Hotel Signage |
| Professional / Consultant Fees: | | NA |
| Equipment: | | Wireless Sound System & Table Covers |
| Facility / Event Venue Rental: | | |
| Travel: (please specify) | | |
| All Other Expenses: (please specify) | Outdoor Sound System/Mic | \$4,750.00 |
| Other Expense: | Logo Table Covers | \$750.00 |
| Other Expense: | Signage/Flags | \$500.00 |
| Other Expense: | | |
| TOTAL EXPENSES: | | \$6,000.00 |
| PROGRAM EXCESS (DEFICI | Γ): | \$0.00 |

City of Tumwater Lodging Tax Final Report Form

| Organization's Name: <u>Tumwater Valley Golf Clu</u> | <u>b - City of Tumwater</u> | | | |
|---|---------------------------------------|----------------------------|--|--|
| Submitted By: <u>Dave Nickerson</u> | | Date: <u>7/1/2020</u> | | |
| Email Address: <u>dnickerson@ci.tumwater.wa.us</u> | | Phone: <u>360-943-9500</u> | | |
| This R | eport Covers: | | | |
| Activity Name: <u>WIAA State High School Golf Cha</u> | ampionships | | | |
| Activity Type: 🛛 Special Event/Festival | Marketing/Tourism Promotion Agency | n 🗌 Facility | | |
| Activity Start Date: 5/01/2020 | Activity End Date: 5/3 | 1/2020 | | |
| Total Activity Cost: <u>\$6,780.97</u> | | | | |
| Fotal amount of Tumwater lodging tax funds requested: <u>\$4,200.00</u> | | | | |

Total amount of Tumwater lodging tax funds expended: <u>\$4,195.90</u>

Total amount of lodging tax funds expended from all jurisdictions: <u>\$4,195.90</u>

DEFINITIONS OF METHODOLOGY FOR QUESTIONS BELOW:

This methodology is defined by the Joint Legislative Audit and Review Committee and is used for reporting to the Legislature about the use of lodging tax for each jurisdiction.

- **Direct Count**: Actual count of visitors using methods such as paid admissions or registrations, clicker counts at entry points, vehicle counts or number of chairs filled. A direct count may also include information collected directly from businesses, such as hotels, restaurants or tour guides likely to be affected by an event.
- **Indirect Count**: Estimate based on information related to the number of visitors such as raffle tickets sold, redeemed discount certificates, brochures handed out, police requirements for crowd control or visual estimates.
- **Representative Survey**: Information collected directly from individual visitors / participants. A representative survey is a highly structured data collection tool, based on a defined random sample of participants, and the results can be reliably projected to the entire population attending an event and includes margin of error and confidence level.
- **Informal Survey**: Information collected directly from individual visitors or participants in a non-random manner that is not representative of all visitors or participants. Informal survey results cannot be projected to the entire visitor population and provide a limited indicator of attendance because not all participants had an equal chance of being included in the survey.
- **Structured Estimate**: Estimate produced by computing known information related to the event or location. For example, one jurisdiction estimated attendance by dividing the square footage of the event area by the international building code allowance for persons (3 sq. ft.).
- **Other**: (please describe)

| | Enter the total number of people predicted to attend this activity (this number would have been | PREDICTED: | 2,500 |
|---|--|---------------------|-------|
| Overall Attendance | submitted on your application for funds); the actual number of people who attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 0 |
| | METHODOLOGY (definitions provided above): Other | | |
| | EXPLAIN TRACKING METHOD: Event cancel | ed due to COVID-19 | |
| | Enter the total number of people who travelled greater than 50 miles predicted to attend this activity (this number would have been submitted on your | PREDICTED: | 175 |
| 50+ Miles - Attendance | application for funds); the actual number of people who travelled more than 50 miles to attend this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 0 |
| | METHODOLOGY (definitions provided above): Other | | |
| | EXPLAIN TRACKING METHOD: Event cancel | ed due to COVID-19 | |
| | Enter the total number of people from outside the state and country predicted to attend this activity (this number would have been submitted on your | PREDICTED: | 5 |
| Out of State / Country - Attendance | application for funds); the actual number of people from outside the state and country who attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 0 |
| ATTENDANCE | METHODOLOGY (definitions provided above): Other | | |
| | EXPLAIN TRACKING METHOD: Event cancel | ed due to COVID-19 | |
| Paid for | Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted on your | , PREDICTED: | 325 |
| OVERNIGHT LODGING - | application for funds); the actual number of people who paid for overnight lodging and attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 0 |
| ATTENDANCE | METHODOLOGY (definitions provided above): Other | | |
| | EXPLAIN TRACKING METHOD: Event cancel | ed due to COVID-19 | |
| DID NOT PAY | Enter the total number of people predicted to attend this event without paying for overnight lodging in Tumwater (you would have submitted this number on | PREDICTED: | 50 |
| FOR OVERNIGHT LODGING - | your application for funds); the actual number of people who attended without paying for overnight lodging; and the method used to determine attendance | ACTUAL (ESTIMATED): | 0 |
| ATTENDANCE | METHODOLOGY (definitions provided above): Other | | |
| | EXPLAIN TRACKING METHOD: Event cancel | ed due to COVID-19 | |
| | Enter total predicted lodging nights in Tumwater (this number would have been submitted on your application for funds); and actual number of paid | • PREDICTED: | 160 |
| Paid Lodging Nights | lodging nights. (One lodging night = one or more persons occupying one room for one night); and the method used to determine attendance | | 0 |
| | METHODOLOGY (definitions provided above): Other | | |
| | EXPLAIN TRACKING METHOD: Event cancel | ed due to COVID-19 | |

Please describe any other information that demonstrates the impact of increased tourism attributable to the special event, festival, or tourism-related facility.

Event canceled due to COVID-19

TUMWATER SPECIFIC QUESTIONS:

Did you experience a higher number of tourists this year? If not, what do you think was a contributing factor?

Event canceled due to COVID-19

Did you complete all of the items on your Scope of Work consistent with your application submitted to the Lodging Tax Advisory Committee? If not, which items do you still need to complete? Do you plan on completing those items with your own resources? If so, when?

Yes, this was a match program to print street banners used to welcome participants and tourists to town while Tumwater Valley Golf Club hosts the WIAA State High School Golf Championships 4-year tournament.

Do you plan to do anything differently next year to expand your event, increase tourism to Tumwater, or increase visitors to your facility?

No. 2020 was the 2^{nd} year of a 4-year tournament that had to be canceled due to COVID-19. We hope the public health pandemic is over and allows for Tumwater to host 2021 with the same exceptional quality as in 2019.

CITY OF TUMWATER LODGING TAX APPLICATION – Entity Certification

| Application Deadline:AUGUST 30, 2023Attention:City of Tumwate Hanna Miles – Ex hmiles@ci.tumwate | R KECUTIVE D EPART | ſMENT | | |
|--|--|--|--|--|
| Organiza | TION/AGENCY | NFORMATION | | |
| Tumwater Soccer Club (TSC) Organization/Agency Name Craig Boone Contact Name PO Box 14304 Mailing Address (360) 701-6818 Phone Website I Tourism Promotion/Marketing Activities Amount Requested: \$15,000.00 Brief Description of Tourism Promotion/Mark Longest running youth soccer tournament in Wash *If an Event/Festival, complete the following: Kick In The Grass Soccer Tournament Name of Event/Festival Event/Festival Website (if different than above) | ☑ Events/Festiv Tot ceting Activities, <u>ington. Teams ran</u> □ New Event <u>Tumwater, WA</u> Location July 14 thru 16, | al Project / Even Events/Festivals ge in age from U1 ⊠ Annual Eve | The Grass D WA State club@gmail.c s Tourism-Re at Budget: _\$ s, or Tourism 10 to U19. nt for 45 nun July 20 Date of Ev | 98511 Zip om lated Facilities 41,000.00 -Related Facilities: nber of years |
| | CERTIFICATIO | N | ······ | |
| I hereby state on behalf of <u>Tumwater Soccer Club</u> Organiz | zation/Agency Na | | | that the: |
| Applicant is: ⊠ Nonprofit The applicant has, or can obtain, general liability insurance aggregate for personal injury, bodily injury and property dam The applicant has on file with the City, or is submitting one c I understand that this is an application for a contract with the a reimbursement basis, and a signed Lodging Tax Invoice is The applicant has accounting/record-keeping systems which inspection by the City of Tumwater or its agents; and C) is m I understand that the City of Tumwater will conduct public di City of Tumwater and its Lodging Tax Advisory Committee I hereby certify that the information contained in this certificate of activities and financial status of the organization submitting. I hereby certify that the person signing this application is duly Craig Boone - TSC Kick In The Grass Director Name and Title | nage. opy, of their current artic City of Tumwater, which submitted including pro- n A) show the purposes valuation of or at least 6 y iscussions regarding rec by tion and application for g this application. | \$2,000,000 combined cles of incorporation a ch, if awarded, will on of of payment docum for which City of Tuu /ears following the end ommendations for fun funding with the City | nd by-laws. ly be paid after th entation. mwater funds hav d of contract. ding to any agenc of Tumwater is a lf of the applicant | occurrence and \$2,000,000 e service(s) is rendered - on ve been spent; B) is open to cy making application to the true and accurate statement |

1. What is the purpose of your special event, festival, or tourism-related facility?

The purpose of the Kick In The Grass soccer tournament is to raise funds that enable the Tumwater Soccer Club to provide affordable local soccer to children in the Tumwater School District.

 a. For what specific tourism-generating activities will City of Tumwater lodging tax funds be used? Complete and submit the Lodging Tax Budget Form specific to your special event, festival, or tourism related facility. (The Budget Form is also available online at <u>www.ci.tumwater.wa.us/LodgingTax</u>.)

The lodging tax funds will be used to offset costs associated with running the tournament. The costs include field rentals, equipment, referee fees, tournament awards and administrative expenses.

b. If a returning applicant, identify any major changes in the event or organization since the last funding cycle.

No major changes are planned.

3. Describe the resources available for the proposed tourism-generating activities? Please include the total number of volunteers and volunteer hours that exist for your special event, festival, or tourism-related facility.

The KITG Tournament typically has about 30 volunteers that help layout and paint soccer fields, set up the venues, serve as field marshals, collect garbage, hand out awards, and administer the tournament. The tournament weekend alone can utilize up to 300-hours of volunteer effort. Pre-tournament planning and post tournament reporting can utilize upwards of 100-hours of volunteer effort.

4. Do other cities or governmental entities in the county fund your special event, festival, or tourism-related facility? If so, which jurisdictions and how much were you funded from each jurisdiction last year?

No

5. Do you intend to apply for lodging tax funds from other jurisdictions this year? If so, which jurisdictions? Please explain how you will use Turnwater's funds separately from other lodging tax funds you may receive?

No. We associate ourselves with Tumwater.

6. The request of funds from Tumwater will fund what percentage of your total budget for the proposed special event, festival, or tourism-related facility?

The requested funds (\$15,000) would cover approximately 37% of the tournament expenses.

7. Describe the tourism promotion impact on the economy from your special event, festival, or tourism-related facility within the City of Tumwater, specifically on the lodging and food service sectors.

Our three day tournament can draw upwards of 6,000 participants to the area (players, coaches, and spectators). Many of these participants stay in Tumwater hotels and eat at Tumwater restaurants.

In the weeks leading up to the tournament, we distribute letters notifying local businesses of the tournament. Many of the businesses tell us that the weekend of the tournament is one of their busiest weekends of the year.

8. How broad-based will the tourism promotion benefit be geographically and economically?

Our tournament is played on soccer fields around the City of Tumwater. All of the lodging, food services, gas stations, coffee shops, and grocery stores in Tumwater benefit from the KITG tournament.

9. How will receiving lodging tax funds result in an increase in the number of people traveling for business or pleasure to Tumwater?

The primary function of our tournament is to raise funds for TSC. The lodging tax funds allow us to maximize our income by offsetting our operational costs. We use the proceeds of the tournament to maintain affordable soccer opportunities for the kids in Tumwater. By keeping our registration costs down we are able to draw more players and create more teams. More teams mean more local games and more teams from other communities traveling to Tumwater to play throughout the year. The lodging tax funds also allow us to keep our tournament registration fees down. This allows us to draw in more teams by offering a very affordable tournament experience for team throughout Washington.

10. For the special event, festival or tourism-related facility, identify the estimated number of participants who will attend in each of the following categories:

| a) | Overall attendance | 6,500 |
|----|---|-------|
| b) | Staying for the day only <i>and</i> traveling more than fifty miles or more one way from their place of residence or business | 800 |
| c) | Number of participants in any of the above categories who will attend from out-of-state (includes other countries) | 100 |
| d) | Staying overnight in paid accommodations away from their place of residence or business | 1,100 |
| e) | Staying overnight in unpaid accommodations (e.g. with friends and family) <i>and</i> traveling fifty miles or more one way from their place of residence or business | 200 |
| f) | Total number of paid lodging nights generated in Tumwater | 600 |

g) Describe what methods you will use to determine attendance and to distinguish among the different visitor categories listed above.

We estimated the number of player, coaches, and spectators based on the number of teams that participated. We know how far participants are traveling based on their place of origin reported in the registration process. During registration we ask participating teams if they will be staying in local hotels. We use this data to estimate the number of participants staying in local hotels and the number of room nights.

11. If you are awarded a contract, you must be prepared to report to the City the economic benefit from tourists attending your event/facility. Describe how you will document the economic impact from your event/facility; specifically the information requested in question 10. **Submit a sample tracking form, if available.**

We will utilize our registration data to estimate the number of participants and the distance they travel to attend. Also, during registration, we will ask each team if they plan to stay overnight in Tumwater. For a sample, please see our post tournament report for the 2023 tournament.

12. Describe how you will promote overnight stays in Tumwater lodging establishments?

We will post local hotel information with booking information on our website so that teams registering can see what Tumwater Soccer Club recommends for local accommodations.

13. Describe how you will promote Tumwater and other attractions in the Tumwater area to entice tourists to extend their visit beyond attendance to your special event, festival, or tourism-related facility.

In addition to the tournament we send out emails to the participants referencing local attractions, parks, and things to do in-between games. We schedule games a minimum of 3-hours apart and only 2 games a day. This gives players and parents an opportunity to explore the community.

14. What tourism outcome should the City expect if your proposal is only partially funded? Please be specific. *For example: how do you intend to alternatively fund your program / which services will not happen?*

The lodging tax funds give us the confidence and financial stability to keep both our tournament registration fees and regular recreation league registration fees down and provide affordable soccer opportunities. If the KITG is not a profitable venture for TSC we would be forced to raise our registration fees to cover our costs. This could discourage some from participating in both the tournament and our recreation league play.

15. List other organizations that you are partnered with for this special event, festival, or tourism-related facility.

We depend on the Tumwater Parks and Recreation Dept., the Tumwater School District, and Capital Soccer Fields Complex for fields. We also depend on the Quad County Soccer Referee Association to provide referees for the tournement. Our volunteers are comprised mostly of TSC members and their families.

16. List any other measurements that demonstrate the impact of increased tourism attributable to your special event, festival, or tourism-related facility. Include any other thoughts that may encourage the Lodging Tax Advisory Committee/Tumwater City Council to use lodging tax funds to support this application.

The KITG tournament is the longest running soccer tournament in Washington State. It has a rich history that draws clubs back to our community year after year. Our tournament is also one of the most affordable sanctioned tournaments in Washington. This is a key draw for the smaller clubs that do not have the funds for the tournaments hosted in big cities with brand name sponsors. Our community is very inviting to these teams from outside our area. Visiting teams love the sense of a small town community, while still getting that big tournament feeling. Between that and the great fields we can provide, it makes Tumwater an excellent place to host the KITG tournament.

Lodging Tax Budget Form

Lodging Tax Applicant:

Tumwater Soccer Club

Specific to your Tourism-Related Facility, Tourism Promotion Activity, Special Event, or Festival, list the amount and status of funding for all sources from which you have already or intend to receive funds. Please include in-kind donations and funds received from admission fees if applicable.

PROJECTED REVENUE:

| Sou | irce | Amount |
|---|------------------|-------------|
| Sponsorships: | | \$1,000.00 |
| Admission: | | \$45,000.00 |
| Reserves: | | \$0.00 |
| Donations/Contributions: | | \$0.00 |
| Grants: | | \$0.00 |
| Program Service Fees: | | \$0.00 |
| In-kind Donations: | | \$0.00 |
| Gift Shop: | | \$0.00 |
| Vendor Fees: | | \$5,000.00 |
| Fundraising Activities: | | \$0.00 |
| City of Lacey Lodging Tax: | | \$0.00 |
| City of Olympia Lodging Tax: | | \$0.00 |
| City of Tumwater Lodging Tax: | | \$15,000.00 |
| Thurston County Lodging Tax: | | \$0.00 |
| Other Sources of Revenue: (please specify) | | \$0.00 |
| Other Source: | | \$0.00 |
| Other Source: | | \$0.00 |
| Other Source: | | \$0.00 |
| TOTAL REVENUE: | | \$66,000.00 |
| PROJECTED EXPENSES: | | |
| Personnel : (salaries and benefits) | | \$1,500.00 |
| Administration: (utilities, phone, etc. |) | \$2,000.00 |
| Marketing and Promotion: | , | \$500.00 |
| Professional / Consultant Fees: | | \$15,000.00 |
| Equipment: | | \$5,000.00 |
| Facility / Event Venue Rental: | | \$6,000.00 |
| Travel: (please specify) | | \$0.00 |
| All Other Expenses: (please specify) | Awards | \$5,000.00 |
| Other Expense: | Portable Toilets | \$3,000.00 |
| Other Expense: | Garbage Service | \$1,000.00 |
| Other Expense: | Traffic Control | \$2,000.00 |
| TOTAL EXPENSES: | | \$41,000.00 |
| PROGRAM EXCESS (DEFICIT | [): | \$25,000.00 |

Tumwater Soccer Club

Scope of Services – Exhibit A

2023

As outlined in our 2023 Lodging Tax Application, funds will be used to offset some of the costs associated with running the Kick In The Grass soccer tournament. These event costs include:

- Field Rental
- Equipment Purchase
- Referee Fees
- Tournament Awards

INVOICE CITY OF TUMWATER TOURISM/LODGING TAX PROGRAM FUNDING

| CONTACT PERSON:_Craig Boone | Employer Identification Number:_03-0509999 | | |
|---|--|-------------------------|-----------------|
| AGENCY: _Tumwater Soccer Club | DATE: _8/26/23 | | |
| ADDRESS_PO Box 14304 PHONE: _(360) 701-6818 | | | |
| _Tumwater, WA 98511 | EMAIL: | MAIL:boonefun@gmail.com | |
| Proof of Payment | Must Be Attached | | |
| The agency identified above provided the following services to the City of Tumwater to promote tourism (see RCW 67.28.080). | | | |
| Services Provided (Scope of Services/Exhibit A) | Date(s) Prov | ided | Cost (Itemized) |
| Referee Fees | 7/14/23 th | ru 7/16/23 | \$11,864.28 |
| Awards (Tournament Pins and Medals) | 6/14/23 | | \$2,768.80 |

TOTAL AMOUNT REQUESTED: \$___\$11,900.00___

AFFIDAVIT OF VERIFICATION

I, the undersigned, do hereby certify under penalty of perjury that materials have been furnished, the services rendered or the labor performed as described herein (and as outlined in the Scope of Services attached as Exhibit A in the contract document), and that the claim is a just, due and unpaid obligation against the City of Tumwater, and that I am authorized to authenticate and certify said claim.

Digitally signed by Craig R. Boone Date: 2023.08.27 08:26:33 -07'00'

SIGNATURE (e-signatures allowed)

Tumwater Soccer Club - Kick In The Grass Director TITLE

Email this invoice and supporting documents to: hmiles@ci.tumwater.wa.us

or mail to: Hanna M. Miles, Executive Department 555 Israel Road SW Tumwater, WA 98501 Phone: (360) 754-4120

Kick in the Grass 2023

Games

| Final Total | | \$ | 11,864.28 |
|----------------------|---------|---------|-----------|
| | | | |
| Tent Managers | | | \$375.00 |
| Postage [^] | 68 | \$0.66 | \$44.88 |
| Additional items | | | |
| Subtotal | | \$ | 11,444.40 |
| L&I (2%) | | \$ | 224.40 |
| Assignor Fee | 132 | 6\$ | 792.00 |
| U11+ | 99 | 96 \$ | 9,504.00 |
| U10 | 33 | 28 \$ | 924.00 |
| Level | # Games | game \$ | Total |
| | | Fee per | |

* 5 referees hired as Tent/Location Managers at a rate of \$100 per day

^ 74 referees, some with 2 members in same family, 67 stamps

Notes

QCSRA.org lists 140 games total but 8 show as forefeits so no pay.

TCYSA #2

PO Box 5605 Lacey, WA 98509 finance@thurstoncountysoccer.com www.thurstoncountysoccer.com

INVOICE

| BILL TO Tumwater Soccer Club P.O. Box 14304 Tumwater, WA 98511 | | | INVOICE DATE TERMS DUE DATE | 1127 07/29/2023 Net 30 08/28/2023 | |
|---|---|-------------|--------------------------------------|--|-----------|
| ACTIVITY | DESCRIPTION | | | | AMOUNT |
| Tournaments | Kick in the O | | | | AWOUNT |
| | Kick in the Grass 2023 | | | | 11,864.28 |
| Amounts not received by penalty (up to a maximu compounded monthly. | / the due date are subject to a 5% m of \$100 per invoice) | PAYMENT | | | 11,864.28 |
| , see a montany. | | BALANCE DUE | | | \$0.00 |
| | | | | | PAID |

Chech # 1086 24/2023 2023

Hanna Miles

From: Sent: To: Subject: Attachments: Wilson Trophy Company - Sales <sales@wilsontrophy.com> Wednesday, June 14, 2023 2:47 PM boonefun@gmail.com Paid Invoice a23-00432.pdf

Here is a copy of the paid invoice



Wilson Trophy Co. 1724 Frienza Ave. Sacramento, CA 95815

P: 916-927-9733 H: Monday-Friday 8:30-5

| TOPRY COMPANY® |
|----------------|
|----------------|

TUMWATER SOCCER

PO BOX 14304

1724 Frienza Ave., Sacramento, CA. 95815 Phone: 916-927-9733 Fax: 916-927-9955 Monday - Friday * 8:30am to 5:00pm wilsontrophy.com

1412023



| 5 | Order Date | Invoice # |
|---------|------------|-----------|
| | 6/14/2023 | A23-00432 |
| | P.O. No. | |
| Ship To | | |

SHIP IN HANDS 7/14/23 Craig Boone 5445 133rd Ave. SW Rochester, WA 98579

| TUMWATER, | WA 98511 | 0 6 |
|------------|-------------------------|------------|
| Phone | | |
| E-mail | tsctreasurer1@gmail.com | |
| POC Name | craig | |
| POC Phone | | |
| POC E-mail | boonefun@gmail.com | |

| POC Pho | one | | | | | | | E-Commerc | | ce # Proof | |
|-------------|------------|----------|-------------|----------------------|--|---|--------|-----------|------|---------------|-------------------|
| POC E-m | nail | boo | nefun@gmai | il.com | | | | | | | |
| | | | | | | | | Terms | ; | | Project |
| | | | | | | | | BBD | | | |
| Qty | | Item | Engravin | g Catalog # | | Descrip | ption | | Rate | | Amount |
| | 176 | | | REORDER A22-00373 | IRC SOI GO NO 1.21 1 R | CUSTOM PIN ON STAMPED FT ENAMEL LD BASE EPOXY MM UBBER BACK | | | | 1.19 | 1,309.00T |
| | 176 174 | | | REORDER A22-00373 | 2" C IRC SOI NO 2MI WI NE (100 BA4 (100 | REFIRE CUSTOM MEDAL ON STAMPED FT ENAMEL EPOXY M TH 7/8" X 32" GRE CK RIBBON D) GOLD W/ CHAI CKSTAMP D) SILVER W/ FINA CKSTAMP | MPION | | | 25.00 3.99 | 25.00T 798.00T |
| | 174 178 | | | REORDER A22-00373 | 1.5' IRC SOI GO NO | BACKSTAMP DIE REFIRE 1.5" CUSTOM COIN IRON STAMPED SOFT ENAMEL GOLD BASE NO EPOXY 2.5MM | | | | 50.00 2.44 | 50.00T 390.40T |
| | | | Stock Sli | p Sales Rep. | | KS | Sı | ubtotal | | | |
| BILLING USE | | | | Sales Tax | | | (0.0%) | | | | |
| | | JSE ONLY | E ONLY Grap | | Total | | | | | | |
| | | Date | te Due Date | | Proofed: Payments/Cree | | Credit | edits | | | |
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TUMWATER SOCCER

PO BOX 14304

1724 Frienza Ave., Sacramento, CA. 95815 Phone: 916-927-9733 Fax: 916-927-9955 Monday - Friday * 8:30am to 5:00pm wilsontrophy.com

1412023



Proof

 Order Date
 Invoice #

 6/14/2023
 A23-00432

 P.O. No.
 Ship To

SHIP IN HANDS 7/14/23 Craig Boone 5445 133rd Ave. SW Rochester, WA 98579

E-Commerce #

| TUMWATER, | | ^ж . Об |
|------------|-------------------------|----------------------|
| Phone | | |
| E-mail | tsctreasurer1@gmail.com | |
| POC Name | craig | |
| POC Phone | | |
| POC E-mail | boonefun@gmail.com | |

| POC E-m | nail | boo | boonefun@gmail.com | | | | | | | | |
|---------|------|---------|--------------------|-----|------------|------------|-------------|-----------|---------|------|-------------|
| | • | | | | | | | Terms | ; | | Project |
| | | | | | | | | BBD | | | |
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| 1 | 178 | | | | | DIE REFIRE | | | | 5.00 | 25.00T |
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| | | | Stock Sli | | | | | | | | |
| | | | 510CK SII | Ψ | Sales Rep. | KS | | ubtotal | | | \$2,768.80 |
| | | | | UOE | | Graphics: | | ales Tax | (0.0%) | | \$0.00 |
| | | BI | LLING U | USE | UNLY | Builder: | —т | otal | | | \$2,768.80 |
| | | Invoice | Date | | Due Date | Proofed: | Pa | ayments/C | Credits | | -\$2,768.80 |
| | | 6/14/2 | 2023 | | 6/14/2023 | Boxer: | — В | alance | due | | \$0.00 |
| | | 0.172 | 6/14/2023 | | | Shipper: | | | | | |

City of Tumwater Lodging Tax Final Report Form

Organization's Name: Tumwater Soccer Club

Submitted By: Craig Boone

Email Address: boonefun@gmail.com

This Report Covers:

Activity Name: 44th Annual Kick In The Grass Soccer Tournament

Activity Type: Special Event/Festival

| | Marketing/Tourism **Promotion Agency**

Activity End Date: 7/16/2023

Total Activity Cost: \$35,742.42

Activity Start Date: 7/14/2023

Total amount of Tumwater lodging tax funds requested: \$11,900.00

Total amount of Tumwater lodging tax funds expended: \$11,900.00

Total amount of lodging tax funds expended from all jurisdictions: \$11,900.00

DEFINITIONS OF METHODOLOGY FOR QUESTIONS BELOW:

This methodology is defined by the Joint Legislative Audit and Review Committee and is used for reporting to the Legislature about the use of lodging tax for each jurisdiction.

- **Direct Count**: Actual count of visitors using methods such as paid admissions or registrations, clicker counts at entry points, vehicle counts or number of chairs filled. A direct count may also include information collected directly from businesses, such as hotels, restaurants or tour guides likely to be affected by an event.
- **Indirect Count**: Estimate based on information related to the number of visitors such as raffle tickets sold, redeemed discount certificates, brochures handed out, police requirements for crowd control or visual estimates.
- Representative Survey: Information collected directly from individual visitors / participants. A representative survey is a highly structured data collection tool, based on a defined random sample of participants, and the results can be reliably projected to the entire population attending an event and includes margin of error and confidence level.
- **Informal Survey**: Information collected directly from individual visitors or participants in a non-random manner that is not representative of all visitors or participants. Informal survey results cannot be projected to the entire visitor population and provide a limited indicator of attendance because not all participants had an equal chance of being included in the survey.
- Structured Estimate: Estimate produced by computing known information related to the event or location. For example, one jurisdiction estimated attendance by dividing the square footage of the event area by the international building code allowance for persons (3 sq. ft.).
- **Other**: (please describe)

Date: 8/26/2023

Phone: (360) 701-6818

Facility

| | Enton the total number of people predicted to | | | | | | | | |
|---|--|------------------------|-------------|--|--|--|--|--|--|
| | Enter the total number of people predicted to attend this activity (this number would have been submitted on your application for funds); the actual | PREDICTED: | 6,000 | | | | | | |
| | number of people who attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 5,338 | | | | | | |
| | METHODOLOGY (definitions provided above): Structured Estimate | | | | | | | | |
| Overall Attendance | EXPLAIN TRACKING METHOD: 77-Teams par U10 Teams = 19 (12 Players per team) U11-U12 Teams = 17 (14 Players per team) U13-U14 Teams = 18 (18 Players per team) U15-U19 Teams = 23 (22 Players per team) Coaches per team = 2 Spectators per player = 3 Total = Players + Coaches + Spectators | rticipated in the tour | nament. | | | | | | |
| | Enter the total number of people who travelled greater than 50 miles predicted to attend this activity (this number would have been submitted on your | | 2,800 | | | | | | |
| | application for funds); the actual number of people who travelled more than 50 miles to attend this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 1,582 | | | | | | |
| 50+ MILES - | METHODOLOGY (definitions provided above): Structured Estimate | | | | | | | | |
| ATTENDANCE | EXPLAIN TRACKING METHOD: 23-Teams traveled more than 50-miles to participate in the tournament. | | | | | | | | |
| | Number of Players, Coaches, and Spectators was calculated as shown above in the Overall Attendance section. | | | | | | | | |
| | Enter the total number of people from outside the state and country predicted to attend this activity (this number would have been submitted on your | | 0 | | | | | | |
| Out of State / Country - Attendance | application for funds); the actual number of people from outside the state and country who attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 0 | | | | | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Structured Estimate | | | | | | | | |
| | EXPLAIN TRACKING METHOD: There were no teams from out of State/Country. | | | | | | | | |
| | Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted on your | PREDICTED: | 1,300 | | | | | | |
| Paid for Overnight Lodging - | application for funds); the actual number of people who paid for overnight lodging and attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 892 | | | | | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Structured Estimate | | | | | | | | |
| | EXPLAIN TRACKING METHOD: Teams traveling 60-miles or more were assumed to stay overnight. There were 14-teams that traveled 60-miles or more. | | | | | | | | |
| | Enter the total number of people predicted to attend this event without paying for overnight lodging in Tumwater (you would have submitted this number on | | 4,700 | | | | | | |
| DID NOT PAY FOR OVERNIGHT LODGING - | your application for funds); the actual number of people who attended without paying for overnight lodging; and the method used to determine attendance | ACTUAL (ESTIMATED): | 4,446 | | | | | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Struct EXPLAIN TRACKING METHOD: Overal attend overnight lodging. | | at paid for | | | | | | |
| PAID LODGING NIGHTS | Enter total predicted lodging nights in Tumwater (this number would have been submitted on your | PREDICTED: | 1,300 | | | | | | |
| | | | | | | | | | |

| application for funds); and actual number of paid lodging nights. (One lodging night = one or more persons occupying one room for one night); and the method used to determine attendance | | 488 |
|--|---------------|-----|
| METHODOLOGY (definitions provided above): Structu | ured Estimate | |
| EXPLAIN TRACKING METHOD: 14-Teams stay is the sum of the number of players and coach | | - |

Please describe any other information that demonstrates the impact of increased tourism attributable to the special event, festival, or tourism-related facility.

Leading up to the tournament, we had several participants ask for recommendations on where to stay.

TUMWATER SPECIFIC QUESTIONS:

Did you experience a higher number of tourists this year? If not, what do you think was a contributing factor?

Yes, in 2022 we had 56-team participate in the tournament. This year we had 77-teams participate.

Did you complete all of the items on your Scope of Work consistent with your application submitted to the Lodging Tax Advisory Committee? If not, which items do you still need to complete? Do you plan on completing those items with your own resources? If so, when?

Yes, all items in the Scope of Work have been completed.

Do you plan to do anything differently next year to expand your event, increase tourism to Tumwater, or increase visitors to your facility?

At one point the KITG tournament had over 130+ teams so we are hoping that as the pandemic continues to loosen its grip on our society, more teams will be interested in engaging in tournament soccer again. Tumwater is OUR community and this tournament allows visitors to participate in a top-level youth soccer tournament. Welcomed into our community, participants will no doubt realize all that Tumwater has to offer.

Filing Instructions

Tumwater Soccer Club

Exempt Organization Tax Return

Taxable Year Ended December 31, 2022

- Date Due: May 15, 2023
- **Remittance:** None is required. Your Form 990 for the tax year ended 12/31/22 shows no balance due.
- **Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to our office.

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

| Form 8879-TE | | | IRS <i>e-file</i> Sig for a Tax I | Inature Auth Exempt Entit | | | OMB No. 1545-0047 |
|--|--|--|--|---|---|---|---|
| Department of the Treasury | For calendar | | 022, or fiscal year beginning Do not send to the | IRS. Keep for you | ır records. | , 20 | 2022 |
| Internal Revenue Service | | | Go to www.irs.gov/Form | 8879TE for the lat | est information. | | |
| Name of filer | | T TR 61.1 | | | | EIN or SSN | 00 |
| Name and title of officer or person sub | | | ATER SOCCER (EDWARDS | LUB | | 03-05099 | 199 |
| | PRE | | | | | | |
| Part I Type of F | | | n Information | | | | |
| Check the box for the return | | | | enter the applicable | amount if any from | m the return Form | |
| 8038-CP and Form 5330 file | - | | | | - | | . 2a |
| 3a, 4a, 5a, 6a, 7a, 8a, 9a, or | - | | | | | | |
| 3b , 4b , 5b , 6b , 7b , 8b , 9b , o | | | | - | | | |
| applicable line below. Do no | | | | 5. c). 2at, jou c | | | |
| 1a Form 990 check here | | | Total revenue, if any (For | m 990, Part VIII, co | lumn (A), line 12) | 1b | 117,830 |
| 2a Form 990-EZ check he | re | b ⁻ | Total revenue, if any (Forr | | | | |
| 3a Form 1120-POL check | | | Total tax (Form 1120-POL | | | | |
| 4a Form 990-PF check he | | b. | Tax based on investment | t income (Form 99 |)-PF, Part V, line 5) | 4b | |
| 5a Form 8868 check here | | | Balance due (Form 8868, | | | | |
| 6a Form 990-T check here | | | Total tax (Form 990-T, Pa | | | | |
| 7a Form 4720 check here | | | Total tax (Form 4720, Part | | | | |
| 8a Form 5227 check here | | b l | FMV of assets at end of t | ax year (Form 522 | 7, Item D) | 8b | |
| 9a Form 5330 check here | | b ' | Tax due (Form 5330, Part | II, line 19) | | 9b | |
| 10a Form 8038-CP check h | | | Amount of credit paymer | | | | |
| Part IIDeclarationUnder penalties of perjury, I | | | Authorization of O | fficer or Perso | n Subject to Ta | ax | |
| complete. I further declare the intermediate service provider acknowledgement of receipt the date of any refund. If app (direct debit) entry to the finar return, and the financial institi 1-888-353-4537 no later than processing of the electronic the payment. I have selected electronic funds withdrawal. PIN: check one box only | , transmitter, or e or reason for rej plicable, I authori ncial institution a ution to debit the a 2 business day payment of taxes | electro ection ize the accour e entry rs prio s to re atificati | onic return originator (ERO) of the transmission, (b) the U.S. Treasury and its dea the U.S. Treasury and its dea the indicated in the tax prepa- y to this account. To revoke r to the payment (settleme acceive confidential information on number (PIN) as my sign |) to send the return he reason for any de signated Financial A aration software for e a payment, I mus int) date. I also auth ion necessary to ar | to the IRS and to relay in processing the agent to initiate an expanyment of the fed t contact the U.S. Theorize the financial is swer inquiries and | receive from the IRS ne return or refund, electronic funds with leral taxes owed on Treasury Financial A nstitutions involved resolve issues relate applicable, the cons | S (a) an and (c) drawal this gent at in the ed to |
| | | | ERO firm name | | , | Enter five numbers, b | , , |
| • | g charities as pa | | urn. If I have indicated with he IRS Fed/State program | | copy of the return i | 0 | |
| filed return. If I have | indicated within | this re | respect to the entity. I will e eturn that a copy of the return my PIN on the return's disc | rn is being filed wi | th a state agency(ie een. | s) regulating charities | |
| Signature of officer or person subject t | 21 | y | - al | | Date | 05/09/23 | |
| Part III Certificati | on and Aut | hent | ication | | | | |
| ERO's EFIN/PIN. Enter your number (EFIN) followed by y | rour five-digit self | f-seleo 'IN, wł | cted PIN. hich is my signature on the | | | er all zeros ed above. I confirm : | |
| am submitting this return in a Providers for Business Retu | ms. | | | IVIOAEMIZEA E-FIIE | , , , | | -1110 |
| ERO's signature JOANN | E KRUSZ, | CI | ?A | | Date | 5/09/23 | |
| | | EP | O Must Retain This | Form Soo I | netructione | | |
| | Do Not | | mit This Form to the | | | Do So | |
| For Privacy Act and Paper | | | | | | | Form 8879-TE (2022) |

| | Forms 9 | 990 / 990- | EZ Retur | n Sumr | nary | | |
|---|---|---------------|--|--|------------------|--------|---|
| For calendar year | 2022, or tax yea | ar beginning | | , and | ending | | |
| TUMWATER | SOCCER | CLUB | | | 03-05099 | 999 | |
| Net Asset / Fund Balance at Begin | ning of Year | | | | | 26,669 | |
| Discut companyed | | | 14,680 03,147 3 0 | | 117,830 | | |
| Expenses Program services Management and general Fundraising Total expenses Excess / (deficit) Changes | | 1: | 15,640 | | 115,640 | 2,190 | |
| Net Asset / Fund B Reconciliation of F Total revenue per financial statements | Revenue | | Total e | | Reconciliation o | 28,859 | |
| Less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return | | ,830 | Less: Do Prid Los Oth Plus: | nated servi or year adji sses ner restment ex ner | ces ustments | | |
| Assets Liabilities Net assets | Beginnin 26 | | | - | Differences | | - |
| | Mis Amended retu Return / exter Failure to file | ided due date | formation 05/15 | 5/23 | | | |

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.

OMB No. 1545-0047 2022

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| Insp | pec | tion |

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|-------------------|------------------------------|----------------------------|---|------------------|-----------------------|--------------------|---------------------------|-------------|----------------------|-------------------|---------------------------------------|----------------------|
| A | | e 2022 calenda | r year, or | tax year b | | 3 | , and ending | | | | | |
| в | Check if a | pplicable: C Name | e of organizat | ion | | | | | | D Employe | r identification r | number |
| \square | Address c | hange | | T | JMWATER S | SOCCER C | LUB | | | | | |
| П | Name cha | Doing | g business as | | | | | | | 03-0 | 509999 | |
| | | Numb | | | f mail is not deliver | ed to street addre | ss) | | Room/suite | E Telephone | e number | |
| | Initial retur Final retur | | BOX 1 | | ountry, and ZIP or | foreign postal cod | | | | | | |
| | terminated | | | | bunuy, and ZIF of | • | | | | | | 118 000 |
| \square | Amended | and the same | MWATER | s of principal o | fficer | WA 9851 | L-4304 | | | G Gross rec | eipts\$ | 117,830 |
| П | Application | | | • • | | | | | H(a) Is this a gr | roup return for s | subordinates? | Yes X No |
| | ripplication | | | EDWAR | | | | | | | | Yes 🗌 No |
| | | | | 14304 | | | 00511 | | H(b) Are all su | | See instructions | |
| | | | | | | ſ | 98511 | 1 | - | attaon a not. | | |
| 1 | Tax-exem | | 501(c)(3) | 501(c) | | sert no.) | 4947(a)(1) or | 527 | - | | | |
| <u>J</u> | Website: | | | | CERCLUE | | | | H(c) Group exe | | | T.73 |
| | | | Corporation | Trust | Association | Other | | L \ | Year of formation: 1 | .989 | M State of lega | al domicile: WA |
| _ P | art I | Summa | | | | | | | | | | |
| | 1 E | Briefly describe | - | | | - | | | | | | |
| Ce | | ORGANIZE | RECRE | ATIONAL | _ SOCCER | PROGRAM | S FOR YOUTH. | | | | | |
| Governance | | | | | | | | | | | | |
| ver | | | ···· | | | | | | | | | |
| ဗိ | | Check this box [| | • | | • | s or disposed of mor | | | | 0 | |
| ంర | 3 1 | Number of voting | g member | s of the go | verning body (| Part VI, line | a) | | | 3 | 9 | |
| ties | 4 1 | Number of indep | pendent vo | oting memb | ers of the gov | erning body (| Part VI, line 1b) \dots | | | 4 | 9 | |
| Activities | | | | | | | t V, line 2a) | | | | 0 | |
| Ac | | otal number of | | | | | | | | | 104 | |
| | | | | | | | 12 | | | | | 0 |
| | b N | Net unrelated bu | usiness tax | able incom | e from Form | 990-T, Part I, | line 11 | <u> </u> | Prior Ye | | Curror | t Year |
| | 8 | Contributions and | d grante (| Part \/III lir | ne 1h) | | | ł | | <u> </u> | Currer | 14,680 |
| ne | | Program convico | iu granis (i | (Dort VIII, III | no 2a) | | | | | 7,925 | 1 | 03,147 |
| Revenue | | nyostmont incor | ogram service revenue (Part VIII, line 2g) /estment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | | | <u>+</u> 0 | 41 | | 3 |
| Re | | | | | | | d 11e) | | | | | 0 |
| | | | | | | | umn (A), line 12) | I | 12 | 2,443 | 1 | 17,830 |
| | | | | | | | | | | 5,500 | - | 4,500 |
| | | Benefits paid to | | | | () line () | | | | 57500 | | 0 |
| | | | | | | | n (A), lines 5–10) | | | | | 0 |
| nses | | Professional fund | | | | | | | | | | 0 |
| Den | 10a1 | | - | • | . , | · · · · · | | 0 | | | | |
| Exper | 17 (| Other expenses | | | | | | | 11 | 4,032 | 1 | .11,140 |
| | | | | | | |), line 25) | | | 9,532 | | 15,640 |
| | | | | | | | ,, iii lo 20) | | | 2,911 | | 2,190 |
| OL | 2 | | | | | <u>. –</u> | | | Beginning of Cu | | End o | |
| Assets of Balance | 20 T | otal assets (Pa | art X, line 1 | 6) | | | | 1 | | 6,669 | | 28,859 |
| ASS | 21 T | otal liabilities (F | | 00) | | | | | | 0 | | 0 |
| Func | 22 N | Net assets or fu | nd balance | | | | | | 2 | 6,669 | | 28,859 |
| Ρ | art II | Signatu | re Bloc | k | | | | | | | | |
| U | nder per | alties of perjury | L declare the | at I have exa | amined this retu | rn, including ac | companying schedules | and stateme | ents, and to the b | est of my kn | owledge and b | oelief, it is |
| tru | ue, corre | ct, an compete. | . Lec aratic | n di proparei | r (other than offi | cer) is based c | n all information of whi | ch preparer | has any knowled | ge. | | |
| | | | | y . | | | | | | | | |
| Sig | ŋn | Signature of officer | r | | | | | | | Date | | |
| He | | MEAGAN | EDWAF | RDS | | | PRESI | DENT | | | | |
| | | Type or print name | e and title | | | | | | | | | |
| | | Print/Type preparer | r's name | | | Preparer's sign | ature | K | Date | Check | if PTIN | |
| Pai | d | JOANNE KRUS | Z, CPA | | | JOANNE KR | usz, CPA | nus | 05/09 | /23 self-em | ployed P006 | 576843 |
| | parer | Firm's name | SI | RADER | HALLETT | PS | 0 | | | Firm's EIN | 91-11 | L97940 |
| Use | e Only | | 52 | 09 CO | RPORATE | CENTE | R CT SE | | | | | |
| _ | | Firm's address | LA | CEY, | WA 985 | 03 | | | F | Phone no. | <u>360-45</u> | 56-2100 |
| May | / the IR | S discuss this r | return with | the prepar | er shown abo | ve? See instru | uctions | | | <u></u> | · · · · · · · · · · · · · · · · · · · | Yes No |

| Form 990 (202 | 2) TUMWATER SOCC | ER CLUB | | 03-0509999 | Page 2 |
|---|--|--|---|--|---------------|
| Part III | Statement of Program Check if Schedule O co | | | n this Part III | |
| | escribe the organization's miss | | PROGRAMS FOR YO | OUTH. | |
| • | | | | | |
| prior Forr | | | | vere not listed on the | Yes X No |
| | describe these new services conducting, | or make significant | • | any program | Yes X No |
| 4 Describe expenses | | ervice accomplishme)(4) organizations ar | re required to report the amo | est program services, as measured by unt of grants and allocations to others, | |
| 4a (Code: ORGANI |) (Expenses \$ ZE RECREATIONAL | L SOCCER P | including grants of \$ PROGRAMS FOR YO | | |
| ••••••• | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| · | | | | | |
| | | | | | |
| 4b (Code: COLLEG |) (Expenses \$ E SCHOLARSHIPS | 4,500 FOR YOUTH | including grants of \$ PARTICIPATING | 4,500) (Revenue \$ IN TUMWATER SOCCE |) R CLUB. |
| • | | | | | |
| ••••••• | | | | | |
| | | | | | |
| • | | | | | |
| •••••• | | | | | |
| 4c (Code: N/A |) (Expenses \$ | | including grants of \$ |) (Revenue \$ |) |
| •••••• | | | | | |
| •••••• | | | | | |
| • | | | | | |
| • | | | | | |
| • | | | | | |
| 4d Other pro (Expense | ogram services (Describe on S s \$ | Schedule O.) including grants | of \$ |) (Revenue \$ |) |
| | aram service expenses | 115 . | | , (| , |

 Form 990 (2022)
 TUMWATER
 SOCCER
 CLUB

 Part IV
 Checklist of Required Schedules

03-0509999

| | | | Yes | No |
|---------|--|------------|--------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| 2 | complete Schedule A | 1 | X X | <u> </u> |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | <u> </u> |
| 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 | 3 | | x |
| 4 | candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. 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 | 4 | | x |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | - | | <u> </u> |
| • | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | 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 | 6 | | 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 | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | 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 | 9 | | 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 | 10 | | 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| _ | complete Schedule D, Part VI | <u>11a</u> | | X 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 | 11b | | X |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | 44- | | v |
| لہ | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| a | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | 114 | | x |
| ~ | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11d 11e | | X |
| e f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | Tie | | |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | x |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | <u> </u> |
| | Schedule D, Parts XI and XII | 12a | | 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 | 12b | | 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? | 14a | | 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 | 14b | | 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 | 15 | | <u>x</u> |
| 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 | 16 | | X X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | 37 |
| 40 | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | - v |
| 40 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 1 | | v |
| 20- | If "Yes," complete Schedule G, Part III | | | X X |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | | |
| b 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | <u> </u> |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | x |

 Form 990 (2022)
 TUMWATER
 SOCCER
 CLUB

 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 | 22 | | 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 | | | x |
| 240 | employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 23 | | <u> </u> |
| 24a | \$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 Cabachie 1/ K "Ne" as to line 25a | 24a | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u> </u> |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | <u> </u> |
| • | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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 | 25a | | x |
| 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 | 25b | | X |
| 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 | 26 | | 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 | | | v |
| ••• | persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, | | | |
| 2 | Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| а | "Nea" complete School de L. Dort IV | 28a | | x |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 200 | | <u> </u> |
| • | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | x |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | 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 | 32 | | 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 | 33 | | <u> </u> |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | v |
| 05- | or IV, and Part V, line 1 | 34 | | X X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | ^ |
| 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 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 550 | | \vdash |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | <u> </u> |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | | | |
| | 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | х | |
| Pa | art 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 | | <u></u> | \square |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 | - | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | - | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | L | <u> </u> |

| Form | 990 (2022) TUMWATER SOCCER CLUB 03-0509 | 999 | | | Pa | age 5 |
|----------|--|------------|----------|-----------|-----|----------|
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance (contin | nued) | | | 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 | 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retur | ns? | | 2b | | |
| 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 | 0 | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | authori | ty over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial | accou | Int)? | 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 A | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \dots | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact | | | 5b | | x |
| С | 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 th | | | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | | | <u>6a</u> | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributio | ns or | | | | |
| _ | | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g | joods | | | | |
| b | 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 | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82822 | | | 7c | | |
| А | required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | 70 | | |
| d e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or | | 2 | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | | 7f | | <u> </u> |
| g | If the organization received a contribution of qualified intellectual property, did the organization file For | | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | - | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | 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 | Section 501(c)(7) organizations. Enter: | | | | | |
| а | 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 | Section 501(c)(12) organizations. Enter: | | | | | |
| а | Gross income from members or shareholders | 11a | | 4 | | |
| 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 | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | I I | ? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | - | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | 40- | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| h | 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 | 126 | | | | |
| • | the organization is licensed to issue qualified health plans | 13b 13c | | - | | |
| с 14а | Enter the amount of reserves on hand | | | 14a | | x |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunel | | | <u> </u> | | |
| | 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 | incom | e? | 16 | | х |
| | If "Yes," complete Form 4720, Schedule O. | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activ | ities | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | |
| | If "Yes," complete Form 6069. | | | | | |

| Pa | IT VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. So | | | 000 |
|-----|--|---------|---------|----------|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
| Sec | tion A. Governing Body and Management | <u></u> | <u></u> | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 9 | | | |
| | 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. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 9 | | | |
| 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 | | х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | х |
| 6 | Did the organization have members or stockholders? | 6 | | х |
| 7a | 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? | 7a | | 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? | 7b | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | х | |
| 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 |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C | Code. |) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | х |
| 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? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | x |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe on Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | х |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | х |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | х |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | 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? | 16b | | |
| Sec | tion 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. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| DI | EB ?VUONG PO BOX 14304 | | | |
| T | JMWATER WA 98511 360 | -35 | 9-3 | 799 |

03-0509999

TUMWATER

Form 990 (2022)

SOCCER CLUB

Page 6

03-0509999

| Part VII Compensation o Independent Co | | irector | s, T | ruste | es, l | Key Employees, Hig | hest Compensated | Employees, and | |
|--|--|----------------------------------|------------------------|--------------------|------------------|--|---|--|--|
| • | | a respo | onse | or no | ote to | any line in this Part | VII | | |
| | | | | | | Compensated Employees | | | |
| 1a Complete this table for all person organization's tax year. | s required to be | listed. R | Report | comp | ensati | on for the calendar year en | ding with or within the | | |
| • List all of the organization's cu compensation. Enter -0- in columns | | | | • | | 5 | s), regardless of amount o | f | |
| 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than | | | | | | | | | |
| • List all of the organization's fo | 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 for organization, more than \$10,000 of See the instructions for the order in the | rmer directors of reportable compen- which to list the p | or truste ensation persons | es th from above | at rece the org | eived, ganiza | in the capacity as a former tion and any related organ | izations. | | |
| X Check this box if neither the org | anization nor an | y related | orga | nizatio | n com | pensated any current office | er, director, or trustee. | | |
| (A) Name and title | (B) Average hours per week (list any hours for related organizations | box, unl | ess per | tion more than | oth an Istee) | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations | |

| | organizations | 9 # # | nal | | ployee | eon | | , | - |
|---------------------------------------|---------------|------------------|-------------|----|----------|------------------|-------|---|---|
| | below | al trustee or | nal trustee | | æ | Ipen | | | |
| | dotted line) | õ | stee | | | compensated e | | | |
| (1) MEAGAN EDWARDS | | - | - | | - | <u>a</u> | | | |
| (1) MEAGAN EDWARDS | 5.00 | | | | | | | | |
| | 0.00 | x | | x | | | 0 | | 0 |
| PRESIDENT (2) BEN BRIGGS | 0.00 | ^ | | | | | 0 | 0 | 0 |
| (2) BEIN BRIGGS | F 00 | | | | | | | | |
| | 5.00 | 37 | | 37 | | | | | |
| VICE PRESIDENT | 0.00 | x | | x | | | 0 | 0 | 0 |
| (3) WAYNE GRAHAM | F 00 | | | | | | | | |
| | 5.00 | | | | | | | | |
| SECOND VP OF ADMIN. | 0.00 | x | | x | | | 0 | 0 | 0 |
| (4) JOHN KAIKKONEN | | | | | | | | | |
| | 5.00 | | | | | | | | |
| SECOND VP OF PROP. | 0.00 | x | | x | <u> </u> | | 0 | 0 | 0 |
| (5) JOSH DUBE | | | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | 5.00 | | | | | | | | |
| DIRECTOR OF COMP/DEV | 0.00 | X | | X | | | 0 | 0 | 0 |
| (6) COREY BURRES | | | | | | | | | |
| | 5.00 | | | | | | | _ | |
| SECRETARY | 0.00 | X | | X | | | 0 | 0 | 0 |
| (7) DEB VUONG | | | | | | | | | |
| | 5.00 | | | | | | | | |
| TREASURER | 0.00 | Х | | X | | | 0 | 0 | 0 |
| (8) TIFFANY LEONE | | | | | | | | | |
| | 5.00 | | | | | | | | |
| REGISTRAR | 0.00 | Х | | X | | | 0 | 0 | 0 |
| (9) CRAIG BOONE | | | | | | | | | |
| | 5.00 | | | | | | | | |
| KITG DIRECTOR | 0.00 | Х | | X | | | 0 | 0 | 0 |
| (10) | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| (11) | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

4044

02-050000

| Form 990 (2022) TUMWATER Part VII Section A. Officers | | | | ey E | mpl | oyee | s, a | 03-050 nd Highest Compensated | | | | Page |
|--|---|--|-----------------------|-----------------|---------------|---------------------------------|--------------|--|---|---------|---|-------|
| | | | | - | C) | | , - | | | | | |
| (A) Name and title | (B) Average hours per week | (do not check more than on box, unless person is both a officer and a director/truster | | | | | an ee) | (D) Reportable compensation from the | (E) Reportable compensation from related | | (F) ed amoun other ensation | ıt |
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | organiz | m the ation and organizatio | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Subtotal c Total from continuation she d Total (add lines 1b and 1c) | ets to Part VII, S | Secti | ion A | ۹ | | · · · · · · | | | | | | |
| 2 Total number of individuals (ir reportable compensation from | | | d to 0 | thos | e list | ted a | bove | e) who received more than | \$100,000 of | | | |
| 3 Did the organization list any for | | | | | | | | ee, or highest compensated | d | | Yes | No |
| employee on line 1a? <i>If "Yes,</i>For any individual listed on line | e 1a, is the sum | of r | eport | able | com | npens | satio | | from the | 3 | | |
| organization and related orga individual | | | | | | | | | | 4 | | x |
| 5 Did any person listed on line for services rendered to the c | | | | | | | | | | | | x |
| ection B. Independent Contracto | ors | | | | | | | | | | | |
| Complete this table for your fi compensation from the organi | zation. Report co | ensa ompe | ated ensat | indep tion f | oend or th | ent c ne ca | ontr lend | lar year ending with or with | in the organization's tax ye | ar. | | |
| Name and | (A) d business address | | | | | | | Descript | (B) tion of services | | (C) Compensa | ation |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent | contractors (inclu | ding | but | not | limite | ed to | tho: | se listed above) who | | | | |
| received more than \$100,000 | | | | | | | | | 0 | | | |

| Form 990 (2022) | TUMWATER | SOCCER | CLUB |
|-----------------|----------------|---------|------|
| Part VIII S | Statement of R | Revenue | |

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Page 9

| Pa | rt V | Stateme Check if | ent o | f Revenue edule O conta | ains a | a respor | nse or note | to any line in th | is Part VIII | | |
|---|--|--|-----------------|----------------------------|----------|----------|---------------|----------------------|--|---|---|
| | | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts Its | 1a | Federated camp | paigns | | 1a | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns 1a b Membership dues 1b | | | | | | | | | | |
| ٩ ۵. | c | Fundraising eve | ents | | 1c | | | | | | |
| ar , | d | Related organiz | ations | | 1d | | | | | | |
| s, imil | е | Government grants (o | | | 1e | | | | | | |
| r Sion | f | All other contributions, | gifts, gr | ants, | | | 14 600 | | | | |
| but | | and similar amounts n Noncash contributions | | | 1f | | 14,680 | | | | |
| d Dtri | 9 | lines 1a-1f | | | 1g | \$ | | | | | |
| an Co | h | Total. Add lines | 1a–1f | | | | | 14,680 | | | |
| | | | | | | | Business Code | | | | |
| e | 2a | PROGRAM SE | RVICE | REVENUE | | | 900099 | 103,147 | 103,147 | | |
| Program Service Revenue | b | | | | | | | | | | |
| n S enu | c | | | | | | | | | | |
| gran Rev | d | | | | | | | | | | |
| Pro(| е | | | | | | | | | | |
| _ | | All other program | m serv | rice revenue | | | | | | | |
| | g | Total. Add lines | | | | | | 103,147 | | | |
| | 3 | Investment inco | | | | | | | | | |
| | | other similar am | nounts) |) | | | | 3 | | | 3 |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | | | | | |
| | 5 | Royalties | · · · · · · · · | | | | | | | | |
| | | | | (i) Real | | (ii) | Personal | | | | |
| | 6a | Gross rents | 6a | | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | | | | |
| | c | Rental inc. or (loss) | 6c | | | | | | | | |
| | | 7a Gross amount from | | | | | | | | | |
| | 10 | sales of assets | | (i) Securities | | (ii) | Other | | | | |
| | | other than inventory | 7a | | | | | | | | |
| her Revenue | b | Less: cost or other | | | | | | | | | |
| ver | | basis and sales exps. | 7b | | | | | | | | |
| Å | | Gain or (loss) | 7c | | | | | | | | |
| her | | Net gain or (loss | | | r | | | | | | |
| δ | 8a | Gross income from | | | | | | | | | |
| | | (not including \$ | | | | | | | | | |
| | | of contributions rep | | | | | | | | | |
| | Ι. | 1c). See Part IV, li | | | 8a | | | | | | |
| | | Less: direct exp | | | 8b | | | | | | |
| | | Net income or (| | - | events | | | | | | |
| | 98 | Gross income fr | | | 0.0 | | | | | | |
| | h | activities. See P | | | 9a 9b | | | | | | |
| | | Less: direct exp | | | | | | | | | |
| | | Net income or (Gross sales of i | | | | <u></u> | | | | | |
| | lua | returns and allo | | | 10a | | | | | | |
| | h | Less: cost of go | | | 10a | | | | | | |
| | | Net income or (| | | | 1 | | | | | |
| | | | 1055) 11 | UIT Sales UI IIIVe | nory | <u></u> | Business Code | | | | |
| Miscellaneous Revenue | 11a | 11a | | | | | | | | | |
| nec | b | •••••• | | | | | | | | | |
| ella ver | b c | | | | | | | | | | |
| lisc Re | ы В | All other revenu | | | | | | | | | |
| 2 | | Total. Add lines | | | | | | | | | |
| | | Total revenue. | | | | | | 117,830 | 103,147 | 0 | 3 |

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| | Check if Schedule O contains a respon | ise or note to any line in t | his Part IX | | |
|-----------|---|------------------------------|------------------------------------|---|--|
| | ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| | Grants and other assistance to domestic organizations | | | 3 | |
| • | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| - | individuals. See Part IV, line 22 | 4,500 | 4,500 | | |
| 3 | Grants and other assistance to foreign | | | | |
| Ŭ | 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, | | | | |
| Ũ | trustees, and key employees | | | | |
| 6 | Compensation not included above to disqualified | | | | |
| Ū | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| J | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 9 10 | | | | | |
| 10 | Payroll taxes | | | | |
| a | | | | | |
| a b | Management | | | | |
| 0 | | | | | |
| с д | Accounting | | | | |
| d | Lobbying Professional fundraising services. See Part IV, line 17 | | | | |
| e f | - | | | | |
| | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| 40 | (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 4 2 | Advertising and promotion | 8,585 | 8,585 | | |
| 13 | Office expenses | 0,303 | 0,303 | | |
| 14 4 - | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 24 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | | | | | |
| 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.) | 74 640 | 74 640 | | |
| a | RECREATION PROGRAM EXP | 74,640 | 74,640 | | |
| b | KICK IN THE GRASS PROGRAM | 18,406 | 18,406 | | |
| C | JUNIOR SOCCER PROGRAM EQU | 5,676 | 5,676 | | |
| d | STORAGE RENTAL | 3,833 | 3,833 | | |
| е | All other expenses | 115 640 | 115 640 | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 115,640 | 115,640 | 0 | |
| 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 if | | | | |

Form 990 (2022) TUMWATER SOCCER CLUB

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X. (A) (B) Beginning of year End of year Cash—non-interest-bearing 25,997 1 28,859 1 Savings and temporary cash investments 672 2 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 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 Loans and other receivables from other disgualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Assets Notes and loans receivable, net 7 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation _____ 10b 10c Investments—publicly traded securities 11 11 Investments-other securities. See Part IV, line 11 12 12 Investments-program-related. See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 26,669 28,859 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable Deferred revenue 19 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, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 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 0 0 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here X and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 26,669 28,859 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 26,669 28,859 32 32 26,669 28,859 33 Total liabilities and net assets/fund balances 33

Form 990 (2022)

| Form | 990 (2022) TUMWATER SOCCER CLUB 03-0509999 | | | | Pag | ge 12 |
|------|---|---------|---------|---------|------|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | <u></u> | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 17,8 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 11 | 15,6 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | | 190 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 2 | 26,0 | 569 |
| 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 | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 32, column (B)) | 10 | | 2 | 28,8 | <u>359</u> |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u></u> | <u></u> | <u></u> | | |
| | | | _ | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Cash Contexponent Accrual Other | | I | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on | | | | | |
| | Schedule O. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | - | 2a | | X |
| | 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: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | - | 2b | | <u>x</u> |
| | 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: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | 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? | | - | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | | |
| | Schedule O. | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | L | 3a | | <u> </u> |
| 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 | <u></u> | <u></u> | 3b | | |

Form **990** (2022)

(Form 990)

SCHEDULE A

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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.

| 20 |)2 | 22 |
|---------|----|--------|
| Open | to | Public |
| Los a c | | |

OMB No. 1545-0047

| Internal Rev | venue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | Inspection | |
|---|---|---|----------------------------|------------------|-----------|------------------------|---|--|
| Name of th | ne organization | TUMWATER SOCCER CLUB | | | | | Employer identification number 03-0509999 | |
| Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. | | | | | | | | |
| The orga | 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).) | | | | | | | |
| 3 | A hospital or | hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | |
| 4 | | al research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, | | | | | | |
| 5 | An organizati | and state: rganization 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 | | | | | | | |
| 10 X | university: 0 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross | | | | | | | |
| | receipts from support from | receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. | | | | | | | |
| а | | | | | | | | |
| | 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). | | | | | | | | |
| | ne of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga | anization | (v) Amount of monetary | (vi) Amount of | |
| ., | ganization | | (described on lines 1–10 | listed in your g | | support (see | other support (see | |
| | | | above (see instructions)) | documen | nt? | instructions) | instructions) | |
| | | | | Yes | No | | | |
| (A) | | | | | | | | |
| (B) | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | | |
| T-tel | | | | | | | | |
| Total | | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

| Schee | | | CCER CLUB | | | -0509999 | Page 2 |
|------------------|--|--|-----------------|---------------------------------------|-----------------|----------------|---------------|
| Pa | IT II Support Schedule for O | | | | | | |
| | (Complete only if you che | | | | | | alify under |
| | Part III. If the organization | n fails to qualify | y under the tes | ts listed below, | , please comple | ete Part III.) | |
| | tion A. Public Support | 1 | 1 | 1 | 1 | 1 | 1 |
| Caler | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 | | | | | | |
| | tion B. Total Support | () | (1) 00/0 | () 0000 | (1) 000 (| () 0000 | |
| | idar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 8 | Amounts from line 4 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. | | | | | | |
| 13 | First 5 years. If the Form 990 is for the or | • | | • | | | |
| 800 | organization, check this box and stop her tion C. Computation of Public S | e | ntago | | | | |
| <u>3ec</u> 14 | Public support percentage for 2022 (line 6 | | | an (f)) | | 14 | % |
| 14 | Public support percentage for 2022 (life of Public support percentage from 2021 Sche | , column (1) aivide adula A. Part II. lir | | III (I)) | | 14 | |
| 16a | 33 1/3% support test—2022. If the organ | | | | | | 70 |
| Tou | box and stop here . The organization qual | | | | | | Г |
| b | 33 1/3% support test—2021. If the organ | | | | | | ····· ∟ |
| | this box and stop here. The organization | | | | | | Г |
| 17a | 10%-facts-and-circumstances test-202 | | | | | | |
| | 10% or more, and if the organization mee Part VI how the organization meets the fa | | | | • • | | |
| | organization | | | | | | |
| b | 10%-facts-and-circumstances test-202 | | | | | | |
| | 15 is 10% or more, and if the organization | | | | - | | |
| | in Part VI how the organization meets the | | | • | | | |
| | organization | | | · · · · · · · · · · · · · · · · · · · | | | L |
| 18 | Private foundation. If the organization did | | | | | | |
| | instructions | | | | | | L |

Schedule A (Form 990) 2022

| | If the organization fails to | | | | | | |
|-------|---|---------------------|-------------------|----------|----------|----------|-----------|
| Sec | tion A. Public Support | | | | | | |
| Caler | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 22,762 | 21,761 | 1,142 | 14,477 | 14,680 | 74,822 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 140,426 | 142,012 | 82,733 | 107,925 | 103,147 | 576,243 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 163,188 | 163,773 | 83,875 | 122,402 | 117,827 | 651,065 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | CE1 0CE |
| Sec | tion B. Total Support | | | | | | 651,065 |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 | Amounts from line 6 | 163,188 | 163,773 | 83,875 | 122,402 | 117,827 | 651,065 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 92 | 185 | 52 | 41 | 3 | 373 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | 92 | 185 | 52 | 41 | 3 | 373 |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 163,280 | 163,958 | 83,927 | 122,443 | 117,830 | 651,438 |
| 14 | First 5 years. If the Form 990 is for the org | | | | | | |
| | organization, check this box and stop here | | | | | | |
| Sec | tion C. Computation of Public Su | pport Percent | age | | | | |
| 15 | Public support percentage for 2022 (line 8, | column (f), divided | by line 13, colum | n (f)) | | 15 | 99.94 % |
| 16 | Public support percentage from 2021 Sche | | | | | 16 | 99.92 % |
| Sec | tion D. Computation of Investme | | | | | | % |
| 17 | | | | | | | |
| | Investment income percentage from 2021 S | | | | | | % |
| 19a | 33 1/3% support tests—2022. If the organ | | | | | | X |
| b | 17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2021. If the organ | - | | | | | É |
| | line 18 is not more than 33 1/3%, check thi | | | | | | |
| 20 | Private foundation. If the organization did | | - | | | - | |

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TUMWATER SOCCER CLUB

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.

Schedule A (Form 990) 2022 Part III Support Schedu Schedule A (Form 990) 2022 Part IV

Supporting Organizations (Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| 1 | Are all of the organization's supported organizations listed by name in the organization's governing |
|---|--|
| | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by |
| | class or purpose, describe the designation. If historic and continuing relationship, explain. |

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- С Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit С from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990) 2022

TUMWATER SOCCER CLUB

| Schedule A (Form 990) 2022 | | TUMWATER SOCCER CLUB | | | 03-0509999 | | Page 5 | | |
|----------------------------|--|----------------------|----------------|----------------|---------------------------|----------------|--------|-----|----|
| Par | t IV Supporting Organiza | tions (contin | ued) | | | | | | |
| | | | | | | | | Yes | No |
| 11 | Has the organization accepted a gift | or contribution f | rom any of the | following per | sons? | | | | |
| а | a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | | | | | | |
| | 11c below, the governing body of a s | supported organ | ization? | | | 1' | 1a | | |
| b | A family member of a person describ | ed on line 11a a | above? | | | 1' | 1b | | |
| С | A 35% controlled entity of a person d | lescribed on line | 11a or 11b at | oove? If "Yes" | to line 11a, 11b, or 11c, | | | | |
| | provide detail in Part VI. | | | | | 1 [,] | 1c | | |
| Sect | on B. Type I Supporting Org | anizations | | | | | | | |

| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | |
|---|--|--|
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated. | |

| Section C. Type II Supporting Organizations | | | | | | | |
|---|--|---|-----|----|--|--|--|
| | | | Yes | No | | | |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | | | | |
| | the supported organization(s). | 1 | | | | | |

Section D. All Type III Supporting Organizations

supervised, or controlled the supporting organization.

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have | | | |
| | a significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
 - The organization satisfied the Activities Test. Complete line 2 below. а
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes

2a

2b

3a

3b

No

No

Yes

2

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|--|------------------------|-------------------------------|-------------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supp | orting Organizat | tions | |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifyin | g trust on Nov. 20, 19 | 970 (explain in Part VI). | See |
| instructions. All other Type III non-functionally integrated supporting organ | nizations must comple | ete Sections A through E | |
| Section A – Adjusted Net Income | (A) Prior Year | (B) Current Yea (optional) | |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection | | | |
| of gross income or for management, conservation, or maintenance of | | | |
| property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Yea (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors | | | |
| (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C – Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 Enter 0.85 of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functional | ly integrated Type III | supporting organization | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

| Schedule A (| (Form 990) 2022 |
|--------------|-----------------|
| Part V | Type III |
| | |

TUMWATER SOCCER CLUB

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Fai | Type in Non-Functionally integrated 509(a)(3) | Supporting Organiza | | <u> </u> | |
|----------|--|----------------------|--------------------------------|----------|----------------------------------|
| Secti | on D – Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt purport | 1 | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purpose | | | | |
| | organizations, in excess of income from activity | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supp | oorted organizations | | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required-provide det | tails in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the organiz | ation is responsive | | 8 | |
| | (provide details in Part VI). See instructions. | | | | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| | | (i) | (ii) | | (iii) |
| Secti | on E – Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2022 | 5 | Distributable Amount for 2022 |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reasonable cause required– <i>explain in Part VI</i>). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| а | From 2017 | | | | |
| | From 2018 | | | | |
| | From 2019 | | | | |
| | From 2020 | | | | |
| | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| | Applied to underdistributions of prior years | | | | |
| | Applied to 2022 distributable amount | | | | |
| i | Carryover from 2017 not applied (see instructions) | | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from | | | | |
| | Section D, line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| | Applied to 2022 distributable amount | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | | |
| | greater than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| - | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| | Excess from 2022 | | | | |
| <u> </u> | | | | _ | chodulo A /Earm 00 |

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| Schedule A (For | rm 990) 2022 | TUMWAT | ER SOCCE | R CLUB | | 03-0509999 | Page 8 |
|---|--|---|--|--|---|---|---|
| Part VI | Supplemental III, line 12; Part B, lines 1 and 2 3a, and 3b; Pa | Information. P t IV, Section A, li 2; Part IV, Sectio rt V, line 1; Part | rovide the exp ines 1, 2, 3b, on C, line 1; F V, Section B, | planations rec 3c, 4b, 4c, 5a Part IV, Sectio line 1e; Part | a, 6, 9a, 9b, 9c, 1 n D, lines 2 and | line 10; Part II, line 17a I1a, 11b, and 11c; Part 3; Part IV, Section E, lin es 5, 6, and 8; and Part | or 17b; Part IV, Section es 1c, 2a, 2b, |
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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ

Filers of:

Name of the organization

Organization type (check one):

TUMWATER SOCCER CLUB

Section:

X 501(c)(

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

3) (enter number) organization

OMB No. 1545-0047

2022

Employer identification number

03-0509999

| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
|---------|---|---|--|
| | | 527 political organization | |
| Form 9 | 90-PF | 501(c)(3) exempt private foundation | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | | 501(c)(3) taxable private foundation | |
| | | | |
| | Only a section 501(c)(7), | covered by the General Rule or a Special Rule .), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See | |
| Genera | l Rule | | |
| X | • | ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions. | |
| Special | Rules | | |
| | regulations under section 16b, and that received | escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or d from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. | |
| | contributor, during the literary, or educational | escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, I purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering stead of the contributor name and address), II, and III. | |
| | contributor, during the contributions totaled me during the year for an e | escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such hore than \$1,000. If this box is checked, enter here the total contributions that were received <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions re during the year | |
| must a | nswer "No" on Part IV, I | isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line at the filing requirements of Schedule B (Form 990). | |

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

| | (Form 990) (2022) | | 1 OF 1 Page 2 |
|------------|---|--------------------------------|---|
| | organization ATER SOCCER CLUB | | ployer identification number -0509999 |
| Part I | Contributors (see instructions). Use duplicate copies of P | art I if additional space is n | eeded. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| .1 | CITY OF TUMWATER 555 ISRAEL ROAD SW TUMWATER WA 98501 | \$ 11,100 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (C) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | · · · · · · · · · · · · · · · · · · · | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| <u>No.</u> | Name, address, and ZIP + 4 | Total contributions | Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | · | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

| SCHEDULE O | Supplemental Information to Form 990 or 990-E | Z | OMB No. 1545-0047 | | | | |
|---|---|--------------------|----------------------------|--|--|--|--|
| (Form 990) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. | | | 2022 | | | | |
| Department of the Treasury Internal Revenue Service | epartment of the Treasury Attach to Form 990 or Form 990-EZ. | | | | | | |
| Name of the organization | | Employer identific | Inspection ation number | | | | |
| | TUMWATER SOCCER CLUB | 03-05099 | 99 | | | | |
| | FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 TAX RETURN IS REVIEWED BY THE BOARD BEFORE FILING. | | | | | | |
| | PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLO DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. | SURE EXPL | ANATION | | | | |
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Name

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Two Year Comparison Report

2021 & 2022

For calendar year 2022, or tax year beginning

, ending

Taxpayer Identification Number

| ч | TUMWATER SOCCER CLUB | | | 03-0 | 509999 |
|-----------|--|-------|---------|---------|-------------|
| | | | 2021 | 2022 | Differences |
| | 1. Contributions, gifts, grants | 1. | 14,477 | 14,680 | 203 |
| | 2. Membership dues and assessments | 2. | • | | |
| | 3. Government contributions and grants | · ++ | | | |
| u e | 4. Program service revenue | | 107,925 | 103,147 | -4,778 |
| 드 | 5. Investment income | · ++ | 41 | 3 | -38 |
| < e | 6. Proceeds from tax exempt bonds | 6. | | | |
| e K | 7. Net gain or (loss) from sale of assets other than inventory | 7. | | | |
| _ | 8. Net income or (loss) from fundraising events | 8. | | | |
| | 9. Net income or (loss) from gaming | 9. | | | |
| | 10. Net gain or (loss) on sales of inventory | 10. | | | |
| | 11. Other revenue | 11. | | | |
| | 12. Total revenue. Add lines 1 through 11 | 12. | 122,443 | 117,830 | -4,613 |
| | 13. Grants and similar amounts paid | 13. | 5,500 | 4,500 | -1,000 |
| | 14. Benefits paid to or for members | 14. | | | |
| S | 15. Compensation of officers, directors, trustees, etc. | 15. | | | |
| s | 16. Salaries, other compensation, and employee benefits | 16. | | | |
| еп | 17. Professional fundraising fees | 17. | | | |
| d X | 18. Other professional fees | 18. | | | |
| ш | 19. Occupancy, rent, utilities, and maintenance | 19. | | | |
| | 20. Depreciation and Depletion | . 20. | | | |
| | 21. Other expenses | 21. | 114,032 | 111,140 | -2,892 |
| | 22. Total expenses. Add lines 13 through 21 | 22. | 119,532 | 115,640 | -3,892 |
| | 23. Excess or (Deficit). Subtract line 22 from line 12 | 23. | 2,911 | 2,190 | -721 |
| | 24. Total exempt revenue | 24. | 122,443 | 117,830 | -4,613 |
| _ | 25. Total unrelated revenue | 25. | | | |
| tion | 26. Total excludable revenue | 26. | 107,966 | 103,150 | -4,816 |
| r Informa | 27. Total assets | 27. | 26,669 | 28,859 | 2,190 |
| | 28. Total liabilities | 28. | | | |
| | 29. Retained earnings | 29. | 26,669 | 28,859 | 2,190 |
| | 30. Number of voting members of governing body | 30. | 9 | 9 | |
| Ö | 31. Number of independent voting members of governing body \ldots | 31. | 9 | 9 | |
| | 32. Number of employees | 32. | 0 | 0 | |
| | 33. Number of volunteers | 33. | 132 | 104 | |

Name

Tax Return History

2022

TUMWATER SOCCER CLUB

Employer Identification Number 03-0509999

| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|-----------------------------------|---------|---------|--------|---------|---------|------|
| Contributions, gifts, grants | 22,762 | 21,761 | 1,142 | 14,477 | 14,680 | |
| Membership dues | | | | | | |
| Program service revenue | 139,938 | 141,579 | 82,733 | 107,925 | 103,147 | |
| Capital gain or loss | | | | | | |
| Investment income | | 185 | 52 | 41 | 3 | |
| Fundraising revenue (income/loss) | | | | | | |
| Gaming revenue (income/loss) | | | | | | |
| Other revenue | 488 | 433 | | | | |
| Total revenue | 163,280 | 163,958 | 83,927 | 122,443 | 117,830 | |
| Grants and similar amounts paid | 11,010 | 5,000 | 2,500 | 5,500 | 4,500 | |
| Benefits paid to or for members | | | | | | |
| Compensation of officers, etc. | | | | | | |
| Other compensation | | | | | | |
| Professional fees | 945 | 1,400 | 1,050 | | | |
| Occupancy costs | | | | | | |
| Depreciation and depletion | | | | | | |
| Other expenses | 149,281 | 140,012 | 75,205 | 114,032 | 111,140 | |
| Total expenses | 161,236 | 146,412 | 78,755 | 119,532 | 115,640 | |
| Excess or (Deficit) | 2,044 | 17,546 | 5,172 | 2,911 | 2,190 | |
| | | | | | | |
| Total exempt revenue | 163,280 | 163,958 | 83,927 | 122,443 | 117,830 | |
| Total unrelated revenue | | | | | | |
| Total excludable revenue | 140,518 | 142,197 | 82,785 | 107,966 | 103,150 | |
| Total Assets | 1,040 | 18,586 | 23,758 | 26,669 | 28,859 | |
| Total Liabilities | | | | | | |
| Net Fund Balances | 1,040 | 18,586 | 23,758 | 26,669 | 28,859 | |

03-0509999

Federal Statements

Taxable Interest on Investments Description Unrelated Exclusion Susieness Postal Acquired after US Code US Obs (\$ or %) INTEREST EARNED \$ 3 14 TOTAL \$ 3 14

| 3-0509999 Federal S | Statements |
|--------------------------------------|---------------------|
| Schedule A, P | art III, Line 1(e) |
| Description | Amount |
| ICK IN THE GRASS:VENDOR KITG INCOME | \$ 3,580 |
| ITY OF TUMWATER CASH CONTRIBUTION | 11,100 |
| TOTAL | \$14,680 |
| | |
| <u>Schedule A, P</u> | Part III, Line 2(e) |
| Description | Amount |
| ROGRAM SERVICE REVENUE | \$ 103,147 |
| TOTAL | \$ 103,147 |
| Schedule A, Pa | rt III, Line 10a(e) |
| Description | Amount |
| NTEREST EARNED | \$3 |
| TOTAL | \$3 |
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OFFICIAL BYLAWS OF THE TUMWATER SOCCER CLUB

(Amended and adopted November 15, 2005, amended Nov. 2013, amended Nov. 2014, March 2017, October 2019, January 2021, February 2023)

Article 1: Name

This organization shall be known as the Tumwater Soccer Club herein after referred to as TSC. TSC is a non-profit organization established and existing under the laws of the State of Washington and shall not conduct any activities not permitted by an organization exempt from Federal income tax under Section 501(c)3 of the Internal Revenue Code.

Article 2: Affiliation

The Tumwater Soccer Club is a member of the Washington State Youth Soccer Association (hereafter referred to as Washington Youth Soccer), which in turn is a member of the United States Soccer Federation (USSF) and its affiliated entity, the United States Youth Soccer Association (hereafter referred to as US Youth Soccer). To the extent allowed under applicable Washington law, the articles of incorporation, bylaws, policies, and requirements of the USSF, US Youth Soccer, and Washington Youth Soccer shall prevail over any contrary provision in these Bylaws or TSC policy.

Article 3: Purpose and Objectives

The purpose of the Tumwater Soccer Club is exclusively charitable and educational. Further, the purpose of TSC shall be to teach the game of soccer as defined in these Bylaws. The objectives of the TSC program are to:

- Govern, organize, facilitate and promote all aspects of the game of soccer for youth under 19 years old, residing in the Tumwater School District, or areas within TCYSA not affiliated with another club.
- 2. Provide a program of well-organized, competitive athletics helping to develop the physical, emotional, and social stability of its members, and encourage volunteers to share their time and effort on behalf of TSC.
- 3. Assist with the identification and promotion of players with intermediate and higher skills to affiliated organizations that are dedicated to a level of competition greater than which TSC can provide.
- 4. Encourage academic excellence and promote continuing education through the TSC post-high school Scholarship Program.
- 5. Facilitate and promote the following activities:
 - 1. The education and training of players, coaches, and referees in the game of soccer.
 - 2. The acquisition, distribution, and management of: playing fields; equipment; supplies; and other material items, on behalf of registered teams.
 - 3. The registration of players and teams.
 - 4. The scheduling of league games.

- 5. The coordination of TSC rules, regulations, and activities with affiliated organizations.
- 6. The raising of funds needed to achieve the TSC objectives.
- 7. The sponsoring and holding of tournaments.

Article 4: Members

- 6. The membership of the Tumwater Soccer Club shall consist of:
 - 1. Members of the TSC Executive Board.
 - 2. Players, coaches, and parents of teams registered under TSC.
 - 3. Sponsors of a TSC registered team. Sponsors provide support for a specific team.
 - 4. TSC Boosters. Boosters support the activities of TSC but are not affiliated with a specific team.
- 7. All TSC members are required to abide by TSC Bylaws and Rules and Regulations. Failure to do so will be grounds for revocation of membership privileges by the Executive Board.
- 8. No group or individual shall be denied membership to TSC because of sex, race, color, ethnicity, creed, sexual orientation, national origin, socioeconomic status, veteran status, or disability.

Article 5: Control and Authority

- 1. TSC shall be an affiliated club of the Thurston County Youth Soccer Association (TCYSA).
- 2. TSC shall abide by and follow the Bylaws and Rules and Regulations of TCYSA, and Washington Youth Soccer.
- 3. Administration of TSC shall be vested in a body consisting of an Executive Board as described in Article 6.

Article 6: Officers

- The officers of the Executive Board of TSC shall be (1) President, (2) First Vice President, (3) Second Vice President of Administration, (4) Second Vice President of Property, (5) Second Vice President of Fields (6) Director of Development and Competition, (7) Secretary, (8) Treasurer, (9) Registrar, and (10) Kick-in-the-Grass (KITG) Tournament Director. These officers shall be members of the Executive Board and perform the duties prescribed by these Bylaws and by the parliamentary authority adopted by TSC.
- 2. The positions of President, First Vice President, Second Vice President of Administration, Second Vice President of Property, Director of Development and Competition, Secretary, Treasurer, Club Manager and Kick-in-the-Grass (KITG) Tournament Director on the Executive Board shall be elected every two years at the Annual General Meeting as follows:
 - Even Number Years: President, Second Vice President of Administration, Director of Development and Competition, Treasurer, and KITG Director
 - Odd Numbered Years: First Vice President, Second Vice President of Property, Secretary, and Club Manager.
- 3. The duties and responsibilities of the officers are as follows:
 - 1. President
 - Coordinate and supervise all activities of TSC and preside over all Executive Board meetings.
 - Develop an agenda for every Executive Board meeting.

- Represent TSC in a liaison capacity in all matters related to public relations.
- Appoint chairpersons of all committees.
- Appoint people to fill vacant officer positions contingent on majority approval by the Executive Board.
- Sign orders on the treasury.
- Prepare, with the help of the TSC Treasurer and Finance Committee, and present the annual fiscal budget for the Tumwater Soccer Club.

2. First Vice President

- Assume the President's duties in his/her absence.
- Represent the Tumwater Soccer Club at TCYSA and Washington Youth Soccer meetings.
- Assist the President as needed.
- Supervise the activities of the second vice presidents of TSC.
- Sign orders on the treasury in the absence of the President.

3. Second Vice President of Administration

- Chair the Auditing Committee.
- Coordinate and performs special projects.
- Administers the Annual Scholarship Program

4. Second Vice President of Property

- Allocate, check out, track, and check-in equipment, and other items provided to teams.
- Recommend equipment purchases needed to conduct the activities of TSC.
- Coordinate the marking and maintenance of fields used by TSC teams for practices, games, and club tournaments.
- Manage storage facilities and all TSC owned items not checked out to teams.
- Report on equipment owned by TSC.

6. Director of Development and Competition

- Organize and coordinate coaches' and players' training with TCYSA's director of development as well as review and promote any age/ability appropriate coaching education promoted by WYS.
- Plan, prepare, and coordinate with the club manager and the club president the preseason coaches meetings (3 per year, spring, summer & fall) and be present at all three.
- At each coach's meeting, cover specific topics for coaches to be ready for the upcoming season:
 - 1. Remind coaches of their positions as the leader of the team and sideline
 - 2. Provide instruction on how to coordinate parent meeting, establish a chain of communication and establish an acceptable social media policy
 - 3. Remind coaches of the responsibility needed to manager their sideline behavior during games
 - 4. Provide insight to help coaches deal with any possible rule changes from TCYSA, WYS, or US Youth Soccer

TSC BYLAWS

- 5. Review the TSC and WYS coach's code of conduct
- 6. Review Risk Management and Safe Sports policies and procedures

- 7. Review TCYSA "Zero-Tolerance" policy toward treatment of referee and opponents
 - Be available to meet any coach at their practice or game to offer support and guidance for any soccer issue (on or off the field) that needs to be addressed.
 - Be responsible for the Junior Soccer Program (JSP), 6 week spring session and 5 week fall session and all that is involved in organizing and running the program:
 - 1. Update curriculum with latest age appropriate training information from WYS and US Soccer
 - 2. Coordinate with Club Manager for JSP time and location reservations of fields
 - 3. Coordinate with Club Manager to recruit parent volunteer coaches
 - 4. Coordinate with Club Manager to organize and schedule the volunteer coaches meeting prior to JSP starting
 - 5. Train parent volunteer coaches
 - 6. Be responsible for all equipment assigned/allocated for JSP
 - 7. Be responsible for set up all equipment at all JSP activates
 - Acquire and manage coaching and training manuals, videos, and other training aids.

7. Secretary

- Record, prepare, and distribute minutes for all TSC meetings.
- Maintain a record of all TSC correspondence issued under official TSC letterhead.
- Provide notification of all Executive Board meetings.
- Maintain TSC Bylaws, Rules and Regulations, and other documents.
- Maintain TSC Website and Facebook page for content, redesign suggestions on all outward facing communications.

8. Treasurer

- Chair the Finance Committee
- Deposit all monies into a chartered bank account in the name of the Tumwater Soccer Club.
- Sign orders on the treasury in the absence of the President.
- Keep financial records of all monetary transactions, including incoming and outgoing funds.
- Maintain a checking account with signature authority with the President, First Vice President, KITG Tournament Director, and Treasurer.
- Report TSC financial status at each Executive Board meeting.
- Assist on audits of TSC records.

9. Club Manager

- Register and maintain records of teams, players, and coaches as per the guidelines established by TSC and TCYSA.
- Coordinate registration activities with TCYSA and Washington Youth Soccer as required.
- Maintain record of Risk Management status for all registered volunteers as required by TCYSA and Washington Youth Soccer. Including all Board Members, Coaches, Assistant Coaches, Manager, or any other individual over 18 years old who has or may have routine direct or indirect contact or influence on a youth player.
- Register all participating teams in TSC sponsored tournaments and events.
- Coordinate with the School District, Parks Department, and Capital Soccer Fields to reserve fields to be used by TSC teams for practices and games.
- Assign fields to TSC teams for practices.
- Coordinate with TCYSA for assignment of fields for TSC home games.
- Actively manage field reservations during each season to optimize field usage and rental charges.
- Assist in the marking and maintenance of fields used by TSC teams for practices and games.

10. KITG Tournament Director

- Organize and coordinate all aspects of the annual Kick-in-the-Grass Tournament sponsored by TSC.
- Sign orders on the treasury in the absence of the President.
- 4. The term of office for elected officers of the TSC Executive Board shall commence immediately upon election, and shall continue until the Annual General Meeting two years hence. Outgoing officers shall assist the successors for a period not to exceed two succeeding Executive Board meetings, in order to assure a smooth transition. All TSC officers are eligible for re-election to the same office at succeeding elections.
- 5. With the exception of the President of the Executive Board, vacancies occurring subsequent to the annual election shall be filled by a majority vote of a quorum of the Executive Board at a regular meeting or special meeting. In the event of the President's position becoming vacant, the First Vice President will fill the President's position if the First Vice President so desires the position. If the First Vice President does not desire the position, then it shall be filled as provided above for the other Executive Board positions. The term of office for officers elected by such election is the unexpired term of the vacated office.
- 6. Any member of the Board of Directors being absent from three (3) consecutive Board meetings, or being negligent in his/her responsibilities, or being in violation of the Washington Youth Soccer Code of Ethics, or combination thereof, may be subject to suspension or removal by a majority vote of the Executive Board.

Article 7: Executive Board

- 1. The officers of TSC and one representative of each TSC registered team shall constitute the Executive Board.
- 2. The President shall be the chairperson of the Executive Board.
- 3. The Executive Board shall have general supervision of the affairs of TSC, set the hour and place of meetings, and shall perform such duties as are specified in these Bylaws. None of the acts of the Executive Board shall conflict with the objectives of TSC.
- 4. Each person on the Executive Board shall have one vote on any matter brought forth during an Executive Board Meeting. The President shall cast a vote only in the event of a tie.
- 5. Each team shall provide a Team Representative for Executive Board Meetings. The Team Representative shall be the coach of the team or someone appointed by the coach. Any appointment by the coach must be in writing or verified by an officer of the Executive Board. Written notice or verification can take place at a meeting. Team Representatives are encouraged to attend all Executive Board and other meetings during the time the team is active.
- 6. Conflict of Interest: No elected member of the Executive Board of the Tumwater Soccer Club can receive monetary compensation, other than re-imbursement for out-of-pocket expenses, from the Club for duties related to their Board position or any other activities associated with the Club (e.g., coaching or training teams). Any potential conflict of interest by a Board member, or a family member of a Board member, shall be declared in a written disclosure statement to the Board of Directors, either voluntarily or upon the request to the Board. If a conflict of interest is evident, the Board shall disqualify that member's vote in all matters relating to the position or may require the resignation of the person from the Board of Directors contingent on a majority vote of the Board.

Article 8: Committees

- 1. A Finance Committee composed of the Treasurer and at least one other Executive Board Member that shall be appointed by the President promptly after conclusion of the fall season including Recreational Cup Play. It shall be the duty of the committee to prepare a budget for the next fiscal year and to submit it to the TSC Executive Board for approval prior to the start of any organized league play during the fiscal year.
- 2. An Auditing Committee of three Executive Board members Chaired by the Second Vice President of Administration shall:
 - 1. Audit the Treasurer's accounts at the close of the fiscal year and provide a report of its findings at the annual meeting.
 - 2. Audit the equipment and supplies inventory at the close of the fiscal year and provide a report of its findings at the annual meeting.
 - 3. Audit to ensure the existence of all records required by these Bylaws.
- 3. A Tournament Committee shall organize all aspects of the annual TSC "Kick-In-The-Grass" tournament under the direction of the KITG Tournament Director.
- 4. Such other committees, standing or special, as deemed necessary to carry on the work of TSC shall be appointed by the President or the Executive Board. The President shall be an ex officio member of all committees.

Article 9: Meetings

1. Annual General Meeting

- An annual meeting shall be held in February or March each year before the start of spring season games. The AGM shall coincide with the spring coaches meeting to ensure adequate participation by the club members. Notification of the time and place of the annual meeting shall be provided to all Executive Board members, coaches, and committee chairs at least 30 days prior to the meeting.
- A quorum shall consist of *at least 50% of the filled positions of the Executive Board members, that minimum number must be current TSC officers.* In the event of a quorum failure, the meeting shall be rescheduled at a time and place designated by the President.
- The annual meeting is open to all TSC members and visitors. Minutes from the annual general meeting shall be reviewed and approved at the first monthly executive board meeting following the annual general meeting.
- The order of business for the annual meeting shall be as follows:
 - 1. Roll Call
 - 2. Officer and Committee reports
 - 3. Unfinished business
 - 4. Proposals
 - 5. Bylaw changes
 - 6. Summary of changes to TSC Rules and Regulations
 - 7. Election of Officers
 - 8. New business
 - 9. Adjournment

2. Monthly Executive Board Meetings

- Unless otherwise ordered by the Executive Board, a monthly meeting of the Executive Board shall be held from January through November inclusive except March due to the annual general meeting.
- The order of business for the monthly Executive Board meetings shall be set by the President. A quorum shall consist of *at least 50% of the filled positions of the officers of the Executive Board*.
- Executive Board Meetings are open to all TSC members and visitors.
 - Special Executive Board meetings may be called by the President or shall be called upon the written request of three (3) members of the Executive Board.
 - The purpose of the meeting shall be stated in the call. Timely notice of any Special Session shall be provided to all Executive Board officers and TSC coaches. Except in cases of emergency, at least three days' notice shall be given.
 - Special Sessions are used for planning (e.g., setting agendas for subsequent meetings) and for the conduct of TSC business, which cannot be deferred until a Monthly or an Annual General Meeting can be held.
 - Special Executive Board meetings are not open to non-members of Tumwater Soccer Club, except by invitation of the Executive Board. Results of these sessions shall be presented to TSC and its membership at the monthly Executive Board meeting and/or at the TSC Annual General Meeting if determined pertinent to the agenda.

• A quorum shall consist of *at least 50% of the filled positions of the officers of the Executive Board.*

Article 10: Rules and Regulations

- 1. The Executive Board may make temporary rules or regulations governing specific cases or occasions not provided for in these Bylaws, but which may be necessary for achieving the objectives or conducting the business of TSC. Temporary rules or regulations so adopted will be put before the membership of TSC for approval or disapproval at the next scheduled Annual General Meeting or meeting of the Executive Board.
- 2. TSC shall follow the Rules and Regulations and other governing documents that are specified by TCYSA and Washington Youth Soccer. In areas of conflict, Washington Youth Soccer shall supersede TCYSA and TCYSA shall supersede the TSC.
- 3. TSC shall be authorized to create, modify, and remove rules and regulations that are needed to conduct its business and that are not specified by TCYSA or Washington Youth Soccer.
- 4. Each executive board member shall have one vote each on all decisions regarding changes to TSC Rules and Regulations. Rules and Regulations can be changed by a simple majority vote during any Executive Board meeting.
- 5. A summary of Rules and Regulation changes made during a fiscal year must be provided to the Executive Board at the Annual General Meeting.

Article 11: Background Checks

- 1. All TSC coaches, volunteers, Executive Board Officers, and Committee Chairpersons must receive clearance from the Washington Youth Soccer Risk Management Program.
- 2. All TSC Coaches, volunteers, Executive Board Officers and Committee Chairpersons must have their RMA Certification and background checks completed one week prior to the start of spring season. If not complete the team will be assigned to another coach.
- 3. The election or appointment of any TSC officer, chairperson, or coach will be official once there is on file with the TSC Secretary a completed Washington Youth Soccer Risk Management Clearance form.
- 4. Proof of risk management clearance will be provided at the request of any TSC, TCYSA, or Washington Youth Soccer official.

Article 12: Disciplinary Actions

Each member must agree to be bound by the bylaws, procedures and rules of Washington Youth Soccer and TSC. All Executive Officers and Board Members shall support and promote the mission, purpose, and activities of the Tumwater Soccer Club.

- 1. Upon any failure to comply with the TSC bylaw requirements, at the discretion of TSC, be placed on probation for a period not less than 30 days and not longer than 12 months. In the event any member is placed on probation, the member may request a hearing within 14 days of the notice of probation to appeal the specifics of the terms of probation. If requested, TSC will schedule the hearing within a reasonable amount of time. In the event said member fails to come into compliance within the probationary period, TSC may extend the probationary period or take action to suspend the members' privileges.
- 2. Members failing or refusing to follow the TSC bylaws, policies, procedures, or rules or attempting to circumvent a decision rendered by TSC, or seriously damaging the interest of TSC, may be placed on probation, and be suspended or be expelled. TSC may determine the

appropriate remedies given the seriousness of the non-compliance, with the ultimate goal of bringing members back into compliance in lieu of suspension or expulsion.

Article 13: Fiscal Year and Records

- 1. The fiscal year of the Tumwater Soccer Club shall run from January 1 through December 31 of any given year.
- 2. TSC shall keep complete and accurate records of its meetings, financial status, and bank records.
- 3. TSC shall comply with all TCYSA, Washington Youth Soccer, City, State, and Federal reporting and record keeping requirements.
- 4. TSC shall keep and make available upon request the name, telephone number, and email address of all Executive Board Members, Coaches, Team Representatives, and Committee Members.
- 5. TSC shall keep and make available an inventory of all equipment and supplies.

Article 14: Paid Positions

- 1. TSC has the right to establish paid positions to meet the needs of TSC in accomplishing its goals and objectives. This includes, but is not limited to, a Club Manager. The Executive Board must approve the establishment of each paid position and a description of the duties and responsibilities of the position.
- 2. Any paid independent contractor of TSC cannot be a voting member of TSC.
- 3. An officer of the Executive Board shall be appointed as the supervisor of each paid independent contractor as determined by the Executive Board.
- 4. All paid positions must undergo an open recruitment process for hiring. The Executive Board has final approval of the hiring of the person to fill a position.
- 5. A contract specifying the duties and responsibilities of the position, and the level of compensation, must be developed for any paid position. Any contract cannot exceed a period of two (2) years.

Article 15: Fund Raising

The organizers of all fund raising activities, where TSC is represented, must obtain prior written approval signed by two Executive Board officers at least 14 days prior to the event.

Article 16: Parliamentary Authority

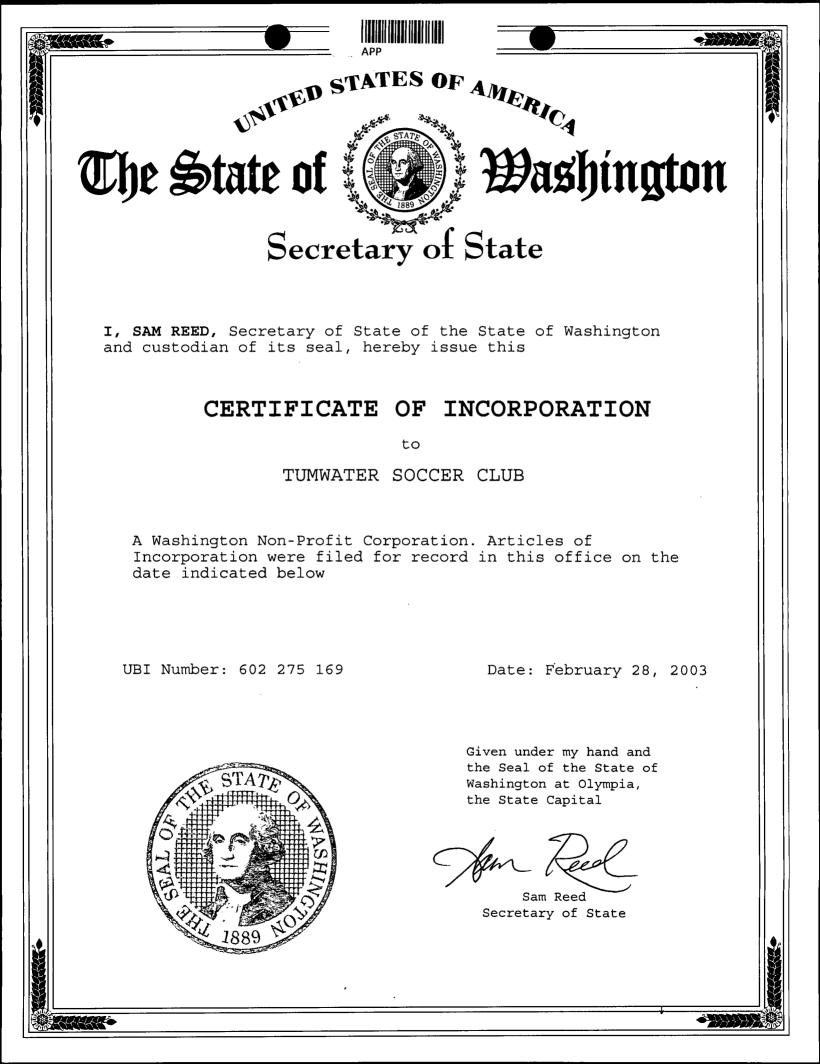
1. The rules contained in the current edition of *Robert's Rules of Order Newly Revised* shall govern TSC in all cases in which they are applicable and in which they are not inconsistent with these Bylaws and any special rules of order TSC may adopt.

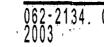
Article 17: Amendments of Bylaws

1. These Bylaws may be amended during the Annual General Meeting by a two-thirds majority vote of the Executive Board present at said Annual General Meeting, provided that the amendment has been submitted in writing at the previous regular meeting and a quorum of Executive Board officers is present.

Article 18: Dissolution

- 1. Should the Tumwater Soccer Club be dissolved, all monetary assets, equipment and supplies shall be turned over to the Thurston County Youth Soccer Association. In the event that both organizations no longer exist or do not qualify as 501(c)3 organizations, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)3 of the Internal Revenue Code, or corresponding section of any future tax code. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of Thurston County exclusively for such purposes or to such organizations as said Court shall determine which are organized and operated exclusively for such purposes.
- 2. The dissolution of the Tumwater Soccer Club shall be performed upon a two-thirds vote by a quorum of the Executive Board. Written notification of the intent to dissolve the Tumwater Soccer Club must be made to TCYSA and to TSC Executive Board members, coaches, and committee chairs 90 days in advance of the action. TSC will also attempt to notify as many other current TSC members as possible 90 days in advance of the action.





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ARTICLES OF INCORPORATION Of **Tumwater Soccer Club**

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SECRETARY OF STATE

KNOW ALL MEN BY THESE PRESENTS:

FEB 2 8 2003 STATE OF WASHINGTON That We, the undersigned, desiring to form a Non-Profit Corporation under and pursuant to the laws of the State of Washington, and for that purpose, do hereby adopt the following Articles of Incorporation.

ARTICLE 1

NAME: The name of the corporation is Tumwater Soccer Club.

ARTICLE 2

PRINCIPAL (REGISTERED) OFFICE: The principal (registered) office of this corporation is to be located at 10205 Coachman Lane SE, in the city of Tumwater, County of Thurston. State of Washington, 98501 and may transact its business and maintain offices for such purposes at such other places either within or without this State.

ARTICLE 3

PURPOSE: The purpose for which this corporation is organized is the transaction of any and all business for which non-profit corporations may be incorporated under the laws of this State, as then may be amended from time to time, except that said corporation is, organized exclusively for providing an educational recreational soccer venue for youth and young adults, within the meaning of Section 501(c)(3) of the internal Revenue Code of 1886, or the corresponding provisions of any future United States Internal Revenue Laws.

ARTICLE 4

SPECIFIC PURPOSE: The specific purpose for which this corporation is organized and intends actually to engage in this State, which shall not limit the character of the exempt activities which this corporation may ultimately conduct are as follows:

The purpose of Tumwater Soccer Club shall be to

- 1. Govern, organize, facilitate and promote all aspects of the game of soccer for youth under 19 years of age, residing in the Tumwater School District, or areas within WSYSA District 7 not affiliated with another club.
- 2. Provide a well organized, competitive athletics program helping to develop the physical, emotional, and social stability of it's members, and to encourage volunteers to share their time and effort on behalf of the Tumwater Soccer Club

3. Assist with the identification and promotion of players with intermediate and higher skills to affiliated organizations that are dedicated to a level of competition greater than which Tumwater Soccer Club can provide.

62-2134. 1

- 4. The acquisition, distribution, and management of: playing fields; equipment; supplies; and other material items, on behalf of registered teams.
- 5. The registration of players and teams, and scheduling of league games.
- 6. Tumwater Soccer Club, being a member of Thurston County Youth Soccer Association, District 7 and Washington State Youth Soccer Association, will abide by and incorporate all directives, policies, rules and procedures applied by these governing bodies.
- 7. The raising of funds needed to achieve the Tumwater Soccer objectives.
- 8. The sponsorship, organization and running of tournaments.

The educational purposes of Tumwater Soccer Club shall be to:

- 1. The education and training of players, coaches, and referees in the game of soccer.
- 2. Teach through the game of soccer, sportsmanship, fair play, physical health and mental alertness.

Within the meaning of Section 501 (c) (3) of the Internal Revenue Code of 1986, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under said Section 501 (c) (3), or the corresponding provisions of any future United States Internal Revenue Laws.

ARTICLE 5

INCORPORATOR(S): The name and address of the incorporator of this corporation is:

Ken Phillipson 10205 Coachman Lane SE Tumwater, WA 98501

ARTICLE 6

BOARD OF DIRECTORS: The business and affairs of this corporation shall be conducted by a Board of Directors who shall number not less than 7, nor more than 12 members. Said directors shall have the authority and power to increase or decrease the number of serving directors within the limits above provided. The Board may fill any vacancy that may occur on the Board pending the next annual meeting of the members. The person(s) appointed to serve on the Board of Directors may be appointed to serve as directors for any term of years, as stated in the By-Laws, which said term shall commence the date of appointment unless otherwise designated by the Board of Directors. The By-Laws shall specify the number of directors necessary to constitute a lawful quorum. The Board is authorized to make, adopt, alter or repeal the By-Laws of this corporation, or any article therein, provided that the Board of Directors follow the By-Laws of the corporation. The names and addresses of the persons who are appointed to serve as Directors of this corporation until the First Annual Meeting of the Board of Directors, or until their successors are elected and qualified, are:

062-2134. 2

| Names | Address | City | State | Zip |
|----------------|-------------------------------|----------|-------|-------|
| Ken Phillipson | 10205 Coachman Ln SE | Tumwater | WA | 98501 |
| Tony West | 301 T Street | Tumwater | WA | 98501 |
| Joe Eads | 1114 Central Street SE | Olympia | WA | 98501 |
| Gregory Hinkle | 1598 Dahlia Ln #44-202 | Tumwater | WA | 98501 |
| Bob Wohlers | 1534 Vista Loop SW #303 | Tumwater | WA | 98501 |
| Scott Rehm | 7134 105 th Ave SW | Olympia | WA | 98512 |
| Greg Bargmann | 7421 Lords Ln SW | Olympia | WA | 98512 |
| Julie Hinkle | 1598 Dahlia Ln #44-202 | Tumwater | WA | 98501 |

ARTICLE 7

LIMITATIONS: No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to, its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in the furtherance of the purposes set forth in Article 4 hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaigns on behalf of any candidate for public office. Notwithstanding any other provisions of these Articles, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in the furtherance of the purpose of this corporation.

ARTICLE 8

DISSOLUTION: In the event of a dissolution of this corporation, any assets remaining after payment to creditors shall be turned over to Thurston County Youth Soccer Association for disbursement to other Clubs which absorb former member teams of the dissolved Club, or other appropriate action. Physical assets of the Club shall be placed in trust with Thurston County Youth Soccer Association to be apportioned to other Clubs which absorb former member teams, for one or more exempt purposes within the meaning of Section 501 (c) (3) of the Internal Revenue Code, or corresponding Section of any future Federal Code, or shall be distributed to the Federal Government for public purposes. Any such assets not so disposed of shall be disposed of by a Court of competent jurisdiction in the County where the principal office of the corporation is then located, exclusively for such purposes or to such organizations as said Court shall determine, which are organized and operated exclusively for such purposes.





ARTICLE 9

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PRIVATE PROPERTY: The private property of the directors, members (if any), officers, employees and agents of the corporation shall be forever exempt from any and all debts of every kind and nature incurred by the corporation and as authorized by the laws of this State.

ARTCLE 10

INDEMNIFICATION: The corporation shall indemnify every director, officer, employee and agent, or his or her heirs, executors and administrators against expenses reasonably incurred by him or her in connection with any action, suit or proceedings to which he or she may be a party by reason of his or her being, or have been a director, officer, employee or agent of the corporation, except in relation to those matters which he or she shall be adjudicated to be liable for negligence or misconduct. In the event of a settlement, indemnification shall be provided only in connection with such matter covered by the settlement as to which the indemnification shall not be exclusive of other rights to which he or she may be entitled. As used in this Article, expenses shall include amounts of judgments, penalties or fines rendered or levied against such director, officer, employee or agent, and the amounts paid in settlement by him or her shall have been first approved by the directors of this corporation.

ARTICLE 11

DIRECTOR'S LIABILITY: No director of this corporation shall be personally liable to the corporation for monetary damages for breach of fiduciary duty as a director, provided, however, that this Article shall not be construed as eliminating or limiting the liability of a director for one or more of the following acts namely: (1) A breach of duty of loyalty to the corporation, (2) Any acts or omissions which are not in good faith or which involve intentional misconduct or a knowing violation of the law, (3) The authorizing of an unlawful payment or distribution out of the corporate assets, (4) Any transaction made in the furtherance of the exempt purposes of the corporation which the director derived an improper personal benefit, or (5) Any act or acts that can be defined under the laws of this State as "Director Conflicts of Interest".

ARTICLE 12

ANNUAL MEETING: The annual meeting of the Board of Directors is to be held at a place within this State as fixed by the By-Laws.

ARTICLE 13

DURATION: The existence of this corporation shall be perpetual unless sooner terminated as provided for by law.



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MEMBERSHIP PROVISIONS: The Corporation shall have one class of members. The designation of the class of members, all rights, privileges and voting powers shall be fixed by the By-Laws. The power to adopt, alter, amend or repeal the By-Laws shall be reserved to the voting members and the Board of Directors as stated in the By-Laws. The right of members to vote, may be limited, enlarged or denied to the extent provided in the By-Laws. Each voting member is entitled to one vote on each matter submitted to a vote of the members and the Board of Directors. A member entitled to vote may vote in person, or unless otherwise prohibited by the By-Laws, vote by proxy duly executed by the member or his or her duly authorized attorney-in-fact. Meetings of members shall be held at such place within the State in accordance with the By-Laws, or if such place is not provided, then all such meetings shall be held at the principal office of this corporation. An annual meeting of the voting members shall be held at such time and place as fixed by the By-Laws. At such meeting, the members shall elect directors to replace those directors whose terms expire on the date of such annual meeting, and conduct any other business that may lawfully come before the members for a vote. Such directors shall be elected by a simple majority of all members entitled to vote. Special meetings of the members may be called either by one-third (1/3) of the Board of Directors, or by at least one-tenth (1/10) of the voting members.

ARTICLE 15

FISCAL YEAR: The fiscal year of the corporation shall end on December 31st, of each year.

ARTICLE 16

STATUTORY (RESIDENT) (REGISTERED) AGENT: The name and address of the initial Statutory (Resident) (Registered) Agent of this corporation is:

Scott Rehm 7134 105th Ave SW Tumwater WA, 98512

ACKNOWLEDGMENT

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State of Washington

County of Thurston

On this 13 day of FEB , 2003, before me, the undersigned, A Notary Public in and for the County of THURETON, State of WASHINGTON, personally appeared Ken PHILINGON 350 Return known to me to be the person whose name is subscribed to the foregoing ARTICLES OF INCORPORATION, and acknowledge to me that he/she executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official Seal.

MY COMMISSION EXPIRES: Jun CONSENT OF STATUTORY (REGISTERED) AGENT For Tumwater Soccer Club

Andividual I, Scott Rehm, the undersigned, whose address is 7134 105th Ave SW, Olympia, WA, 98512, having been appointed to act as Statutory (Registered) (Resident) Agent for Tumwater Soccer Club, a Washington Corporation, by these presents, hereby consent to act in that capacity until removal or resignation is submitted in accordance with the laws of the State of Washington.

13/03 Date Signature of I Signature of Registered Agent Address 98512 State /Zip Code

CITY OF TUMWATER LODGING TAX APPLICATION – Entity Certification

| Application Deadline:August 30, 202Attention:City of Tumwath Hanna Miles – EAddress/Deliver:hmiles@ci.tumwath | ER XECUTIVE DEPAR | | | |
|---|--|--|---|--|
| Organiza | TION/AGENCY | INFORMATION | | |
| Washington State Senior Games Organization/Agency Name Dianne Foster Contact Name PO Box 14547 Mailing Address 360-701-8129 https://wasenior Phone Website □ Tourism Promotion/Marketing Activities Amount Requested: \$15,000 Brief Description of Tourism Promotion/Mar Presentation of the Washington State Senior Game *If an Event/Festival, complete the following Washington State Senior Games Name of Event/Festival | ☑ Events/Festive To keting Activities es, an athletic com | tal Project / Event Budget: _ , Events/Festivals, or Touris <u>petition for men & women 50-</u> Annual Event for June Date of J | 98511-4547 Zip Related Facilities \$146,000 m-Related Facilities: | |
| Event/Festival Website (if different than above) | | vent, last year's date of even | ıt | |
| | CERTIFICATIO | DN | | |
| I hereby state on behalf of <u>Washington State Senio</u> Organi | or Games zation/Agency Na | ame | that the: | |
| Applicant is: Nonprofit For Profit Public Agency • The applicant has, or can obtain, general liability insurance covering no less than \$2,000,000 combined single limit per occurrence and \$2,000,000 aggregate for personal injury, bodily injury and property damage. • The applicant has on file with the City, or is submitting one copy, of their current articles of incorporation and by-laws. • I understand that this is an application for a contract with the City of Tumwater, which, if awarded, will only be paid after the service(s) is rendered - on a reimbursement basis, and a signed Lodging Tax Invoice is submitted including proof of payment documentation. • The applicant has accounting/record-keeping systems which A) show the purposes for which City of Tumwater finds have been spent; B) is open to inspection by the City of Tumwater or its agents; and C) is maintained for at least 6 years following the end of contract. • I understand that the City of Tumwater will conduct public discussions regarding recommendations for funding to any agency making application to the City of Tumwater and its Lodging Tax Advisory Committee. • I hereby certify that the information contained in this certification and application. • I hereby certify that the person signing this application is duly authorized to execute this document on behalf of the applicant entity. Dianne J. Foster, President Diane Alex2023 Name and Title Signature (e-signature or or gignal) B/28/2023 | | | | |
| | 0 | | | |

1. What is the purpose of your special event, festival, or tourism-related facility?

Each year the Washington State Senior Games, a volunteer-only 501(c)(3) organization, hosts the Washington State Senior Games, a sports competition earmarked for "senior" men and women. Over the years, the Games consistently attract the largest gathering of senior athletes in the state, with activities held in venues throughout Tumwater, Olympia, and Lacey. Our highest number of competitors was in 2018 with just over 2,000 athletes. The competitors travel from throughout the northwest, some from around the country, to the South Sound to compete in twenty-four different sports in an atmosphere promoting health, physical fitness, competition, and companionship.

It is the vision of the Washington State Senior Games that our greatest natural resource is our senior citizens whose lives are rich with experience and vision, and who, perhaps most importantly, are inspirational in the lives of the following generations. The specific mission of the Washington State Senior Games is a dedication to promoting healthy lifestyles for active adults through education, fitness, and sports.

The purpose of the Washington State Senior Games is to keep seniors healthy and productive. Participation in the Senior Games is a year-round effort to enhance wellness. Having a goal of competing in our Games helps the athletes focus on preparing physically and mentally to be successful. It's a reason to get up each morning and something they look forward to each year, not only for the competition, but the chance to travel to the South Sound area and to enjoy our wonderful city.

 a. For what specific tourism-generating activities will City of Tumwater lodging tax funds be used? Complete and submit the Lodging Tax Budget Form specific to your special event, festival, or tourism related facility. (The Budget Form is also available online at <u>www.ci.tumwater.wa.us/LodgingTax</u>.)

During July and early August, our proposal is to present the 2024 Washington State Senior Games in venues throughout the South Sound. Among the events presented, Track & Field, the 5K and 10K road runs, Race Walking, Power Walking, Racquetball, Tennis, and Golf will take place in Tumwater. A few of the events, swimming at the Briggs Y along with volleyball and basketball at Olympia High School border the City of Tumwater, which will also draw tourism-generating activities to the City of Tumwater due to their close proximity.

For 2023, a total of 1,607 senior men and women (age 50 and up), participated in the Senior Games. Our numbers were slight lower overall primarily due to the National Senior Games overlapping with our Games. The sport with the highest number of competitors was pickleball with 504 registrants which is an increase of almost 200 players. With 2024 being a qualifier for the 2025 National Senior Games, we are hoping to hit a record number of entries in all our sports.

b. If a returning applicant, identify any major changes in the event or organization since the last funding cycle.

No major changes since the last funding cycle.

3. Describe the resources available for the proposed tourism-generating activities? Please include the total number of volunteers and volunteer hours that exist for your special event, festival, or tourism-related facility.

Resources include donations from public entities in the South Sound, as well as contributions from corporations and other organizations. A large portion of total revenue is paid by the participating athletes.

The Washington State Senior Games is an entirely volunteer organization; there is no paid staff. We rely totally on volunteers and paid officials to stage the Senior Games. The number of volunteers is approximately 200 representing approximately 1,000 hours for our events held from June to August.

4. Do other cities or governmental entities in the county fund your special event, festival, or tourism-related facility? If so, which jurisdictions and how much were you funded from each jurisdiction last year?

Yes, funding is also received from other cities and governmental entities in Thurston County. For the Senior Games in 2023, this included the City of Lacey (\$15,000), the City of Olympia (\$20,000), Thurston County (\$7,500), and the Lewis-Mason-Thurston Area Agency on Aging (\$4,000).

5. Do you intend to apply for lodging tax funds from other jurisdictions this year? If so, which jurisdictions? Please explain how you will use Turnwater's funds separately from other lodging tax funds you may receive?

Yes, we intend to apply for lodging tax funds from other jurisdictions for 2024 and will request the funds from the cities/entities listed in the response to question #4. The majority of the funds received from Tumwater will be used specifically for events in the City of Tumwater (see answer to question #2a). Other costs will be allocated on the basis of the number of athletes competing in the events at Tumwater High School and other venues in Tumwater.

6. The request of funds from Tumwater will fund what percentage of your total budget for the proposed special event, festival, or tourism-related facility?

10.3%

7. Describe the tourism promotion impact on the economy from your special event, festival, or tourism-related facility within the City of Tumwater, specifically on the lodging and food service sectors.

The impact of the Senior Games on the local economy is significant. Approximately 60% of the participants and their families come from all over the State, and 20% come from other states and Canada. Many of these competitors, their families, and officials stay in local motels, eat in local restaurants, and enjoy the many amenities of the local area. Including our direct expenditures of approximately \$146,000 to put on the Games, we believe the total economic impact exceeds \$1.4 million (according to the local VCB). Because a significant number of our events are held in Tumwater venues, and that many competitors, family, and friends stay at motels convenient to the events in Tumwater, there is no question that the economy of the City of Tumwater receives a "shot-in-the-arm" from the Senior Games.

8. How broad-based will the tourism promotion benefit be geographically and economically?

The economic and geographic benefits of the Washington State Senior Games accrue mostly to the Cities of Tumwater, Lacey, and Olympia. We also have events in Shelton, Littlerock, Lakewood, Renton, University Place, and Puyallup which by definition broadens our definition of the South Sound. While it is our intent to operate our twenty-four separate sports at venues in the South Sound, in some cases we must select sites outside this area in order to provide the athletes with the best venue and equipment available.

9. How will receiving lodging tax funds result in an increase in the number of people traveling for business or pleasure to Tumwater?

Because a significant number of our popular events are held at facilities in Tumwater, many competitors and their families and friends travel to and stay in motels that are close to these event sites. In the case of the Senior Games, the word "participants" include the competing athletes, plus family and friends that accompany them, plus officials and volunteers. The events held at Tumwater High School typically draw more family and friends who come to cheer for the competitors dashing to the finish line, leaping into the sand at the long jump pit, tossing a shot, running the 5k/10k road runs on the streets of Tumwater and many other track and field events. Officials and volunteers, sponsors, and media representatives will also travel to this area to help with or report on the sports held in the City of Tumwater.

The highlight for the events held at Tumwater High School was in the 1500 meter power walking event. We had a lady who was 100 years old come down from Seattle to complete the metric mile walk. She had many family members and support staff on site as well. What an inspiration! That should definitely inspire more athletes of all ages to participate.

10. For the special event, festival or tourism-related facility, identify the estimated number of participants who will attend in each of the following categories:

| a) | Overall attendance | 2,000 |
|----|---|-------|
| b) | Staying for the day only <i>and</i> traveling more than fifty miles or more one way from their place of residence or business | 500 |
| c) | Number of participants in any of the above categories who will attend from out-of-state (includes other countries) | 300 |
| d) | Staying overnight in paid accommodations away from their place of residence or business | 400 |
| e) | Staying overnight in unpaid accommodations (e.g. with friends and family) <i>and</i> traveling fifty miles or more one way from their place of residence or business | 300 |
| f) | Total number of paid lodging nights generated in Tumwater | 600 |

g) Describe what methods you will use to determine attendance and to distinguish among the different visitor categories listed above.

For the estimates listed above, actual and percentages from past attendance and surveys was used. Our registration process provides specific information regarding where participants come from, and the likelihood that they may stay several days in the area. In 2023, the Experience Olympia & Beyond team utilized geofencing to determine attendance and trends at some of our more highly attended events. Their results haven't been provided yet since the last two big events, soccer and pickleball, were the last weekend in July and first weekend in August respectively. The results of the geofencing will be used to obtain more accurate percentages for future estimates.

11. If you are awarded a contract, you must be prepared to report to the City the economic benefit from tourists attending your event/facility. Describe how you will document the economic impact from your event/facility; specifically the information requested in question 10. **Submit a sample tracking form, if available.**

We intend to use the same methodology described in the response to question 10g above.

12. Describe how you will promote overnight stays in Tumwater lodging establishments?

Tumwater lodging establishments will be listed on our website (and linked to the hotel websites), in our enewsletters that are published prior to the Games, and in other promotional materials.

13. Describe how you will promote Tumwater and other attractions in the Tumwater area to entice tourists to extend their visit beyond attendance to your special event, festival, or tourism-related facility.

At each of our venues, we have the Experience Olympia & Beyond Guide available to help athletes find places to each, stay, and visit in the area. This helps them not only for their current visit, but for helping to plan their return next year. The home page of our website has a link to the Experience Olympia website to provide current resources for any trips they might be planning to this area. One of the members of our Board of Directors became a "certified tourism ambassador" in May and, with her assistance, we will look for opportunities to promote Tumwater and other attractions in the Tumwater area to encourage tourists to visit this area.

14. What tourism outcome should the City expect if your proposal is only partially funded? Please be specific. *For example: how do you intend to alternatively fund your program / which services will not happen?*

We continue to try and hold the line on fees paid by the senior athletes. However, without funds provided by the City of Tumwater, it is likely that we'll have to consider a fee increase. The reason is that most of our costs are fixed, primarily for venue rental, officials, insurance along with supplies, t-shirts and medals. The only costs we could reduce would be in the promotion and marketing area, which defeats the primary purpose of maximizing the generation and use of lodging tax funds.

15. List other organizations that you are partnered with for this special event, festival, or tourism-related facility.

We partner with organizations and staff associated with the venues for our various events to help make the events successful. One of the most significant is the Tumwater School District, the home of our track & field, running, race walking, and power walking events. We have also partnered with Experience Olympia and Beyond with members of their staff helping to produce the Athlete's Event Guide for 2023.

16. List any other measurements that demonstrate the impact of increased tourism attributable to your special event, festival, or tourism-related facility. Include any other thoughts that may encourage the Lodging Tax Advisory Committee/Tumwater City Council to use lodging tax funds to support this application.

It should be recognized that in order to present the Washington State Senior Games, we will raise and spend approximately \$146,000. A great deal of that in terms of venue costs, fees for officials, and supplies are spent at the large number of events in the City of Tumwater.

We receive many positive comments after the Senior Games thanking us for the opportunity to compete in the wide variety of sports. The positive spirit and goodwill among all those participating in the various competitions is one of the reasons the athletes continue to make the journey to the Tumwater area each year to participate in the Washington State Senior Games. Without the Lodging Tax there would be no Senior Games, and therefore no opportunity for the participants to judge the impact of how their training and active life-styles improves their health and quality of life.

Lodging Tax Budget Form

Lodging Tax Applicant:

Washington State Senior Games

Specific to your Tourism-Related Facility, Tourism Promotion Activity, Special Event, or Festival, list the amount and status of funding for all sources from which you have already or intend to receive funds. Please include in-kind donations and funds received from admission fees if applicable.

PROJECTED REVENUE:

| Sou | irce | Amount |
|---|-------------------------------|--------------|
| Sponsorships: | | \$27,000.00 |
| Admission: | | \$0.00 |
| Reserves: | | \$0.00 |
| Donations/Contributions: | | \$200.00 |
| Grants: | | \$0.00 |
| Program Service Fees: | | \$70,000.00 |
| In-kind Donations: | | \$0.00 |
| Gift Shop: | | \$0.00 |
| Vendor Fees: | | \$0.00 |
| Fundraising Activities: | | \$0.00 |
| City of Lacey Lodging Tax: | | \$15,000.00 |
| City of Olympia Lodging Tax: | | \$20,000.00 |
| City of Tumwater Lodging Tax: | | \$13,000.00 |
| Thurston County Lodging Tax: | | \$7,500.00 |
| Other Sources of Revenue: (please specify) | | \$0.00 |
| Other Source: | | \$0.00 |
| Other Source: | | \$0.00 |
| Other Source: | | \$0.00 |
| TOTAL REVENUE: | | \$152,700.00 |
| PROJECTED EXPENSES: | | |
| Personnel: (salaries and benefits) | | \$0.00 |
| Administration: (utilities, phone, etc. | .) | \$29,000.00 |
| Marketing and Promotion: | | \$13,000.00 |
| Professional / Consultant Fees: | | \$10,000.00 |
| Equipment: | | \$20,000.00 |
| Facility / Event Venue Rental: | | \$30,000.00 |
| Travel: (please specify) | | \$0.00 |
| All Other Expenses: (please specify) | Insurance | \$3,500.00 |
| Other Expense: | Operations | \$36,500.00 |
| Other Expense: | Tournament and result systems | \$4,000.00 |
| Other Expense: | | |
| TOTAL EXPENSES: | | \$146,000.00 |
| PROGRAM EXCESS (DEFICIT | PROGRAM EXCESS (DEFICIT): | |



Washington State Senior Games Scope of Services – Exhibit A 2023

The 2023 Washington State Senior Games will be held in venues throughout the South Sound primarily in the month of July. Among the events presented, Track & Field, the 5K and 10K road runs, Race Walking, Power Walking, Racquetball, Tennis, and Golf will take place in Tumwater. These events, along with other sports taking place in venues near the City of Tumwater, will draw tourism-generating activities to the City of Tumwater as the athletes, spectators, officials, and volunteers attend these events.

Lodging Tax funds will be used for:

- Advertising, marketing, promotional items, and media consultant expenses.
- Production, mailing, and postage of postcards, posters, and event program guides
- Rental of the storage unit for equipment used at our events
- Venue rentals, equipment, expenses for officials and judges
- Athlete t-shirts, medals and ribbons, shirts and/or hats for officials and volunteers

| CI | TY OF TUMWATI | ER | | | |
|----------------------|---------------------|----|--|--|--|
| | SEP 2 8 2022 | | | | |
| EXECUTIVE DEPARTMENT | | | | | |

\$ 986.37

INVOICE CITY OF TUMWATER

TOURISM/LODGING TAX PROGRAM FUNDING

| CONTACT PERSON:_Dianne Foster Employer Identification Number:_91-2073918 | | | | | | |
|---|----------------------|-----------------|--|--|--|--|
| AGENCY: _Washington State Senior Games | es DATE: _9/24/2022 | | | | | |
| ADDRESS_PO Box 14547 | PHONE: _360-701-8129 | | | | | |
| _Tumwater, WA 98511-4547 | EMAIL:dianne@ | wasenior.games_ | | | | |
| Proof of Payment Must Be Attached | | | | | | |
| The agency identified above provided the following services to the City of Tumwater to promote tourism (see RCW 67.28.080). | | | | | | |
| Services Provided (Scope of Services/Exhibit A) | Date(s) Provided | Cost (Itemized) | | | | |
| Advertising, marketing, promotion, media consultant | July 9 to August 8 | \$ 1,365.00 | | | | |
| Venue rentals | July 23 to July 8 | \$ 9,023.00 | | | | |
| Expenses for officials and judges | July 23 | \$ 3,613.11 | | | | |
| | | | | | | |

Food and water for athletes

TOTAL AMOUNT REQUESTED: \$____\$14,987.48___

July 22 to 31

AFFIDAVIT OF VERIFICATION

I, the undersigned, do hereby certify under penalty of perjury that materials have been furnished, the services rendered or the labor performed as described herein (and as outlined in the Scope of Services attached as Exhibit A in the contract document), and that the claim is a just, due and unpaid obligation against the City of Tumwater, and that I am authorized to authenticate and certify said claim.

Branne Q. Foster SIGNATURE

_President, Board of Directors_____ TITLE

Please mail this invoice to: Hanna M. Miles Executive Department 555 Israel Road SW Tumwater, WA 98501 Phone: (360) 754-4120

2022 City of Tumwater LTAC Invoice Washington State Senior Games

| Advertising, marketing, promotion, media consultant | | | | | | |
|---|------------------------------|----|----------|-------------------|--|--|
| Invoice # | Description of service/items | | Cost | Payment | | |
| 1 | Key ring with WSSG logo | \$ | 1,365.00 | PayPal debit card | | |
| | Total for category | \$ | 1,365.00 | | | |

| Venue rentals | | | | | |
|---------------|---|----|----------|------------|--|
| Invoice # | Description of service/items | | Cost | Payment | |
| 2 | Olympia School District - Volleyball & Basketball | \$ | 3,784.00 | Check 2769 | |
| 3 | Tumwater HS -practice field (throwing events) | \$ | 440.00 | Check 2762 | |
| 3 | Tumwater HS - stadium, track, field | \$ | 3,359.00 | Check 2762 | |
| 4 | South Sound YMCA - Briggs Y swimming | \$ | 600.00 | Check 2770 | |
| 5 | Tumwater Valley Golf Club - golf greens fees | \$ | 840.00 | Check 2743 | |
| | Total for category | \$ | 9,023.00 | | |

| Invoice # | Description of service/items | Cost | | Payment | |
|-----------|--|------|----------|------------|--|
| 6 | City of Tumwater police - Road Run | \$ | 463.11 | Check 1021 | |
| 7 | Peak Performance - T&F results | \$ | 1,000.00 | Check 2741 | |
| 8 | Track officials - check-in clerk & finish line judge | \$ | 200.00 | Check 1027 | |
| 8 | Track official - starter | \$ | 150.00 | Check 1026 | |
| 8 | Track & Field check-in, results awards, announcer | \$ | 600.00 | Check 2772 | |
| 9 | Race walk judge - 1 of 4 | \$ | 300.00 | Check 2763 | |
| 9 | Race walk judge - 1 of 4 | \$ | 300.00 | Check 2764 | |
| 9 | Race walk judge - 1 of 4 | \$ | 300.00 | Check 2765 | |
| 9 | Race walk judge - 1 of 4 | \$ | 300.00 | Check 2767 | |
| | Total for category | \$ | 3,613.11 | | |

| Food and water for athletes | | | | |
|--|---|------|---------|------------|
| Invoice # | Description of service/items | Cost | Payment | |
| 10 | Fruit - bananas and mandarins (July 20th) | \$ | 345.87 | Check 1016 |
| 10 Fruit - bananas and mandarins (July 29th) | | \$ | 175.50 | Check 1016 |
| 11 | Rivers Edge - lunch for golfers | \$ | 465.00 | Check 2744 |
| | Total for category | \$ | 986.37 | |

Total for all categories \$ 14,987.48

Promo Northwest a dba of JLG Promotions 6715 Martin Way E. Lacey, WA 98516 360-705-4585

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360-705-4585 www.PromoNorthwest.com

WA State Sr Games Attn: Dianne Foster PO Box 14547 Tumwater, WA 98511-4547 dianne@wasenior.games

INVOICE

| Invoice # | 2206JG49 |
|--------------|------------|
| Invoice Date | 06/16/2022 |
| Due Date | 06/16/2022 |

| ltem | Description | Unit Price | Quantity | Amount |
|---------|---|-------------|----------|----------|
| Product | 6056V, White, Soft Vinyl Tag w/Key Ring and 4C imprint | 0.63 | 2000.00 | 1,260.00 |
| Service | Art/Setup Charge | 50.00 | 1.00 | 50.00 |
| Service | Ship on Promo Northwest UPS#: F11684 Ship to: Promo Northwest 6715 Martin Way E., Suite B Lacey, WA 98516 | 55.00 | 1.00 | 55.00 |
| | | Subtotal | | 1,365.00 |
| | | Total | | 1,365.00 |
| | | Amount Paid | | 1,365.00 |
| | | Balance Due | | \$0.00 |

Dianne Foster

From: Sent: To: Subject: service@paypal.com Thursday, June 16, 2022 3:38 PM Dianne Foster Receipt for Your Payment to JLG Promotions, Inc.

Hello, Washington State Senior Games

You sent a payment of \$1,365.00 USD to JLG Promotions, Inc. (accounting@buddbay.com)

It may take a few moments for this transaction to appear in your account.

Transaction ID 0687793254603225L

Merchant

JLG Promotions, Inc. accounting@buddbay.com 360-705-4585 Transaction date Jun 16, 2022 15:37:53 PDT

Instructions to merchant You haven't entered any instructions.

Shipping address - confirmed Washington State Senior Games 7243 Twin Cedar Ln SE **Shipping details** The seller hasn't provided any shipping details yet. Tumwater, WA 98501 United States

| Description | Unit price | Qty | Amount |
|--|----------------------|------------------|-----------------------------------|
| Invoice from Promo Northwest Item# 2206JG49 | \$1,365.00 USD | \$1,365.00 USD 1 | |
| | Subtotal Total | | \$1,365.00 USD \$1,365.00 USD |
| | Payment | | \$1,365.00 USD |
| | | | ng@buddbay.com @wasenior.games |
| | Funding Sources Used | (Total) | |

| PayPal balance | \$68.51 USD |
|--------------------------|----------------|
| COMMENCEMENT BANK x-6201 | \$1,296.49 USD |

Issues with this transaction?

You have 180 days from the date of the transaction to open a dispute in the Resolution Center.



Help & Contact | Security | Apps



PayPal is committed to preventing fraudulent emails. Emails from PayPal will always contain your full name. Learn to identify phishing



INVOICE

| Remit Payment To: | | | | | | DATE | INVOICE NO |
|---------------------------------------|-------------------|-----------|-----------|--------------|-------------|----------------|--------------|
| Olympia School District No. 111 | | | | | | 8/9/2022 | 4409 |
| 111 Bethel St. NE, Business Office | | | | | | DUE | DATE |
| Olympia, WA 98506 | | | | | | 9/8/2 | 2022 |
| | | | | | | | |
| Contact: Debbie Doherty | | | | | | | |
| Phone No: 360-596-8570 | | | | | | | |
| BILL TO Washington State Senior | Games | | | | LA OK | | 107 NFT |
| JACK KILEY | | | | Email | | KILEY@COMC | AST.NET |
| 2218 Vista Ave Se | | | | Phone N | 0 36075 | 44937 | |
| Olympia, WA 98501 | | | | Fax No | | | |
| Sales Tax Exemption No. | | | | FEIN | | | |
| | | | | | | | |
| | | | | | | | |
| | | COMM | ENT | | | | |
| Washington State Senior G | Sames - July 23 | and 24, 2 | 022 | | | | |
| DEPOSIT | DOCUMENT | NUMBER | F | O NUME | BER | TE | RMS |
| \$0.00 | | | | | | net | 30,30 |
| | | | | | | | |
| Schedule ID: 170251 | | A | rea: | | | | |
| Location: Olympia High So | chool | F | Room(s): | Boys | Locker F | Room | |
| Building(s): | | | (0011(3). | | Locker R | | |
| | | | | | s Auxilia | | |
| Gyms | | | | - | s Main (| | |
| Gyms | | | | | | | |
| Event: 7/23/2022 6:00A | M _ 5:00PM | Washing | ton State | Senior C | Sames | | |
| Quantity Description | | Hours | R | ate | Amount | Tax Amount | Total |
| 1 Hourly Rental Fee - | July 23 | 1' | | | 1,012.00 | \$0.00 | |
| 2 Custodial Fee - July | 23 (2 custodians) | 1 | 1 \$40 | .00 | \$440.00 | \$0.00 | |
| | | Event To | tal Cost | s \$1 | ,452.00 | \$0.00 | \$1,892.00 |
| | | | | | | | |
| Event: 7/24/2022 6:00A | M _ 5:00PM | Washing | ton State | Senior C | Bames | | |
| Quantity Description | | Hours | | | Amount | Tax Amount | |
| 1 Hourly Rental Fee - | | 11 | 1 \$92 | .00 \$ | 1,012.00 | \$0.00 | \$1,012.00 |
| 2 Custodial Fee - July | 24 (2 custodians) | 11 | 1 \$40 | .00 | \$440.00 | \$0.00 | \$880.00 |
| | | Event To | tal Cost | s \$1 | ,452.00 | \$0.00 | \$1,892.00 |
| | | | | | | Invoice Tota | l \$3,784.00 |
| | | | | | Тс | otal Sales Tax | \$0.00 |
| | | | | | | tal Payments | |
| | | | | | 10 | Total Due | |

Note: * indicates Alternate Event Printed: 8/9/2022 7:50:21 AM

Receipt

Olympia School District 111 Bethel St NE Olympia, WA 98506

Olympia School District 111 Bethel St Se Olympia, WA 98506

Washington State Senior Games, -P.O. Box 1487 Olympia, WA 98507

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| Customer #: Date: | N00U4PQ3 8/15/2022 8:51 AM | Receipt: Manual Receipt: | 592748 | Clerk: Terminal: | Carmen Panter 1 | |
|----------------------|---|-----------------------------|--------|--|--------------------|----------|
| Qty | ltem | | | | | Price |
| 1 | 9700-3132 GF Revenue - Olympia #4409 OHS Room Ren | | | 99-49-95-96-99-96-99-96-99-96-99-96-99-96-99-96-99-96-99-96-99-96-99-96-99-96-99-96-99-96-96 | | 1,012.00 |
| 1 | 9700-0061 GF Revenue - Facility/(#4409 OHS Custodian | | | | | 880.00 |
| 1 | 9700-3132 GF Revenue - Olympia #4409 OHS Room Ren | | | | | 1,012.00 |
| 1 | 9700-0061 GF Revenue - Facility/(#4409 OHS Custodian | | | | | 880.00 |
| | | | | Su | ubTotal: | 3,784.00 |
| | | | | Ta | ax: | 0.00 |
| | | | | To | otal: | 3,784.00 |
| | | | | CI | neck 2769 | 3,784.00 |
| | | | | CI | nange Due: | 0.00 |

(360) 596-6100

| WASHINGTON STATE SENIOR GAMES | | 2769 |
|---|--|--|
| PO BOX 1487 OLYMPIA, WA 98507-1487 | 1 10 | 34-888/1255 |
| | August 7 2022 | TI FIALEARMON' |
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| Pay to the Olympia School Dist | | ,7-84.00 |
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| For July 23 (Baskethall) July 25(1664) | Dianne J. Fait | és |
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| Remit Payment To: | | | | | Γ | DATE | INVOICE NO |
|---|--|-----------|-----------------|-------------------------------|-------|--------------------|------------|
| TSD Buildings and Grounds | | | | | F | 8/3/2022 | 6273 |
| 2020 80th Ave. SW | | | | | Ē | DUE DATE | |
| Tumwater, WA 98512 | | | | | E | 9/2/ | 2022 |
| Contact: Kim Stutzman Phone No: 360-709-7726 BILL TO Senior Games of Thursto Jack Kiley 2218 Vista Avenue SE Olympia WA 98501 | on County | | Р | mail ji hone No 7 ax No | | ey@comcast.n 37 | et |
| Sales Tax Exemption No. | | СОММІ | | EIN | | | |
| DEPOSIT | DOCUMENT | NUMBER | PC | NUMBER | 2 | TI | ERMS |
| \$0.00 | | | | | | Due Upon Receipt | |
| Schedule ID: 163988 Location: TUMWATER HI Building(s): | GH SCHOOL | | rea: oom(s): | Football JV Base | • | Practice) | |
| Event: 7/23/2022 6:00A | M _ 5:00PM | Puget So | und Senio | r Games | | | |
| Quantity Description | | Hours | Rat | e Amo | ount | Tax Amount | t Total |
| 1 Field Use (High) | | 11 | \$20.0 | 0 \$22 | 20.00 | \$0.00 | \$220.00 |
| 1 Field Use (High) | | 11 | \$20.0 | 0 \$22 | 20.00 | \$0.00 | \$220.00 |
| | | Event Tot | al Costs | \$44 | 0.00 | \$0.00 | \$440.00 |
| | ne fingele broken och net en form direkt sog filter den den der set han och den set han so | | | | | Invoice Tota | I \$440.00 |
| | | | | | То | tal Sales Tax | \$0.00 |
| | | | | | То | tal Payments | \$0.00 |
| | | | | | | Total Due | \$440.00 |
| | | | | | | - | |

INVOICE

| Remit Payment To: TSD Buildings and Grounds 2020 80th Ave. SW Tumwater, WA 98512 Contact: Kim Stutzman Phone No: 360-709-7726 BILL TO Senior Games of Thurst Jack Kiley 2218 Vista Avenue SE Olympia, WA98501 Sales Tax Exemption No. | on County | Email Phone No Fax No FEIN | 9/2 jack.kiley@comcast. | INVOICE NO 6272 E DATE 2/2022 |
|--|-----------------|-------------------------------------|----------------------------|--|
| | COMMEN | r | | |
| DEPOSIT | DOCUMENT NUMBER | PO NUMBE | R 1 | ERMS |
| | | | | |

| Schedule ID: Location: | 164006 TUMWATER DISTRICT STADIUM | Area: | |
|---------------------------|-------------------------------------|-----------------------|---|
| Building(s): | | Room(s): | PRESS BOX STADIUM FIELD STADIUM GRANDSTAND INCLUDING RESTROOMS STADIUM TRACK |

| Event: 7/ | 23/2022 6:00AM _ 5:00PM | Puget Sou | nd Senior G | ames | | |
|-----------|-------------------------|------------|-------------|------------|------------|------------|
| Quantity | Description | Hours | Rate | Amount | Tax Amount | Total |
| 1 | Custodial Fee | 6 | \$35.00 | \$210.00 | \$0.00 | \$210.00 |
| 1 | Field Supervisor | 4 | \$31.00 | \$124.00 | \$0.00 | \$124.00 |
| 1 | Stadium - Press Box | 11 | \$11.00 | \$121.00 | \$0.00 | \$121.00 |
| 1 | Artificial Turf | 11 | \$103.00 | \$1,133.00 | \$0.00 | \$1,133.00 |
| 1 | Stadium - Grandstand | 11 | \$84.00 | \$924.00 | \$0.00 | \$924.00 |
| 1 | Stadium - Track Only | 11 | \$77.00 | \$847.00 | \$0.00 | \$847.00 |
| | | Event Tota | l Costs | \$3,359.00 | \$0.00 | \$3,359.00 |

| Invoice Total | \$3,359.00 |
|----------------------|------------|
| Total Sales Tax | \$0.00 |
| Total Payments | \$0.00 |
| Total Due | \$3,359.00 |

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| | Front: |
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| ۴ | rion. |

| WASHINGTON STATE SENIOR GAMES Po Box 1487- 년 5년구- Olympia, wa 885句-1487 | 2762 August 8, 2022 Date Management |
|---|--|
| Pay to the TSD BUILDING and I here thousand seven hun D COMMENCEMENT BANKEN TO CHERE WASHED FOR autocher, TSD Statium, Field, Track | |
| #125108887#0100066201# | • 02762 |
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| Jack: Minister and a star and a | PAY TO THE ORDER OF FOR DEPOSIT ONLY POSTON COLUMITY TREASURE ACCOUNT #479981148574 |



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South Sound YMCA 2102 Carriage Dr SW Bldg. K Olympia, WA 98502 FEIN: 91-0586473

Washington State Senior Games **(3094156)** 2218 Vista Ave SE Olympia, WA 98507 Item ID(s): 70071130 >>> Items Date: Tue, Jul 19th 2022 @ 03:06 PM Processed By: Anne H

sed By: Anne H

| Description | | \$ Original | \$ Processed | \$ Outstanding |
|------------------------------------|------------------------|------------------|--------------|----------------|
| 2022 Washington State Senior Games | | \$ 600.00 | | |
| >>> Amount Due By - 7/19/22 | 70071130 | | | \$ 600.00 |
| | Total: | \$ 600.00 | \$ 0.00 | \$ 600.00 |
| | >>> Highlighted Items: | | | \$ 600.00 |

Front: -

WASHINGTON STATE SENIOR GAMES PO BOX 1487 OLYMPIA, WA 98507-1487 2770 34-688/1251 August 9, 2022 RI • выдачной ÷ Dah Sound Youch Pay to the Order of... orith \$ 600.00 L and Mo/100 molenex Dollars 🔘 🕬 COMMENCEMENT BANK (#101) 52 511 516 102 12ymsia WA 2001 (800) 525-4111 For Brity 55 Y-Swimming ianne Q. Foster 112510888740100066201# 02770

Back:

0096425-215 2022 30-26 5 mote Provid

| For Deposit Only Acct# 101147909 South Sound INCA 2022-08-16 088642545 2022-08-16 2022-08-16 2022-08-16 325170835-910586473 |
|---|
|---|



Tumwater Valley Golf Club 4611 Tumwater Valley Dr SE Olympia, WA 98501

Welcome to Tumwater Valley

| Trans#: | | Refere | nce#: 345934 |
|---------|---------|--------|---------------|
| Clerk : | Nate T. | | |
| | | | |
| 740 040 | | | 100 10 00 011 |

| T12:C134 | 7/28/22 12:37 PM |
|----------|------------------|
| | |

I WA Senior Games \$767.04 T4300

| Subtotal | \$767.04 |
|-----------|----------|
| State Tax | \$72.96 |
| Total | \$840.00 |

Check \$840.00 Check#: 2743 - Date: 07/28/2022



Thank you for playing Tumwatar Valley! Enjoy your round!

www.tumwatervalleygc.com

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WASHINGTON STATE SENIOR GAMES FO BOX 1997 /45% 7-OLYMPIA, WA BEGGE-1487 WE 11 2743 34-888/1261 7022 **М**анараланын-+ Pay to the -Velle rates \$ 840.00 NO. and Mo/1005 Cieldy Dollars ඟ Sam COMMENCEMENT 000 Freeklin 5: SE, Eta, 109, 000main, 400, 31001 1993, 556-411 For <u>Golf -greene free x25</u> 1:1251088871:01000662011 tái Simue 22 02743

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CITY OF TUMWATER 555 Israel Road SW Tumwater, Washington 98501-6515 Telephone (360) 754-4130

| | BILL TO | |
|-------------------------|---------|--|
| WA State Senior Games | | |
| Attn: Jeff Foster | | |
| 7243 Twin Cedar Lane SE | | |
| Olympia, WA 98501-5677 | | |
| | | |

| INVOICE | |
|---------|--|
| 6416 | |

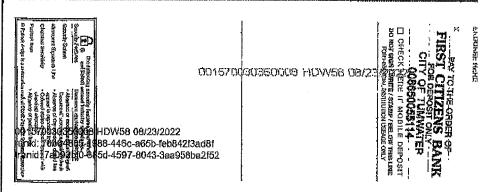
Please refer to this invoice number with any correspondence.

| DATE | CUSTOMER NO. | DEPARTMENT | Contract No. | TERMS |
|-----------|--------------|------------|--------------|--------------------------------------|
| 8/10/2022 | 769 | Police | | Net 10 Days After Receipt of Invoice |

| DESCRIPTION | AMOUNT |
|---|---------------------------|
| OVERTIME BILLING FOR WA STATE SENIOR GAMES SPECIAL EVENT ON 7/23/2022 | |
| Peter Navarro 3 hours of o/t @ \$66.54 an hour | \$199.62 |
| LT Carlos Quiles 3 hours of o/t @ \$87.83 an hour | \$199.62 |
| | \$205.49 |
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| Finance Code: 5020 | |
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| Please remit payment to the City of Tumwater within 10 days of invoice date | INVOICE TOTAL \$463.11 |
| rease remit payment to the city of rumwater within to days of invoice date | \$405.11 |

Front: 、

| August 17, | 2022 |
|--------------------------|-----------|
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Invoice

Peak Performance Timing, LLC P.O. Box 1561 Port Orchard, WA 98366

(360) 447-0723 peakperformancetiming@gmail.com

| Order Date: Ship Date: | 6/14/2022 7/23/2022 | Order Number: 20220723WASRGM |
|---------------------------|-------------------------------|------------------------------|
| | | Bill To: Washington State Se |
| Ship To: | Washington State Senior Games | Dianne Foster |
| | | run di4@gmail.com |

Bill To: Washington State Senior Games **Dianne Foster** run.dj4@gmail.com

| Date | Quantity | Description | Unit Price | Total |
|---|--|---|---|------------|
| 7/23/2022 | 1 | Professional Track & Field Timing and Results -202 athletes (135 men, 67 women), 627 entries (431 men, 196 women) | 750.00 | \$750.00 |
| 7/23/2022 | 1 | Minimum RFID Single Road Race Fee- \$450 (+50 Second Race) | 500.00 | \$500.00 |
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| 7/23/2022 | | Discount Road Race same finish as track event finishes | 250.00 | (\$250.00 |
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Thank you for your business!!!

\$1,000.00 **Amount Due**

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Hello Dianne,

It was great seeing you today! I don't know how you could have added more duties on to what you did in previous years! You are a Wonder Woman!

Here are the addresses for the \$300 stipend per judge:

| Marie VerMeer 14308 NE Sandy Blvd Unit 3 Portland, OR 97230 | \$300 - Check 2763 |
|---|---------------------------|
| Katie Burnett 7303 224th St SW #G-10 Edmonds, WA 98026 | \$300 - Check 2764 |
| Dora Choi 13715 Ashworth Ave N Seattle, WA 98133 | \$300 - Check 2765 |

Allan Chinn did end up judging both racewalks. After the first one, he said he enjoyed it! He was a great person to work with. Please let me know if you would like me to have him send you his mailing address. \$300 - Check 2767

| Thank you very much, | Allan Chinn |
|----------------------|-------------------------|
| Dora Choi | 4605 S. 254th St. Kent, |
| 206-890-3641 | WA. 98032 |

On Sat, Jul 16, 2022 at 10:13 PM Dianne Foster <dianne@wasenior.games> wrote: I will have lap counters for both races. The timers will probably have a chip to pin on their shirt to be used to record lap times.

Good to hear Allan is on board. He is also helping with another event or two so I will work with Fran Melzer to figure out the amount for a stipend.

Addresses would be great. Thanks!

Dianne

On Sat, Jul 16, 2022 at 8:16 PM Dora Choi <<u>dora.choi.training@gmail.com</u>> wrote: Hello Dianne,

Thank you so much for telling me about Allan. Turns out he is already a certified official, so Marie is going to give him a short clinic Saturday and then we'll put him to work.

May we please also get \$300 stipend for him? Checks after the games will be fine, that will be less for you to remember to bring to The Games. I will collect addresses and send them to you later.

Also, will you be able to provide 2 lap counters for each of the racewalks?

Yes, we can seek out Mike Sullivan before the racewalk and talk to him, tell him the rules, and show him if necessary. Also, the head judge usually explains the rules at the start line of each race. I do wish people read the event descriptions more.

Thank you for all your help! Dora

On Sat, Jul 16, 2022 at 1:36 PM Dianne Foster <dianne@wasenior.games> wrote:

Thanks for coordinating the judges. That stipend works fine. I might need to have you get the addresses so I can mail them a check after the games – or are they expecting a check at the event?

We have 7 people in the 5k and 4 in the 1500. There's one guy, Mike Sullivan, who hasn't done race walk before. Not sure if he meant to register for Race Walk, but he signed up for both race walk events and almost every track and field event. My guess is he doesn't know the race walk technique and should be advised at the start line. Will one of the judges explain the rules at the start line of each race? As "acting commissioner", I wouldn't know what to tell them if that's needed.

I don't have any spare officials for the 5k race walk, other than maybe the starter, Richard LaLonde. There was an email exchange with our field event coordinator, Fran. It sounded like Allan Chinn was coming down to finish a practicum with helping in a race walk event. Maybe you could check with him about being a judge. (Copied email below).

On Jun 30, 2022, at 1:23 PM, ALLAN CHINN <<u>atchinn@comcast.net</u>> wrote:

Hi Fran

Received an email from Bob Springer saying you still need some help with officiating the games. I was planning to come down because I needed to finish my Practicum with helping in a race walk event. I am willing to help you after that race if you still are in need of help. This season I have been working with the pole vault for the indoor PAC 12 season and the outdoor college season. I have done the high jump for the high school season. So if you are still in need of help please let me know because I plan to be down there. Thanks

Allan Chinn

See you next Saturday!

Dianne

From: Dora Choi <<u>dora.choi.training@gmail.com</u>> Sent: Saturday, July 16, 2022 12:23 PM To: Dianne Foster <<u>dianne@wasenior.games</u>> Subject: Racewalk Judging

Hello Dianne,

How are you? Hope you are not too busy with the WSSG.

I have been doing a bit of coordinating for racewalk judges for the WSSG. Marie Vermeer will definitely be coming from Oregon. She is unable to find anyone else who can come since everyone else will be at the world championships in Eugene. I got recertified as an official, so I will be a second judge. Everyone else that I usually rely on from WA state will be in Eugene.

Katie Burnett, who is a racewalker on the US national team, is not certified to judge, but can judge due to her athlete status, according to Carole Langenbach. I've been in email exchanges with her, but I don't have a 100% confirmation from her yet. She will be helping in Eugene that Friday and Sunday, and said she could come up to Tumwater on Saturday due to the stipend that I mentioned to her.

I am requesting a \$300 stipend for each judge (\$900 total if Katie comes up). Will that be possible? (I think last time I requested \$250 per judge from Jack. I increased the amount due to inflation.)

Marie suggested that I try to find other certified officials working at WSSG that we could give some quick training to so we could have 3 certified officials in case a record is set. Do you know of any? I know that a road race is going on during the first racewalk, so the officials might be busy with that.

Thank you very much,

Dora Choi

206-890-3641



2022 – Track & Field

Here are the names and addresses related to track & field and other events at Tumwater HS along with the amount to send and a brief description of their role.

Check-in Clerk for all events on the track (Pat) and Finish Line Judge/Official (Vika). Amount: \$200
Make the check payable to Pat Kenworthy

Pat Kenworthy (& Vika Severa) 610 McKinnon Ave E Apt 2 Sumner, WA 98390 Check 1027 - \$200

2. Starter for all events on the track. Amount: \$150 Richard Lalonde 1109 W Main St Centralia, WA 98531 Check 1026 - \$150

- Announcer for all the events at Tumwater HS. Amount: \$100
 (Not for 2022 Vonnie Tallon did the announcing so add the \$100 to Rainier Ringers)
 Laurie Solheim
 6555 27th Ave NE
 Seattle, WA 98115
- Rainier Ringers handbell choir members only 6 of us this year but they did a lot of work. Amount: \$500
 You can either send me the check or mail it to the PO box. (for 2022, the total is \$600 with announcer)

Rainier Ringers PO Box 98584 Lakewood, WA 98496

Check 2772 - \$600

This is what they helped with:

- Day of event registrations at Tumwater HS for the road run and power walk (only 1 day of event registration this year)
- Helped at the check-in table at the entrance to the stadium
- Lap counter and bell ringer for the 800 m run, 1500 m run, and 1500 m power walk
- Gate keepers at entrance to the track
- Helping at the awards tent (organization of result pages, helping with awards presentations, handing out medals to athletes who weren't present when it was first announced)
- Posting results on the wall
- Helping athletes when they had questions or referring them to me

Commencement Bank Business Balance as of: 09-24-2022 TRANSACTION HISTORY: Non-Profit

AUGUST 16, 2022

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- - \$600.00

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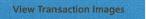
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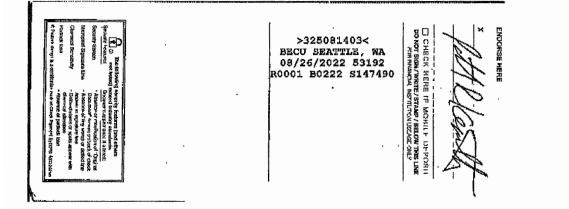


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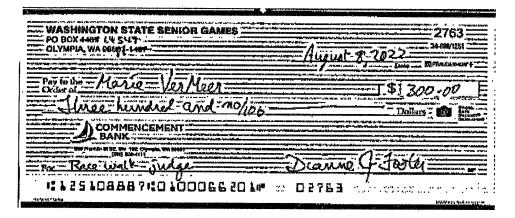
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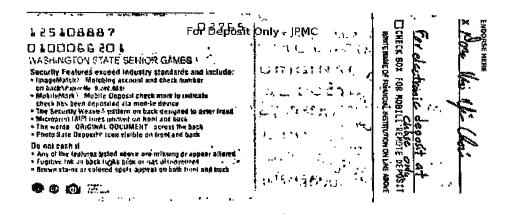
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AUGUST 16, 2022

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| 1 Edge Burger Swiss | 13,99 |
| 5 Fish N Chips 2pc | 74.95 |
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| 3pc 2 Caesar Salad Small | 28,96 |
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| 1 Caesar Salad Full Pulled Chicken | 14.98 |
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Thank you for visiting us!

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Washington State Senior Games

Golf

| Date: | Thursday, July 28, 2022 |
|---------------------|---|
| Time: | 8:00 am - Check in 9:00 am - Tee times start |
| Venue: | Tumwater Valley Golf Club 4611 Tumwater Valley Dr SE Tumwater, WA 98501 360-943-9500 |
| Commissioners: | Ron Rieger golf@wasenior.games Nancy Moss nancy.moss1609@comcast.net 360-493-1609 |
| Event: | 18-hole tournament in groups of four<u>Tee times</u> |
| Fees: | \$50 per person The Early Bird discount is not applicable for golf The WSSG registration fee (\$35) is not applicable for golf |
| Golf Contests: | Closest to the pin Longest drive Medals and awards will be presented following the lunch (see NOTE below) |
| NOTE: | Medals and awards will be presented following lunch in the River's Edge Restaurant, inside the Tumwater Valley Golf clubhouse. Lunch will be provided (excluding alcoholic beverages). |
| Registration Rules: | No on-site registration is authorized. Participants must provide their Handicap Index and card number (GHIN) on their registration form to determine their net score. Foursomes are determined by age and/or handicap. Golfers may play in a foursome of their choice or the sport commissioner will assign the player to a foursome. |
| Format/Rules: | Course requires soft spikes. Carts are included in the fee. 18 holes of golf will be played with assigned tee times starting at 9:00 am Handicaps will be utilized to assist with assigning tee times for each foursome. Medals (gold, silver, bronze) awarded following the lunch for: Lowest Net score in each age division Lowest Gross score overall Tees: Men under 70 years of age will play from the white tees. Men 70 years of age and older will play from the red tees. Women will play form the red tees. Scoring calculations for Low Net will be made using current Handicap Indices as of July 26, 2022. Tournament will be conducted in accordance with USGA rules. Local course rules will also be in effect. The commissioners reserve the right to change the tournament format based on entry numbers, space restrictions or other circumstance. This includes but is not limited to tee times or a shotgun start. |

City of Tumwater Lodging Tax Final Report Form

Organization's Name: Washington State Senior Games

Submitted By: Dianne Foster

Email Address: dianne@wasenior.games

This Report Covers:

Activity Name: Washington State Senior Games

Activity Type: Special Event/Festival

Marketing/Tourism **Promotion Agency**

Facility

Activity Start Date: 1/01/2022

Activity End Date: 12/31/2022

Total Activity Cost: \$140,000.00

Total amount of Tumwater lodging tax funds requested: \$15,000.00

Total amount of Tumwater lodging tax funds expended: \$14,987.48

Total amount of lodging tax funds expended from all jurisdictions: \$57,320.00

DEFINITIONS OF METHODOLOGY FOR QUESTIONS BELOW:

This methodology is defined by the Joint Legislative Audit and Review Committee and is used for reporting to the Legislature about the use of lodging tax for each jurisdiction.

- **Direct Count:** Actual count of visitors using methods such as paid admissions or registrations, clicker counts at entry points, vehicle counts or number of chairs filled. A direct count may also include information collected directly from businesses, such as hotels, restaurants or tour guides likely to be affected by an event.
- **Indirect Count:** Estimate based on information related to the number of visitors such as raffle tickets sold, redeemed discount certificates, brochures handed out, police requirements for crowd control or visual estimates.
- **Representative Survey**: Information collected directly from individual visitors / participants. A representative survey is a highly structured data collection tool, based on a defined random sample of participants, and the results can be reliably projected to the entire population attending an event and includes margin of error and confidence level.
- **Informal Survey**: Information collected directly from individual visitors or participants in a non-random manner that is not representative of all visitors or participants. Informal survey results cannot be projected to the entire visitor population and provide a limited indicator of attendance because not all participants had an equal chance of being included in the survey.
- Structured Estimate: Estimate produced by computing known information related to the event or location. For example, one jurisdiction estimated attendance by dividing the square footage of the event area by the international building code allowance for persons (3 sq. ft.).
- **Other**: (please describe)

CITY OF TUMWATER SEP 2 8 2022 **EXECUTIVE DEPARTMENT** Date: 9/24/2022

Phone: 360-701-8129

| | Enter the total number of people predicted to attend this activity (this number would have been | PREDICTED: | 1,500 | | | | |
|---|--|---|--|--|--|--|--|
| OVERALL | submitted on your application for funds); the actual number of people who attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 1,756 | | | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Direct | Count | | | | | |
| | EXPLAIN TRACKING METHOD: Each particip for the actual attendance of competitors was database of the registered athletes. | | | | | | |
| | Enter the total number of people who travelled greater than 50 miles predicted to attend this activity (this number would have been submitted on your | PREDICTED: | 875 | | | | |
| 50+ MILES - | application for funds); the actual number of people who travelled more than 50 miles to attend this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 1,101 | | | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Direct | Count | | | | | |
| | EXPLAIN TRACKING METHOD: The count for | the actual number o | f people who | | | | |
| | traveled over 50 miles to attend this activity database of the registered athletes. | was calculated using | a query in the | | | | |
| | Enter the total number of people from outside the state and country predicted to attend this activity (this number would have been submitted on your | PREDICTED: | 200 | | | | |
| Out of State / Country - | application for funds); the actual number of people from outside the state and country who attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 248 | | | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Direct Count | | | | | | |
| ATTENDANCE | | | a 1 a | | | | |
| ATTENDANCE | EXPLAIN TRACKING METHOD: The count for outside the state and country was calculated registered athletes. | | | | | | |
| | outside the state and country was calculated registered athletes. Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity | using a query in the | | | | | |
| PAID FOR OVERNIGHT LODGING - | outside the state and country was calculated registered athletes. <i>Enter the total number of people predicted to pay for</i> | using a query in the PREDICTED: | database of the | | | | |
| Paid for Overnight | outside the state and country was calculated registered athletes. Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted on your application for funds); the actual number of people who paid for overnight lodging and attended this | using a query in the PREDICTED: ACTUAL (ESTIMATED): sentative Survey | database of the 250 | | | | |
| Paid for Overnight Lodging - Attendance | outside the state and country was calculated registered athletes. Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted on your application for funds); the actual number of people who paid for overnight lodging and attended this activity; and the method used to determine attendance METHODOLOGY (definitions provided above): Represe EXPLAIN TRACKING METHOD: SurveyMonko Enter the total number of people predicted to attend this event without paying for overnight lodging in | using a query in the PREDICTED: ACTUAL (ESTIMATED): entative Survey by | database of the 250 | | | | |
| Paid for Overnight Lodging - | outside the state and country was calculated registered athletes. Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted on your application for funds); the actual number of people who paid for overnight lodging and attended this activity; and the method used to determine attendance METHODOLOGY (definitions provided above): Represe EXPLAIN TRACKING METHOD: SurveyMonke Enter the total number of people predicted to attend | using a query in the PREDICTED: ACTUAL (ESTIMATED): sentative Survey ey PREDICTED: . | database of the 250 360 | | | | |
| Paid for Overnight Lodging - Attendance Did Not Pay for Overnight | outside the state and country was calculated registered athletes. Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted on your application for funds); the actual number of people who paid for overnight lodging and attended this activity; and the method used to determine attendance METHODOLOGY (definitions provided above): Represe EXPLAIN TRACKING METHOD: SurveyMonke Enter the total number of people predicted to attend this event without paying for overnight lodging in Tumwater (you would have submitted this number on your application for funds); the actual number of people who attended without paying for overnight | using a query in the PREDICTED: ACTUAL (ESTIMATED): wentative Survey PREDICTED: ACTUAL (ESTIMATED): wentative Survey | database of the 250 360 425 | | | | |
| PAID FOR Overnight Lodging - Attendance Did Not Pay for Overnight Lodging - | outside the state and country was calculated registered athletes. Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted on your application for funds); the actual number of people who paid for overnight lodging and attended this activity; and the method used to determine attendance METHODOLOGY (definitions provided above): Repress EXPLAIN TRACKING METHOD: SurveyMonko Enter the total number of people predicted to attend this event without paying for overnight lodging in Tumwater (you would have submitted this number on your application for funds); the actual number of people who attended without paying for overnight lodging; and the method used to determine attendance METHODOLOGY (definitions provided above): Repress | using a query in the PREDICTED: ACTUAL (ESTIMATED): wentative Survey PREDICTED: ACTUAL (ESTIMATED): wentative Survey | database of the 250 360 425 | | | | |
| PAID FOR Overnight Lodging - Attendance Did Not Pay for Overnight Lodging - | outside the state and country was calculated registered athletes. Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted on your application for funds); the actual number of people who paid for overnight lodging and attended this activity; and the method used to determine attendance METHODOLOGY (definitions provided above): Repress EXPLAIN TRACKING METHOD: SurveyMonko Enter the total number of people predicted to attend this event without paying for overnight lodging in Tumwater (you would have submitted this number on your application for funds); the actual number of people who attended without paying for overnight lodging; and the method used to determine attendance METHODOLOGY (definitions provided above): Repress EXPLAIN TRACKING METHOD: SurveyMonko this event without paying for overnight lodging; and the method used to determine attendance METHODOLOGY (definitions provided above): Repress EXPLAIN TRACKING METHOD: SurveyMoney Enter total predicted lodging nights in Tumwater (this number would have been submitted on your application for funds); and actual number of paid lodging nights. (One lodging night = one or more persons occupying one room for one night); and the method used to determine attendance | PREDICTED: ACTUAL (ESTIMATED): Wentative Survey PREDICTED: ACTUAL (ESTIMATED): Ventative Survey PREDICTED: ACTUAL (ESTIMATED): PREDICTED: ACTUAL (ESTIMATED): | database of the 250 360 425 270 | | | | |
| PAID FOR OVERNIGHT LODGING - ATTENDANCE DID NOT PAY FOR OVERNIGHT LODGING - ATTENDANCE PAID LODGING | outside the state and country was calculated registered athletes. Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted on your application for funds); the actual number of people who paid for overnight lodging and attended this activity; and the method used to determine attendance METHODOLOGY (definitions provided above): Represe EXPLAIN TRACKING METHOD: SurveyMonke Enter the total number of people predicted to attend this event without paying for overnight lodging in Tumwater (you would have submitted this number on your application for funds); the actual number of people who attended without paying for overnight lodging; and the method used to determine attendance METHODOLOGY (definitions provided above): Represe EXPLAIN TRACKING METHOD: SurveyMonker this event without paying for overnight lodging; and the method used to determine attendance METHODOLOGY (definitions provided above): Represe EXPLAIN TRACKING METHOD: SurveyMoney Enter total predicted lodging nights in Tumwater (this number would have been submitted on your application for funds); and actual number of paid lodging nights. (One lodging night = one or more persons occupying one room for one night); and the | using a query in the PREDICTED: ACTUAL (ESTIMATED): ventative Survey PREDICTED: ACTUAL (ESTIMATED): ventative Survey PREDICTED: ACTUAL (ESTIMATED): ventative Survey ventative Survey | database of the 250 360 425 270 510 | | | | |

Please describe any other information that demonstrates the impact of increased tourism attributable to the special event, festival, or tourism-related facility.

During the course of helping participants find a place to stay, we found that some of the hotels/motels close to their venue were already full. One swimmer from Canada arrived to find that his motel had been overbooked, but fortunately he was able to find a room in another hotel. These would seem to indicate an increase in tourism as more people are coming to stay in the area and filling up the rooms. Many track & field and road run competitors came a day early to check out the Tumwater HS stadium and to go over the course for the 5k/10k run.

The attendance numbers listed above were based on the registered athletes and didn't include family, friends, spectators, volunteers, officials, and judges. These additional people increase the number of tourists who might stay overnight, go out to eat at one of the local restaurants, and explore other tourist attractions in and around the City of Tumwater.

TUMWATER SPECIFIC QUESTIONS:

Did you experience a higher number of tourists this year? If not, what do you think was a contributing factor?

Our attendance was higher than 2021 by 700+ participants and returning to numbers that are close to our typical numbers. We were only 250 competitors below our highest number of athletes that we had in 2018. Although our numbers were favorable this year, they were impacted negatively by the higher than normal cost to drive or fly, especially for individuals or teams traveling from other states.

Did you complete all of the items on your Scope of Services consistent with your application submitted to the Lodging Tax Advisory Committee? If not, which items do you still need to complete? Do you plan on completing those items with your own resources? If so, when?

Yes

What expenses did you pay using Tumwater Lodging Tax funds?

Marketing/promotional items, venue fees (Tumwater and Olympia School Districts, South Sound YMCA, and Tumwater Valley Golf Course), expenses for officials and judges (road run, track and field, race walk), food and water for athletes.

Do you plan to do anything differently next year to expand your event, increase tourism to Tumwater, or increase visitors to your facility?

We might add cornhole which apparently is becoming a popular sport. The National Senior Games Association (NSGA) has been doing us a favor in airing a television special about the National Senior Games on Root Sports. We have already seen an increase in number of people inquiring about how to compete in our Games as a result of the NSGA TV program. We will look at increasing the marketing for the track & field meet at Tumwater High School which is one of our sports with a high number of participants.

Short Form

OMB No. 1545-0047

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| AF | or the | 2021 calenda | ar year, or tax year beginning 0 | 1/01/2021 and | l ending | 12/3 | 1/2021 |
|------------|--|--------------|--|---------------------------------|----------------|-----------|---|
| Β | Check if ap | oplicable: | C Name of organization | | | D Employ | ver identification number |
| ✓ | Address c | change | WASHINGTON STATE SENIOR GAMES | | | | 91-2073918 |
| | Name cha | ange | Number and street (or P.O. box if mail is not delive | ered to street address) | Room/suite | E Telepho | one number |
| | Initial retu | | PO Box 14547 | | | | 360-701-8129 |
| | Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F G | | | | | F Group | Exemption |
| | | n pending | Tumwater, WA 98511-4547 | | | Numb | • |
| _ | | ting Method: | ✓ Cash Accrual Other (specify) | • | н | | ✓ if the organization is not |
| | Vebsite | | ://www.washingtonstateseniorgames.com/ | | | | o attach Schedule B |
| | | | |) ◀ (insert no.) 🗌 4947(a)(1) o | | (Form 990 | |
| | | | ✓ Corporation □ Trust □ | Association | | (10111000 | <i>/</i> . |
| | | | 7b to line 9 to determine gross receipts. If gro | | | accote | |
| | | | 5500,000 or more, file Form 990 instead of Fo | | | | · • • • • • • • • • • • • • • • • • • • |
| | | | | | | | \$ 108,392 |
| P | art I | | e, Expenses, and Changes in Net A | | • | | , |
| | | | the organization used Schedule O to r | | | | |
| | 1 | | ons, gifts, grants, and similar amounts re | | | | 1 66,546 |
| | 2 | - | ervice revenue including government fee | | | | 2 41,846 |
| | 3 | | ip dues and assessments | | | · · | 3 0 |
| | 4 | Investment | | | | · · | 4 0 |
| | 5a | Gross amo | ount from sale of assets other than invent | tory 5a | | 0 | |
| | b | | or other basis and sales expenses | | | 0 | |
| | c | | ss) from sale of assets other than invento | ory (subtract line 5b from li | ne 5a) | [| 5c 0 |
| | 6 | • | d fundraising events: | | | | |
| | a | | ome from gaming (attach Schedule | | | | |
| anu | | \$15,000) . | | · · · · · · 6a | | 0 | |
| Revenue | b | Gross inco | me from fundraising events (not includin | ng <u>\$</u> 0 | of contributio | าร | |
| Be | | from fundr | aising events reported on line 1) (attach | n Schedule G if the | | | |
| | | sum of suc | h gross income and contributions excee | eds \$15,000) 6b | | 0 | |
| | c | Less: direc | t expenses from gaming and fundraising | g events 6c | | 0 | |
| | d | Net incom | e or (loss) from gaming and fundraising | g events (add lines 6a and | d 6b and sub | tract | |
| | | line 6c) . | | | | [| 6d 0 |
| | 7a | Gross sale | s of inventory, less returns and allowanc | es | | o | |
| | b | | of goods sold | | | 0 | |
| | c | Gross prof | it or (loss) from sales of inventory (subtra | act line 7b from line $7a$ | | | 7c 0 |
| | 8 | - | nue (describe in Schedule O) | - | | | 8 0 |
| | 9 | Total reve | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and | 8 | | . 🕨 | 9 108,392 |
| | 10 | | I similar amounts paid (list in Schedule C | | | | 10 0 |
| | 11 | | aid to or for members | | | | 11 0 |
| s | 12 | | ther compensation, and employee benef | | | | 12 0 |
| Ise | 13 | | al fees and other payments to independe | | | | 13 18,127 |
| Expenses | 14 | | y, rent, utilities, and maintenance | | | | 14 1,325 |
| Ă | 15 | | ublications, postage, and shipping | | | | 15 584 |
| _ | 16 | | | | | | 16 75,936 |
| | 17 | | | | | | |
| | 18 | | enses. Add lines 10 through 16 | | | | |
| ∋ts | 18 | | or fund balances at beginning of year | | | | 18 12,420 |
| SSE | 13 | | ir figure reported on prior year's return) | | | | 10 |
| Net Assets | | | | | | | 19 50,375 |
| Ne | 20 | | nges in net assets or fund balances (expl | · | | | 20 0 |
| | 21 | | or fund balances at end of year. Combin | | | . 🖻 🛛 | 21 62,795 |
| For | Paperv | work Reduct | ion Act Notice, see the separate instructio | ns. Cat. | No. 10642I | | Form 990-EZ (2021) |

| Form S | 990-EZ (2021) t II Balance Sheets (see the instructions f | or Part II) | | | | Page 2 |
|--------|--|---|--|---|-------------|--|
| T a | Check if the organization used Schedule | , | ny question in this F | Part II | | |
| | | | | (A) Beginning of year | | (B) End of year |
| 22 | Cash, savings, and investments | | [| 50,375 | 22 | 62,795 |
| 23 | Land and buildings | | [| | 23 | 0 |
| 24 | Other assets (describe in Schedule O) | | [| 0 | 24 | 0 |
| 25 | Total assets | | | 50,375 | 25 | 62,795 |
| 26 | Total liabilities (describe in Schedule O) | | <u> </u> | | 26 | 0 |
| 27 | Net assets or fund balances (line 27 of column | ., . | , | 50,375 | 27 | 62,795 |
| Par | Check if the organization used Schedule | O to respond to ar | ny question in this F | · · · · | (Po | Expenses quired for section |
| What | t is the organization's primary exempt purpose? | Hold Washington St | ate Senior Games. | | , | (c)(3) and 501(c)(4) |
| as m | ribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ear | anner, describe the | | | - | anizations; optional for ers.) |
| 28 | Senior Program: Provide athletic event for Seniors 5 Senior Citizens. Approximately 1,800 participate ann | | | ality of life for | | |
| | (Grants \$ 0) If this amount | includes foreign gra | nts check here | | 28a | a 0 |
| 29 | | | | | 200 | |
| | | | | | | |
| | (Grants \$) If this amount | includes foreign gra | nts, check here | ▶ □ | 2 9a | a |
| 30 | | | , | | | |
| | | | | | | |
| | | | | | | |
| | | includes foreign gra | | | 30a | a |
| 31 | Other program services (describe in Schedule O) | | | | | |
| | | includes foreign gra | | | 31 a | - |
| | Total program service expenses (add lines 28a t | - | | | 32 | |
| Par | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule | | | | nstru | ctions for Part IV) |
| | Check II the organization used Schedule | | | | · · | · · · · <u> </u> |
| | (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) | (d) Health benefits, contributions to employe benefit plans, and deferred compensatior | |) Estimated amount of other compensation |
| Dian | ne Foster | 10.00 | 0 | | 0 | 0 |
| Pres | ident | | | | | |
| | cia Reynolds | 4.00 | 0 | | 0 | 0 |
| | President | | | | _ | |
| | sy Moss | 2.00 | 0 | | 0 | 0 |
| Secr | | | | | _ | |
| | Melzer | 2.00 | 0 | | 0 | 0 |
| Trea | surer | | | | - | |
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| Form 99 | 0-EZ (2021) | | Р | age 3 |
|--------------|--|------------|--------|--------------|
| Part | | | | _ |
| | instructions for Part V.) Check if the organization used Schedule O to respond to any question in this | Part | | |
| 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 | 33 | Yes | No ✓ |
| 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 | 34 | | |
| 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)? | 35a | | × ./ |
| b c | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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 | 35b | | |
| 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 | 35c 36 | | ✓ ✓ |
| 37a b | Enter amount of political expenditures, direct or indirect, as described in the instructions and and and and and and and and and and | 37b | | ~ |
| 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 | | ✓ |
| b 39 a | If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9 | | | |
| b 40a | Gross receipts, included on line 9, for public use of club facilities | | | |
| 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 | | 1 |
| С | 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 | | | |
| е | 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 | | ✓ |
| 41 | List the states with which a copy of this return is filed | | | |
| 42a | · · · · · · · · · · · · · · · · · · · | | 1-8129 | 9 |
| b | Located at ► 7243 Twin Cedar Ln SE, Tumwater, WA 98501 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over | 985 | Yes | No |
| | 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 ► | 42b | | \checkmark |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| c | At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ► | 42c | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year | • • | . Yes | No |
| 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 | 103 | √ |
| 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 | | ✓ |
| c d | Did the organization receive any payments for indoor tanning services during the year? | 44c 44d | | √ |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | \checkmark |
| 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-FZ. See instructions | 4= | | 1 |
| | Form 990-EZ. See instructions | 45b | | \checkmark |

| Form 990-EZ (202 | 1 |) |
|------------------|---|---|
|------------------|---|---|

| | | | | | | Yes | No |
|------|---|---------------------------------------|---------------------------------------|---|--------------------------|--------|------|
| 46 | Did the organization engage, directly or in | | | | | | |
| | to candidates for public office? If "Yes," of | | , Part I | | . 46 | | ✓ |
| Part | VI Section 501(c)(3) Organizations All section 501(c)(3) organization | | otions 17 10b and | 52 and complete th | a tablaa t | forlin | ~~ |
| | 50 and 51. | s must answer que | Stions 47-490 and 3 | 52, and complete the | etables | | es |
| | Check if the organization used Scl | adula O to respond | t to any question in t | nie Part VI | | | Г |
| | Check if the organization used Sci | ledule O to respond | a to any question in ti | | | Yes | |
| 47 | Did the organization engage in lobbying | activities or have a | section 501(h) electio | n in effect during the | tax 🗌 | 163 | |
| •• | year? If "Yes," complete Schedule C, Par | | ., | · · · · · · · · · | | | _ |
| 48 | Is the organization a school as described in | n section 170(b)(1)(A)(i | ii)? If "Yes." complete \$ | Schedule E | . 48 | | |
| 49a | Did the organization make any transfers to | | | | | | V |
| b | If "Yes," was the related organization a se | - | - | | . 49 b | | |
| 50 | Complete this table for the organization's | | | | ors, truste | es, an | d ke |
| | employees) who each received more than | 1\$100,000 of compe | nsation from the orgar | nization. If there is none | e, enter "N | Vone." | |
| | | (b) Average | (c) Reportable | (d) Health benefits, | (a) Fatiment | | |
| | (a) Name and title of each employee | hours per week devoted to position | compensation (Forms W-2/1099-MISC/ | contributions to employee benefit plans, and deferred | (e) Estimat other cor | | |
| | | | 1099-NEC) | compensation | | | |
| Vone | | | | | | | |
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| | | | | | | | |
| f | Total number of other employees paid ov | er \$100,000 | . ► | 11 | | | |
| 51 | Complete this table for the organization' \$100,000 of compensation from the organ | s five highest compo | | contractors who each | received | more | tha |
| | (a) Name and business address of each independ | lent contractor | (b) Type of serv | ice (c) | Compensat | ion | |
| | | | | (0) | Compensat | | |
| Vone | | | _ | | | | |
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| | | | | | | | |
| | | | - | | | | |
| d | Total number of other independent contra | actors each receiving | over \$100.000 | ▶ | | | |
| 52 | Did the organization complete Schedu | ile A? Note: All se | | | na ► √ Ye s | | No |

| Sign Here | Signature of officer Dianne Foster, President Type or print name and title | | | Date | | | | |
|------------------|--|----------------------|------|-----------|---------------------------|------|--|--|
| Paid Preparer | Print/Type preparer's name | Preparer's signature | Date | | Check if if self-employed | PTIN | | |
| Use Only | Firm's name 🕨 | | | Firm's | s EIN 🕨 | | | |
| | Firm's address ► | | | Phone no. | | | | |
| May the IRS | Any the IRS discuss this return with the preparer shown above? See instructions | | | | | | | |

SCHEDULE A (Form 990 or 990-EZ)

(C)

(D)

(E) Total

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Public Charity Status and Public Support

OMB No. 1545-0047

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service |

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.



Schedule A (Form 990 or 990-EZ) 2021

Cat. No. 11285F

Name of the organization

Employer identification number

| | HINGTON STATE SENIOR GAMES | | | | | 91-20 | 73918 |
|-------|--|--|---|---|---------------------------|---|---|
| Par | | | | | | , | ons. |
| The c | rganization is not a private found | | | | - | , | |
| 1 | | | | | | | |
| 2 | | | | | - | | |
| 3 | A hospital or a cooperative ho | | | | | | (!!!) Enter the |
| 4 | A medical research organizati hospital's name, city, and sta | • | onjunction with a hosp | onal desci | | | (III). Enter the |
| 5 | An organization operated for section 170(b)(1)(A)(iv). (Con | the benefit of a | college or university | owned o | r operate | d by a government | al unit described in |
| 6 | A federal, state, or local gove | rnment or govern | mental unit described | in sectio | on 170(b) | (1)(A)(v). | |
| 7 | 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general publi described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | n the general public |
| 8 | A community trust described | in section 170(b) | (1)(A)(vi). (Complete I | Part II.) | | | |
| 9 | An agricultural research organ or university or a non-land-gra university: | | | | | | |
| 10 | An organization that normally receipts from activities related support from gross investmer acquired by the organization | d to its exempt fui nt income and uni | nctions, subject to ce related business taxal | rtain exce ble incom | eptions; a le (less se | nd (2) no more than ection 511 tax) from | $33^{1}/_{3}\%$ of its |
| 11 | An organization organized and | d operated exclus | sively to test for public | safety. S | See secti | on 509(a)(4). | |
| 12 | An organization organized and | | | | | | |
| | one or more publicly supporte | • | | | | | |
| | the box on 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. | | | | | - | |
| а | | | | | | | |
| b | | | | | on(s), by having | | |
| | | | | | age the supported | | |
| С | | | | | ally integrated with, | | |
| d | Type III non-functionally that is not functionally inter requirement (see instruction | grated. The orga | nization generally mus | st satisfy | a distribu | ition requirement an | |
| e | Check this box if the orga functionally integrated, or | | | | | | e II, Type III |
| f | Enter the number of supported | | | | | | |
| g | Provide the following information | on about the supp | orted organization(s). | 1 | | | |
| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the o listed in you docur | r governing | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | Yes | No | | |
| (A) | | | | | | | |
| (B) | | | | | | | |

Part IISupport 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.)

| Secti | on A. Public Support | | | | | | |
|-------------------|--|---|--|--|---|--|---|
| Calen | dar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 135,580 | 178,456 | 171,162 | 13,803 | 108,392 | 607,393 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 133,300 | 170,430 | 171,102 | 13,003 | 100,332 | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 | Total. Add lines 1 through 3 | 135,580 | 178,456 | 171,162 | 13,803 | 108,392 | 607,393 |
| 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) | | | | | | |
| $\frac{6}{Socti}$ | Public support. Subtract line 5 from line 4 | | | | | | 607,393 |
| | on B. Total Support dar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 | Amounts from line 4 | 135,580 | 178,456 | 171,162 | 13,803 | 108,392 | <u>607,393</u> |
| 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 | | | | | | 607,393 |
| 12 | Gross receipts from related activities, etc. | • | • | | 1 | 12 | - 501(-)(0) |
| 13 Secti | First 5 years. If the Form 990 is for the organization, check this box and stop here on C. Computation of Public Support | re | | | - | | |
| 14 | Public support percentage for 2021 (line 6 | • | | 1, column (f)) | | 14 | 100 % |
| 15 | Public support percentage from 2020 Sch | nedule A, Part I | II, line 14 . | | | 15 | 100 % |
| 16a | 331/3% support test-2021. If the organi | | | | | | |
| b | box and stop here. The organization qual 33 ¹ / ₃ % support test - 2020. If the organization | zation did not | check a box o | n line 13 or 16 | a, and line 15 | is 33 ¹ /3% or m | ore, check |
| 17a | this box and stop here. The organization 10%-facts-and-circumstances test — 20 10% or more, and if the organization m Part VI how the organization meets the organization | D21. If the orga eets the facts- facts-and-circu | anization did n -and-circumsta umstances tes | ot check a boy ances test, che t. The organiz | k on line 13, 10 eck this box a ation qualifies | 6a, or 16b, and nd stop here. as a publicly | d line 14 is Explain in supported |
| b | 10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization |)20. If the organ meets the fate facts-and-cire | anization did n cts-and-circur cumstances te | ot check a box mstances test, est. The organiz | k on line 13, 1 check this bo zation qualifies | 6a, 16b, or 17; x and stop he i s as a publicly | a, and line r e. Explain supported |
| 18 | Private foundation. If the organization of instructions | did not check | a box on line | 13, 16a, 16b, | 17a, or 17b, | check this bo | x and see |
| | | | | | Sch | edule A (Form 990 |) or 990-EZ) 2021 |

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.)

| Secti | on A. Public Support | | | | | | |
|---------|--|-----------------|-----------------|-------------------|-----------------|------------------|--------------------|
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| - | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| - | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| - 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| ~ | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| с | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| Secti | on B. Total Support | | | | | | |
| | dar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources . | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| с | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | Ì | | | | |
| | and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | organization' | s first, second | l, third, fourth, | or fifth tax ye | ar as a section | on 501(c)(3) |
| | organization, check this box and stop he | re | | | | | 🕨 🗖 |
| Secti | on C. Computation of Public Suppor | rt Percentag | e | | | | |
| 15 | Public support percentage for 2021 (line 8 | | | | | 15 | % |
| 16 | Public support percentage from 2020 Sch | | | | | 16 | % |
| Secti | on D. Computation of Investment In | | - | | | | |
| 17 | Investment income percentage for 2021 (| | | - | | 17 | % |
| 18 | Investment income percentage from 2020 | | | | | 18 | % |
| 19a | 331/3% support tests-2021. If the organ | | | | | | |
| | 17 is not more than $33^{1}/_{3}$ %, check this box | | - | - | | - | |
| b | 33 ¹ / ₃ % support tests – 2020. If the organiz | | | | | | |
| | line 18 is not more than 331/3%, check this l | - | • | • | | • | |
| 20 | Private foundation. If the organization di | d not check a | box on line 14 | , 19a, or 19b, o | check this box | and see instru | ictions 🕨 🗌 |
| | | | | | Scł | edule A (Form 99 | 90 or 990-EZ) 2021 |

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 A person who directly or indirectly controls, either alone or together with persons described on lines 11b and а 11c below, the governing body of a supported organization? 11a A family member of a person described on line 11a above? 11b b A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

- Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how
- the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). Yes No
- Activities Test. Answer lines 2a and 2b below. 2
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

1

2

2

3

2a

2b

3a

3b

Page 5

Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

| Page | 6 |
|------|---|
|------|---|

| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See |
|---|--|
| | instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. |

| Sect | ion A—Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|----------|--|------------|-------------------------------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1 a | | |
| b | Average monthly cash balances | 1b | | |
| <u> </u> | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| e | Discount claimed for blockage or other factors <i>(explain in detail in Part VI)</i> : | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C—Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| | | - | at a substant True a III a substant | |

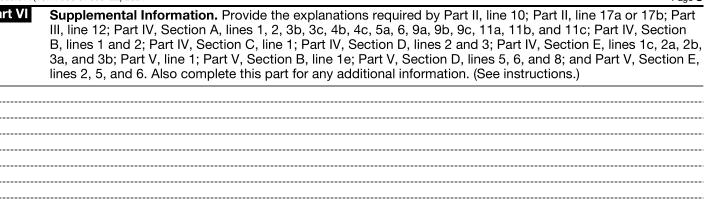
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2021

| Part | V Type III Non-Functionally Integrated 509(a)(3 ion D-Distributions | b oupporting organi | | <u> </u> | Current Year |
|--------|--|---------------------------------|---------------------------------------|----------|---|
| Sect | Ion D-Distributions | | | | Current rear |
| 1 | Amounts paid to supported organizations to accomplish e | | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exe | empt purposes of suppo | rted | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | 1.75 | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required- | -provide details in Part | VI) | 5 | |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | | | 6 7 | |
| 7 8 | Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to whic | h the organization is res | nonsive | | |
| U | (provide details in Part VI). See instructions. | | ponsive | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | ion E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2021 | ns | (iii) Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 | | | | |
| | (reasonable cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| a | From 2016 | | | - | |
| b | From 2017 | | | | |
| C | From 2018 | | | | |
| d | From 2019 | | | | |
| е | From 2020 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2021 distributable amount | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from Section D, line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2021 distributable amount | | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| - | Remaining underdistributions for years prior to 2021, if | | | | |
| 5 | any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| o a | Excess from 2017 | | | | |
| a b | Excess from 2018 | | | | |
| c | Excess from 2019 | | | | |
| d | Excess from 2020 | | | | |
| e | Excess from 2021 | | | | |

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Part VI



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SCHEDULE O (Form 990 or 990-EZ)

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 Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

| Employer identification number |
|--------------------------------|
|--------------------------------|

| WASHINGTON | STATE | SENIOD | CAMES |
|------------|-------|---------|-------|
| WASHINGTON | STATE | SEINIUR | GANES |

91-2073918

| Form 990-EZ, Part I, Line 16 - All other expenses associated with holding the Washington State Senior Games |
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Washington State Senior – Games Board of Directors

| Name and Title | Average Hours per week | Estimate amount of Compensation |
|--------------------------------------|------------------------|------------------------------------|
| Dianne Foster - President | 5 | 0 |
| Nancy Moss - Secretary | 3 | 0 |
| Fran Melzer - Treasurer | 1 | 0 |
| Jack Kiley - Executive Committee | 1 | 0 |
| Jeff Bowe Board of Director | 1 | 0 |
| Edythe Hulet Board of Director | 1 | 0 |
| Lew Keller Board of Director | 1 | 0 |
| Beth Kemph Board of Director | 1 | 0 |
| Monica Sorensen Board of Director | 1 | 0 |
| Dr. Diana Yu Board of Director | 1 | 0 |

Washington State Senior Games Bylaws

Mission

The mission of the Washington State Senior Games is:

- □ To promote healthy lifestyles, fitness and a positive public image of people 50 years and better, through active participation, competition, education and social engagement;
- □ To host the Washington State Senior Games; and
- □ To assist coordinating the activities of local senior games in the State of Washington.

Article I

Name

The name of this corporation is the *Washington State Senior Games (WSSG)*.

Article II Purpose

The purpose of the WSSG or Corporation is to promote health and wellness, especially among people age 50 and better. In order to achieve this purpose, the WSSG chooses to affiliate itself with, and perform the duties set forth by, the National Senior Games Association (NSGA). By doing so, the WSSG serves as a sanctioning Senior Games entity.

This relationship requires the following obligations:

- To host and operate the Washington State Senior Games each year in the Capitol region of Washington State (primarily Olympia, Lacey and Tumwater) for people age 50 years and better.
- To conduct the State Senior Games based on guidelines set forth by the NSGA. The WSSG will be responsible for working with local organizations in the State of Washington to ensure a successful presentation of all Senior Games.
- □ To establish a financial plan that will support the necessary business of the state games and that supports and/or assists when possible, the efforts of all local games.
- □ To educate men and women aged 50 and over about the role that senior games' competition plays in the realization of better health, physical fitness and quality of life.
- □ To encourage and facilitate the start-up of geographically targeted local senior games throughout the State of Washington.

Article III Not-for-Profit Status

The predecessor corporation, Puget Sound Senior Games, was incorporated on September 10, 1997. The Corporation continues to be established for non-profit purposes; no dividends shall be paid. With prior approval, board members and officers may be reimbursed for reasonable expenses incurred in performing their duties on behalf of the Corporation.

Article IV Board of Directors

The Board of Directors (Board) shall consist of not less than eight (8) nor more than 25 members, of whom at least 25 percent shall be 50 years or over. Each local game's organization shall be represented on the WSSG. The number of local board members on the WSSG will be determined by the WSSG. All members of the Board shall be elected for a three-year term.

The function of the Board includes the following:

- **D** To host the annual Washington State Senior Games;
- □ To promote, recruit, and sanction local senior games;
- **D** To provide support and assistance to all local senior games.
- □ To adopt an annual financial plan and budget by January of each calendar year
- □ To promote health and wellness in collaboration with organizations directly tasked with these functions;
- **D** To meet not less than quarterly and perform the duties set forth herein;
- □ To provide an annual report to the NSGA describing all senior games activities, to include both local and State games;
- □ To elect officers every three years;
- □ To adopt policies, rules and regulations governing the affairs of the Corporation consistent with the bylaws.

Article V Officers

The officers of the WSSG are the President, the Vice-President, the Secretary, and the Treasurer, all of whom shall be elected by and from the Board of Directors. The President may choose a "state coordinator" who will serve as the liaison with the NSGA. Officers will be elected for a period of three years at the September meeting. Officers assume their position immediately upon election.

The duties of the officers are as follows:

President. The President shall call and preside at meetings of the Board of Directors and the Executive Committee, shall enforce the bylaws, appoint chairs of committees, shall

be an ex-officio member of all committees, and shall be authorized, in addition to the Treasurer, to sign all checks of the organization. The President will develop and recommend to the Board an annual financial plan. The President shall also manage contract development and approval by the Board, communications, and lead the promotion of the mission of the senior games pursuant to Board policy.

Vice President. The Vice President shall assist the President, and in the absence of the President shall have all the powers and prerogatives of that office; shall ascend to the office of President in the event a vacancy occurs in that office during an unexpired term, and shall perform such other duties as may be assigned by the Board.

Secretary. The Secretary shall enter into the records all resolutions and proceedings of the Board and Executive Committee meetings, serve as the archivist and keeper of important documents, and shall perform such other duties as may be assigned by the Board.

Treasurer. The Treasurer shall ensure financial records are kept, shall assist the President in the preparation and presentation of the Corporation's budget, shall regularly report the financial condition of the Corporation to the Board, and shall perform such other duties as may be assigned by the Board.

Article VI Committees

Committees of the Corporation shall be a Nominating Committee and an Executive Committee; in addition, the President may appoint such ad hoc committees as may be considered necessary by the Board.

The President shall designate three members of the Board to be on the Nominating Committee. The President may chair the Nominating Committee. The purpose of the Nominating Committee is to produce a slate of officers to be elected every three years.

The Executive Committee shall consist of the Officers and two at-large members appointed by the President. The President will chair the Executive Committee. The purpose of the Executive Committee is to take action on behalf of the Board between regular Board meetings if circumstances require, including the review of all matters relative to policies and procurement prior to their implementation. The Executive Committee will immediately report on any such actions taken to the entire Board at the next regular meeting.

Article VII Meetings

The Board will meet at least quarterly at a date, time and place to be determined by the Board. Special meetings may be called by the President, or by a majority vote of the Board, provided that notice is given two weeks in advance of such meetings.

The business of the Board shall be conducted only when a quorum is present. Fifty percent of members of the Board shall constitute a quorum, two of whom must be officers.

Article VIII Financial Plan

In order to meet the goals and objectives of the Board, it is necessary that the Board generate such revenues as may be required. This revenue may consist of a combination of grants, donations, in-kind contributions and fees.

By January the President, in collaboration with the Treasurer, will recommend to the Board an annual financial plan for that calendar year. Periodically the President will provide reports of revenue received and expenditures made compared with initial financial plan projections.

Article IX Sanctioning Local Senior Games

The WSSG serves as an "umbrella" organization for connecting local games with the broader state and national senior games organizations. One of the major goals of the WSSG is to support the development of new local games through:

- □ The creation of clear guidelines for the sanctioning and recognition of these local games.
- □ Supporting local games as a means and pathway to promoting the State Games.
- Coordinating the schedules and rules of all local and state games in order to minimize possible conflicts in the planning and timing of senior games throughout the state.

In order for any organization in the State of Washington wishing to implement a local senior games, and to be sanctioned and able to use the term "Senior Games," that organization must submit a written request to the WSSG, outlining how the local organization will meet local games' sanctioning criteria, as defined herein.

Local Games' Sanctioning Criteria

Hosting Dates

The hosting organization shall propose potential dates in an effort to minimize conflict with established local and state games. The WSSG will coordinate the proposed dates of all local and state games.

• Minimum Sports offerings

In order to be sanctioned as a senior games, local organizations in the State of Washington must offer a minimum of five sanctioned sports (as required by the NSGA). Sanctioned sports are listed on the National Senior Games Association website (<u>www.nsga.com</u>). While there is no limit on additional sports or events that may be proposed, the five-sport minimum of nationally sanctioned sports is mandatory in order to become a sanctioned senior game.

• <u>Venues – Facilities – Equipment</u>

Prospective local Senior Games organizations must demonstrate that they will be able to offer all venues and facilities for each proposed NSGA sport and event. All facilities and sports fields must meet the minimum standards set forth by that sport's national authority to insure safety, fairness and equality. All equipment used will meet the minimum standards set forth by that sport's national authority. Wherever possible, all venues will be ADA accessible.

• <u>Financials</u>

The prospective organization seeking to host a local senior games must submit a written financial plan incorporating all potential revenues and expenditures that will be required in order to successfully present a senior games. The financial plan will include information relative to the solicitation of potential sponsors from that area. This information will be shared and coordinated with similar information from other local games in order to reduce possible conflicts due to multiple approaches to a single funding source.

Liability insurance obtained by the local organization must include the WSSG as an "additional insured."

• <u>Naming</u>

The local host organization, in any of its materials or solicitations, will reference its affiliation with the Washington State Senior Games and the National Senior Games Association.

Reporting requirements

Within sixty days after the local games has been presented, a report describing the event will be submitted to the WSSG. The WSSG will determine the elements of the report.

Article X Amendments

These bylaws may be amended at any regular or specially called meeting of the Board of Directors by a two-thirds majority vote of the Board members, provided that notice has been presented at least 14 days prior to the meeting or presented at a previous regular meeting of the Board, and that the amendment has been presented in writing. Such amendments become effective as soon as passed or as otherwise specified in the amendment.

Article XI Dissolution

A voluntary dissolution of the Corporation may occur only upon a resolution approved by a two-thirds majority vote of the Board, in accordance with the procedure set forth in the Washington Nonprofit Corporation Act.

Upon dissolution of the Corporation the net assets will be distributed to one or more notfor-profit domestic corporate societies or organizations engaged in substantially similar programs to those of this Corporation.

Adopted by the Board of Directors at a special meeting on February 14, 2013.

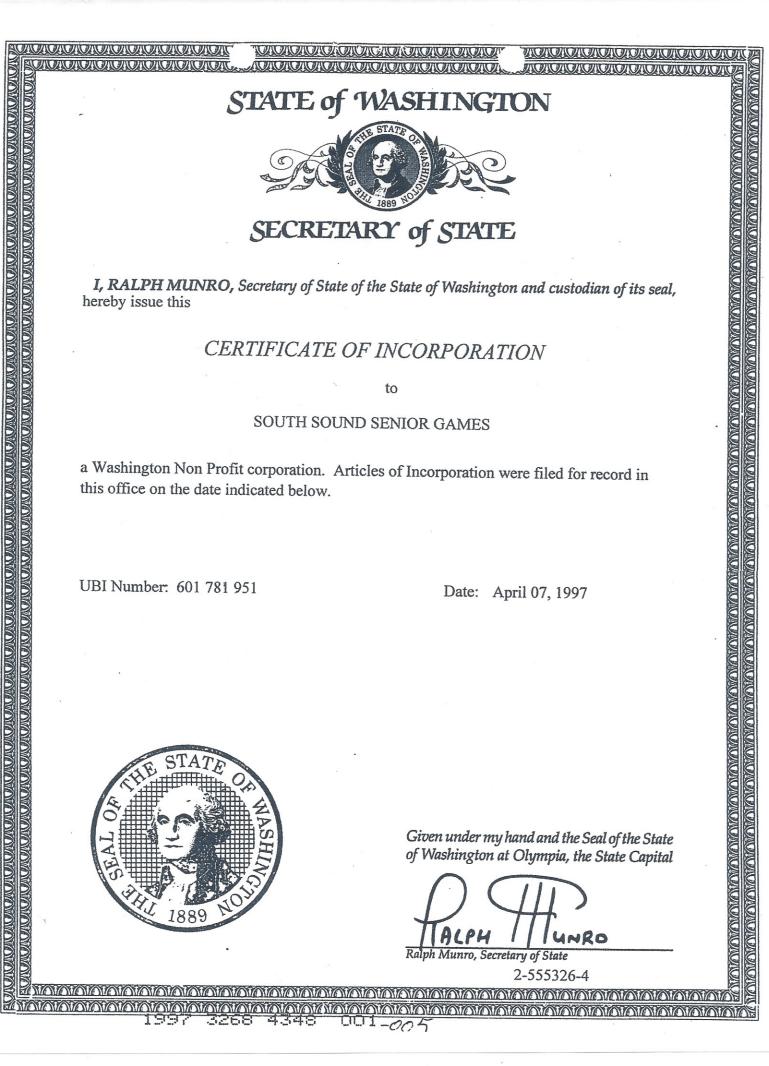
President Board of Directors Washington State Senior Games



Ralph Munro, Secretary of State 2-555326-4

002 RAFA 09487 000

| Ralph Munro, Secretary of State Please PRINT or TYPE in black ink STATE OF WASHI Sign, date and return original AND ONE COPY to: MAR 0 3 2 CORPORATIONS DIVISION MAR 0 3 2 SOB E. UNION • PO BOX 40234 MAR 0 3 2 DLYMPIA, WA 98504-0234 RALPH MUNI SE SURE TO INCLUDE FILING FEE. Checks SECRETARY OF State PORTANTI Person to contact about this filing DOROTHY MARA | 000 EXPEDITED (24-HOUR) SERVICE AVAILABLE - \$20 PER ENTITY INCLUDE FEE AND WRITE "EXPEDITE" IN BOLD LETTERS ON OUTSIDE OF ENVELOPE |
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| AMENDMENT TO ARTI | ICLES OF INCORPORATION |
| ME OF CORPORATION (As currently recorded with the Office of the S | Secretary of State) |
| SOUTH SOUND SENIOR | GAMES |
| BINUMBER CORPORATION NUMBER (If known) | AMENDMENTS TO ARTICLES OF INCORPORATION WERE ADOPTED ON |
| 01-781-951 2-555326-4 | Date: |
| FECTIVE DATE (Specified effective date may be up to 30 days | s AFTER receipt of the document by the Secretary of State) |
| ARTICLES OF | |
| OOPTION OF THE ARTICLES OF AMENDMENT (Please check ONE) | of the following) |
| The amendment was adopted by a meeting of members present at the meeting and the amendment received at proxy were entitled to cast. | least two-thirds of the votes which members present or represented by |
| The amendment was adopted by a consent in writing ar | nd signed by all members entitled to vote |
| | FF |
| There are no members that have voting rights. The am- held on (specify date). | endment received a majority vote of the directors at a board meeting |
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| STATE of WASHINGTON | 117 - 12 110 - 17- |
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| WASHINGTON NONPROFIT FILED ARTICLES OF INCORPORATION BCW 24 03 025 APR 0 7 1997 | 1471777 1777777 |
| $\begin{array}{c} \text{RCW 24.03.025} & \text{APR 07 1997} \\ \text{UBI #: } & \underline{601-781-951} \\ \text{Phone #: } & \underline{360-357-6609} \\ \text{ex 23} \\ \text{Pursuant to RCW 24.03.025 of the Washington Business Corporation Act, the undersigned does hereby submit these Articles of Incorporation:} \end{array}$ | 01201 - 7.0215 7.0215 |
| 1. The name of the corporation shall be: <u>South Sound Senier Games</u> | |
| 2. The term of existence shall be: (check only one box) | mber |
| 3. The purposes for which the corporation is organized are as follows: <u>To encourage and anhance fitness and well-being</u> <u>Aming older persons through aducation and the</u> <u>organizetion of anual otheric games in the</u> <u>South Sound region</u> | - |
| 4. The name of the Registered Agent of the corporation is: <u>Partice Keynor</u> 4a. The street address of the Registered Office, which is also the address of the Registered Agent is as follows: | |
| Number and Street 5114 Viewridge Dr. SE. | |
| City Olympia, WA Zip Code 98501 | |
| 4b. OPTIONAL: The post office box number, located in the same city as the physical address is: | |
| PO Box #City, WA Zip Code | |
| 5. CONSENT TO APPOINTMENT AS REGISTERED AGENT I, <u>Devid</u> . <u>Kayner</u> , hereby consent to serve as Registered Agent in the state of Washington for the above named corporation. I understand that as agent for the corporation, it will be my responsibility to accept Service of Process on behalf of the corporation; to forward license renewals other mail to the corporation; and to immediately notify the Office of the Secretary of State in the event of my resignation or of any changes in the Registered Office address. | a. |
| X Jan 3/26/97 | |

(Date)

(Signature of Registered Agent)

005-005 (1/96)

1997 3268 4348 002

CITY OF TUMWATER LODGING TAX APPLICATION – Entity Certification

APPLICATION DEADLINE: AUGUST 30, 2023, 12PM/NOON-<u>Postmarks, late, or incomplete applications will not be accepted</u> ATTENTION: CITY OF TUMWATER

| ATTENTION: | CITY OF TUMWATER |
|------------------|--|
| | HANNA MILES – EXECUTIVE DEPARTMENT |
| Address/Deliver: | hmiles@ci.tumwater.wa.us OR 555 ISRAEL ROAD SW, TUMWATER, WA 98501 |

ORGANIZATION/AGENCY INFORMATION

| Tumwater Area Chamb | 94-3097775 Federal Tax ID Number | | | |
|---|--|--|--|---|
| Organization/Agency | Name | Federal Tax | ID Number | |
| Gabe Toma | | President | | |
| Contact Name | | Title | | |
| 855 Trosper Rd SW #1 | 08-229 | Tumwater | WA | 98512 |
| Mailing Address | | City | State | Zip |
| 3603575153 | www.tumwaterchamber.com | info@tumwate | | |
| Phone | Website | Email Addre | SS | |
| The Tumwater Visitor C promote Tumwater hotels closed, it will fill that ga School District. | ourism Promotion/Marketing Activiti enter will serve as a starting point for to s, restaurants and attractions to keep tour p in the Olympia-Tumwater community | purists in the area. I rists in the Tumwate . The visitor center | ls, or Tourisn <u>t will also hav</u> <u>r Area. With tl</u> is a joint proje | n-Related Facilities: <u>e the unique ability to</u> <u>ne VCB Visitor Center</u> <u>ect with the Tumwater</u> |
| *If an Event/Festival, o | <i>complete the following:</i> New Ever | it 🔲 Annual Ev | ent for | number of years |
| Name of Event/Festiva | l Location | | Date of E | vent/Festival |
| $\mathbf{E}_{} \mathbf{I} \mathbf{W}_{-1} \mathbf{I} \mathbf{W}_{$ | (:C 1:CC (1 1)) If an arristing | | data of arrest | |

Event/Festival Website (*if different than above*) If an existing event, last year's date of event

CERTIFICATION

| I hereby state on behalf of | Tumwater Area Chamber of Commerce | that the: |
|-----------------------------|-----------------------------------|-----------|
| - | Ourse in a tion / A series Nome | |

Organization/Agency Name

Applicant is: 🛛 Nonprofit

□ For Profit

□ Public Agency

- The applicant has, or can obtain, general liability insurance covering no less than \$2,000,000 combined single limit per occurrence and \$2,000,000 aggregate for personal injury, bodily injury and property damage.
- The applicant has on file with the City, or is submitting one copy, of their current articles of incorporation and by-laws.
- I understand that this is an application for a contract with the City of Tumwater, which, if awarded, will only be paid after the service(s) is rendered on a reimbursement basis, and a signed Lodging Tax Invoice is submitted including proof of payment documentation.
- The applicant has accounting/record-keeping systems which A) show the purposes for which City of Tumwater funds have been spent; B) is open to inspection by the City of Tumwater or its agents; and C) is maintained for at least 6 years following the end of contract.
- I understand that the City of Tumwater will conduct public discussions regarding recommendations for funding to any agency making application to the City of Tumwater and its Lodging Tax Advisory Committee.
- I hereby certify that the information contained in this certification and application for funding with the City of Tumwater is a true and accurate statement of activities and financial status of the organization submitting this application.
- I hereby certify that the person signing this application is duly authorized to execute this document on behalf of the applicant entity.

Gabe Toma, President

Name and Title

Signature (e-signature or original)

8/28/2023

Date

CITY OF TUMWATER LODGING TAX APPLICATION – Funding Criteria

1. What is the purpose of your special event, festival, or tourism-related facility?

The Tumwater Visitor Center is designed to provide a brick-and-mortar visitor experience for area tourists. The Visitor Center will be staffed by Tumwater School District high school students. The Visitor Center will allow the Tumwater Area Chamber of Commerce to promote Tumwater businesses and attractions to tourists, encouraging them to stay, eat and play in the Tumwater area. Now that the Visitor Center on the Capitol Campus has closed, this is a unique opportunity to reach tourists that typically would have visited that location, and draw them directly into Tumwater.

 a. For what specific tourism-generating activities will City of Tumwater lodging tax funds be used? Complete and submit the Lodging Tax Budget Form specific to your special event, festival, or tourism related facility. (The Budget Form is also available online at <u>www.ci.tumwater.wa.us/LodgingTax</u>.)

Visitor Information Services

b. If a returning applicant, identify any major changes in the event or organization since the last funding cycle.

New partnership with the Tumwater School District

3. Describe the resources available for the proposed tourism-generating activities? Please include the total number of volunteers and volunteer hours that exist for your special event, festival, or tourism-related facility.

The Tumwater Visitor Center will be operated by a team of Tumwater School District educators and their students. The number of instructors and students will vary by term.

4. Do other cities or governmental entities in the county fund your special event, festival, or tourism-related facility? If so, which jurisdictions and how much were you funded from each jurisdiction last year?

No.

5. Do you intend to apply for lodging tax funds from other jurisdictions this year? If so, which jurisdictions? Please explain how you will use Turnwater's funds separately from other lodging tax funds you may receive?

No.

6. The request of funds from Tumwater will fund what percentage of your total budget for the proposed special event, festival, or tourism-related facility?

74%

7. Describe the tourism promotion impact on the economy from your special event, festival, or tourism-related facility within the City of Tumwater, specifically on the lodging and food service sectors.

The Tumwater Visitor Center serves as a promotional tool for the community to display and highlight lodging, restaurants and recreational opportunities, so that travelers can easily see their options and are encouraged to eat, play and stay in Tumwater. The Tumwater Visitor Center will likely be the first point of contact for people seeking information regarding Tumwater and the surrounding area.

CITY OF TUMWATER LODGING TAX APPLICATION – Funding Criteria

8. How broad-based will the tourism promotion benefit be geographically and economically?

The Tumwater Visitor Center will first focus and promote Tumwater area businesses, and then expand into other county attractions as needed to fit the scope of the travellers itinerary.

9. How will receiving lodging tax funds result in an increase in the number of people traveling for business or pleasure to Tumwater?

Lodging tax funds will make it possible to open and operate a visitor center in Tumwater. With a unique position off of I-5, it will be able to attract those visitors travelling from the South, and will bring them directly into Tumwater. An estimated 694 visitors will be making their first contact with the area in Tumwater and will be encouraged to engage with Tumwater businesses first before continuing on their journey through the area.

10. For the special event, festival or tourism-related facility, identify the estimated number of participants who will attend in each of the following categories:

| a) | Overall attendance | 694 |
|----|---|-----|
| b) | Staying for the day only <i>and</i> traveling more than fifty miles or more one way from their place of residence or business | |
| c) | Number of participants in any of the above categories who will attend from out-of-state (includes other countries) | |
| d) | Staying overnight in paid accommodations away from their place of residence or business | |
| e) | Staying overnight in unpaid accommodations (e.g. with friends and family) <i>and</i> traveling fifty miles or more one way from their place of residence or business | |
| f) | Total number of paid lodging nights generated in Tumwater | 208 |

g) Describe what methods you will use to determine attendance and to distinguish among the different visitor categories listed above.

The Tumwater Chamber recognizes that the Visitor Center will not be driving overnight stays, but will be a service for those already visiting/staying overnight. Furthermore, the services offered will encourage tourists to extend overnight stays in the area, visit Tumwater businesses, and ultimately spend more time and money in Tumwater. Using numbers from Tourism Economics, we started with the total estimated number of visitors to Tumwater in 2021, then calculated 10% of that number, and then 1% of those visitors visiting the visitor center in it's first year. Using that overall attendance number, we calculated about 20% of those visitors would stay in Tumwater for an average of 1.5 nights, as Tumwater has 20% of the overall available rooms in the area. The tracking sheet included in this application will help us better estimate numbers for out of state, and 50+ miles away better next year.

CITY OF TUMWATER LODGING TAX APPLICATION – Funding Criteria

11. If you are awarded a contract, you must be prepared to report to the City the economic benefit from tourists attending your event/facility. Describe how you will document the economic impact from your event/facility; specifically the information requested in question 10. **Submit a sample tracking form, if available.**

The visitor center will track daily visitors, using a guestbook which also prompts visitors to note where they are travelling from (zip code), if they are staying overnight and if so which city they are staying in. For overnight guests, we will also ask if they are staying in a hotel, vacation rental, campground or with family/friends.

12. Describe how you will promote overnight stays in Tumwater lodging establishments?

Taking advantage of the face-to-face nature of the Visitor Center, Visitor Center volunteers will be able to promote Tumwater hotels to visitors who are pulling off the interstate looking for a place to stay or extending their stay once they learn about all the things there are to see and do in the area. With a variety of options within close proximity to the Visitor Center, it will be relatively easy to encourage visitors to stay at those properties.

13. Describe how you will promote Tumwater and other attractions in the Tumwater area to entice tourists to extend their visit beyond attendance to your special event, festival, or tourism-related facility.

The Tumwater Visitor Center will be stocked with brochures and rack cards about Tumwater area attractions for visitors to browse. In addition, the Visitor Center volunteers will be interacting with tourists directly, and will be giving them recommendations for Tumwater area restaurants, lodging, and attractions.

14. What tourism outcome should the City expect if your proposal is only partially funded? Please be specific. *For example: how do you intend to alternatively fund your program / which services will not happen?*

If the request for marketing & promotions budget is not funded, plans for a sign and additional advertising will be abandoned. If the request for the professional/consultant fees are not funded in full there will not be visitor services; instead, the building will operate exclusively as a small business incubator.

15. List other organizations that you are partnered with for this special event, festival, or tourism-related facility.

Tumwater School District, and Experience Olympia & Beyond for Certified Tourism Ambassador training.

16. List any other measurements that demonstrate the impact of increased tourism attributable to your special event, festival, or tourism-related facility. Include any other thoughts that may encourage the Lodging Tax Advisory Committee/Tumwater City Council to use lodging tax funds to support this application.

This proposal represents an opportunity for Tumwater to reestablish itself as a destination in Thurston County. The visitor center will serve as a promotional hub to help increase tourist spending at Tumwater businesses.

Lodging Tax Budget Form

Lodging Tax Applicant:

Tumwater Area Chamber of Commerce

Specific to your Tourism-Related Facility, Tourism Promotion Activity, Special Event, or Festival, list the amount and status of funding for all sources from which you have already or intend to receive funds. Please include in-kind donations and funds received from admission fees if applicable.

PROJECTED REVENUE:

| Sou | rce | Amount |
|---|-----|-------------|
| Sponsorships: | | |
| Admission: | | |
| Reserves: | | |
| Donations/Contributions: | | \$300.00 |
| Grants: | | |
| Program Service Fees: | | |
| In-kind Donations: | | |
| Gift Shop: | | |
| Vendor Fees: | | |
| Fundraising Activities: | | |
| City of Lacey Lodging Tax: | | |
| City of Olympia Lodging Tax: | | |
| City of Tumwater Lodging Tax: | | \$15,000.00 |
| Thurston County Lodging Tax: | | |
| Other Sources of Revenue: (please specify) | | |
| Other Source: | | |
| Other Source: | | |
| Other Source: | | |
| TOTAL REVENUE: | | \$15,300.00 |
| PROJECTED EXPENSES: | | |
| Personnel: (salaries and benefits) | | |
| Administration: (utilities, phone, etc.) | | \$300.00 |
| Marketing and Promotion: | | \$3,000.00 |
| Professional / Consultant Fees: | | \$12,000.00 |
| Equipment: | | |
| Facility / Event Venue Rental: | | |
| Travel: (please specify) | | |
| All Other Expenses: (please specify) | | |
| Other Expense: | | |
| Other Expense: | | |
| Other Expense: | | |
| TOTAL EXPENSES: | | \$15,300.00 |
| PROGRAM EXCESS (DEFICIT |): | \$0.00 |

City of Tumwater Lodging Tax Final Report Form

| Organization's Name: <u>Tumwater Area Chamber of Commerce</u> |
|---|
|---|

Submitted By: Gabriel Toma

Email Address: Info@TumwaterChamber.com

This Report Covers:

Activity Name: Tumwater Area Chamber of Commerce Visitor Center

| Activity Type: | Special Event/Festival |
|----------------|------------------------|
|----------------|------------------------|

Marketing/Tourism Promotion Agency

Phone: 360-357-5153

Date: 08/30/23

Facility

Activity Start Date: <u>1/01/2023</u>

Activity End Date: <u>12/31/2023</u>

Total Activity Cost: <u>0</u>

Total amount of Tumwater lodging tax funds requested: <u>\$0:00</u>-- \$15,000

Total amount of Tumwater lodging tax funds expended: <u>\$0.00</u>

Total amount of lodging tax funds expended from all jurisdictions: <u>\$0.00</u>

DEFINITIONS OF METHODOLOGY FOR QUESTIONS BELOW:

This methodology is defined by the Joint Legislative Audit and Review Committee and is used for reporting to the Legislature about the use of lodging tax for each jurisdiction.

- **Direct Count**: Actual count of visitors using methods such as paid admissions or registrations, clicker counts at entry points, vehicle counts or number of chairs filled. A direct count may also include information collected directly from businesses, such as hotels, restaurants or tour guides likely to be affected by an event.
- **Indirect Count**: Estimate based on information related to the number of visitors such as raffle tickets sold, redeemed discount certificates, brochures handed out, police requirements for crowd control or visual estimates.
- **Representative Survey**: Information collected directly from individual visitors / participants. A representative survey is a highly structured data collection tool, based on a defined random sample of participants, and the results can be reliably projected to the entire population attending an event and includes margin of error and confidence level.
- **Informal Survey**: Information collected directly from individual visitors or participants in a non-random manner that is not representative of all visitors or participants. Informal survey results cannot be projected to the entire visitor population and provide a limited indicator of attendance because not all participants had an equal chance of being included in the survey.
- **Structured Estimate**: Estimate produced by computing known information related to the event or location. For example, one jurisdiction estimated attendance by dividing the square footage of the event area by the international building code allowance for persons (3 sq. ft.).
- **Other**: (please describe)

| Overall Attendance | Enter the total number of people predicted to attend this activity (this number would have been submitted on your application for funds); the actual number of people who attended this activity; and the method used to determine attendance METHODOLOGY (definitions provided above): Other EXPLAIN TRACKING METHOD: | PREDICTED: 4,121 ACTUAL (ESTIMATED): | | |
|---|---|--|-------|--|
| 50+ Miles - Attendance | Enter the total number of people who travelled greater than 50 miles predicted to attend this activity (this number would have been submitted on your application for funds); the actual number of people who travelled more than 50 miles to attend this activity; and the method used to determine attendance METHODOLOGY (definitions provided above): Choose EXPLAIN TRACKING METHOD: | PREDICTED: ACTUAL (ESTIMATED): | | |
| Out of State / Country - Attendance | Enter the total number of people from outside the state and country predicted to attend this activity (this number would have been submitted on your application for funds); the actual number of people from outside the state and country who attended this activity; and the method used to determine attendance METHODOLOGY (definitions provided above): Other EXPLAIN TRACKING METHOD: | PREDICTED: ACTUAL (ESTIMATED): | 1,649 | |
| Paid for Overnight Lodging - Attendance | Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted on your application for funds); the actual number of people who paid for overnight lodging and attended this activity; and the method used to determine attendance METHODOLOGY (definitions provided above): Other EXPLAIN TRACKING METHOD: | PREDICTED: ACTUAL (ESTIMATED): | 1,063 | |
| DID NOT PAY FOR OVERNIGHT LODGING - ATTENDANCE | Enter the total number of people predicted to attend this event without paying for overnight lodging in Tumwater (you would have submitted this number on your application for funds); the actual number of people who attended without paying for overnight lodging; and the method used to determine attendance METHODOLOGY (definitions provided above): Other EXPLAIN TRACKING METHOD: | PREDICTED: ACTUAL (ESTIMATED): | 2,625 | |
| PAID LODGING Enter total predicted lodging nights in Tumwater (this number would have been submitted on your application for funds); and actual number of paid lodging nights. (One lodging night = one or more persons occupying one room for one night); and the method used to determine attendance PREDICTED: METHODOLOGY (definitions provided above): Choose Methodology EXPLAIN TRACKING METHOD: | | | | |

Please describe any other information that demonstrates the impact of increased tourism attributable to the special event, festival, or tourism-related facility.

The Tumwater Chamber TACC) requests cancellation of the 2023 LTAC agreement. TACC in partnership with the Tumwater School District made significant progress during the 2022-23 year remodeling the facility and training staff. Unfortunately, these activities precluded opeing and operating the center during the LTAC period.

TUMWATER SPECIFIC QUESTIONS:

Did you experience a higher number of tourists this year? If not, what do you think was a contributing factor?

Visitor Center Closed due to remodeling and staff training.

Did you complete all of the items on your Scope of Services consistent with your application submitted to the Lodging Tax Advisory Committee? If not, which items do you still need to complete? Do you plan on completing those items with your own resources? If so, when?

N/A

What expenses did you pay using Tumwater Lodging Tax funds?

Visitor Center Closed due to remodeling and staff training.

Do you plan to do anything differently next year to expand your event, increase tourism to Tumwater, or increase visitors to your facility?

Open visitor center during 2023-24 upon completion of remodeling and staff training.

e-Postcard View

| Form 990-N | Electronic Notice (e-Postcard) | | OMB No. 1545-2085 | |
|---|--------------------------------|---|---------------------------|--|
| Department of the Treasury for Tax-Exemp Internal Revenue Service | | pt Organization not Required to File Form 990 or 990-EZ | 2022 | |
| A For the 2022 Calendar year of | or tax year beginn | ning 2022-01-01 and ending 2022-12-31 | Open to Public Inspection | |
| | n lax year begini | and ending 2022-01-01 and ending 2022-12-31 | | |
| B Check if available | | C Name of Organization: TUMWATER AREA CHAMBER OF | D Employee Identification | |
| Terminated for Business Gross receipts are normally \$50,000 or less | | COMMERCE 120 State Ave NE, Olympia, | Number <u>94-3097775</u> | |
| | | <u>WA, US, 98501</u> | | |
| E Website: | | F Name of Principal Officer: <u>TUMWATER AREA CHAMBER OF</u> <u>COMMERCE</u> 120 State Ave NE, Olympia, | | |
| | | WA, US, 98501 | | |

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

Tumwater Area Chamber of Commerce Statement of Financial Income and Expense January through December 2022

| 3,070.00 3,975.00 109.01 600.00 2,754.01 2,754.01 |
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Cash Basis

Tumwater Area Chamber of Commerce Statement of Financial Income and Expense January through December 2022

| | Jan - Dec 22 |
|--|--------------|
| Taxes & Licenses License & Registration Property Taxes | 20.00 |
| Total Taxes & Licenses | 323.01 |
| Travel and Meetings Food & Beverage | 33.64 |
| Total Travel and Meetings | 33.64 |
| Total Expense | 53,287.28 |
| Net Income | -533.27 |

| Name | Position # | Phone [H/W/C] | Email |
|-------------------|---------------|------------------|-------------------------------------|
| Gabe Toma | 1 | С 360-623-9966 | gabe@woodlawnfh.org |
| 1 | | W360-491-3000 | |
| | 2 | С | |
| | 2 | W | |
| Gina Kotek | 3 | C 360-791-8704 | gkotek@twinstarcu.com |
| | 5 | W 360-339-5424 | |
| Kevin Harris | 4 | C 360-549-6431 | KevinH@PrintNW.net |
| | 4 | W 360-456-4545 | |
| Christy Reynolds | 5 | C 360-870-7328 | christyr@reynoldsrealestate.net |
| | 5 | W | |
| Ryan Reynolds | ſ | C 360.870.7814 | ryanr@reynoldsrealestate.net |
| | 6 | W 360.412.6731 | |
| | 7 | | |
| Melissa Elkins | 0 | C 480-734-0201 | melissa@experienceolympia.com |
| | 8 | W 360-704-7544 | |
| Charlie Schneider | 9 | C 702-498-3224 | CSchneider@ci.tumwater.wa.us |
| | 9 | W (360) 754-4120 | charlesschneider 9069@yahoo.com |
| Brian Hardcastle | 10 | C 360-870-9475 | brian.hardcastle@tumwater.k12.wa.us |
| | 10 | W 360-709-7044 | |
| Amy Warren | 11 | С | awarren@spscc.edu |
| | 11 | W 360-709-2015 | |
| Nicole Montoya | 12 | С | nmontoya@olyfed.com |
| | 12 | W (360)-754-9520 | |

THE BYLAWS OF TUMWATER AREA CHAMBER OF COMMERCE

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THE BYLAWS OF TUMWATER AREA CHAMBER OF COMMERCE

ARTICLE I GENERAL

1.1 Office of Record.

The office of Tumwater Area Chamber of Commerce, or otherwise herein the Corporation, shall be located at such location as from time to time determined by the Board of Directors. The initial office of record shall be: 6530 33rd Avenue NW, Olympia, WA 98502.

1.2 Mission Statement.

The mission of Tumwater Area Chamber of Commerce is to promote, inform, and advocate for businesses and the community we serve.

ARTICLE II MEMBERSHIP

2.1 Membership.

The Corporation shall have Members. Membership in Tumwater Area Chamber of Commerce is open to any person, association, corporation, partnership, governmental entity or estate having an interest in the objectives of the organization.

2.2 Classes.

The Corporation shall initially have one class of Members. Additional classes of members, the manner of election or appointment of each class of members, and the qualifications and rights of each class of members may be established by amendment to these Bylaws.

2.3 Approval.

Applications for Membership shall be in writing, on forms provided for that purpose, and signed by the applicant (electronic signatures are acceptable). An applicant shall become a Member:

- upon payment of the regularly scheduled dues and fees and,
- approval according to review conditions established by these Bylaws or as established by resolution of the Board of Directors from time to time.

2.4 Qualifications and Voting Rights of Member Classes.

In order to qualify for membership, a Member shall be current with annual dues for a voting Member as set per **2.6 Member Dues and Fees**. Members in good standing, both organizations and individuals not representing an organization, will receive one vote.

The qualifications and voting rights of Members may be changed from time to time by resolution of the Board of Directors.

2.4.1 Voting Rights

Each member entitled to vote with respect to the subject matter of an issue submitted to the members shall be entitled to one vote upon each such issue.

2.5 Nondiscriminatory Policy.

Tumwater Area Chamber of Commerce welcomes and admits Members of any age, income or economic status, race, color, national or ethnic origin, religion, gender identity, gender or sexual orientation, or physical or mental ability, and accords to all Members the rights, privileges, programs, and activities generally made available to Members. Tumwater Area Chamber of Commerce does not discriminate on the basis of age, income or economic status, race, color, national or ethnic origin, religion, gender identity, gender or sexual orientation, or physical or mental ability in administration of its employment practices, contract negotiation, policies, programs, services or activities.

2.6 Member Dues and Fees.

Each Member shall pay dues within the time and on the conditions established by these Bylaws. The Board of Directors shall annually review the dues structure for all Membership categories to ensure Tumwater Area Chamber of Commerce's financial obligations and programmatic goals align with the annual budget and can be achieved.

2.6.1 <u>Annual Dues</u>. Each Member shall pay annual dues in an amount set periodically by the Board of Directors. Dues are payable annually, no later than the last business day of the first quarter of the calendar year. The Treasurer, or designee, will prepare and distribute dues statements for all prior year's Members by January 15 of each year.

2.6.2 <u>Proration of Dues</u>. The payment of dues shall not be pro-rated in the first year of Membership, but will be prorated in the second year of Membership. For example: a new Member joining in July would pay the full price of Membership; however, that Member's dues for the following year would be reduced by 50%.

2.6.3 <u>Refund of Dues</u>. Resignation of a Member does not constitute a refund of dues.

2.7 Good Standing.

Any Member who shall be in arrears in the payment of any dues, fees, or assessments more than ninety (90) days after the date due shall not be in good standing and shall not be entitled to vote as a Member.

2.8 Termination.

A Membership shall terminate on occurrence of any of the following events:

(a) Resignation of the Member (resignation of a Member does not constitute a refund of dues);

- (b) The Member's failure to pay dues, fees or assessments as set by the Board of Directors within ninety (90) days after they become due and payable;
- (c) Any event that renders the Member ineligible for Membership, or failure to satisfy Membership qualifications; or
- (d) The good faith determination by the Board of Directors, by resolution adopted by a majority of the Directors in office, that the Member has failed in a material degree to observe such disciplinary rules or ethical guidelines as may be established by Tumwater Area Chamber of Commerce, or has engaged in conduct materially or seriously prejudicial to the Tumwater Area Chamber of Commerce's mission, purposes and interests including, without limitation, conviction of a felony or unethical conduct.

2.9 Non-transferable.

Memberships are not transferable or assignable.

2.10 Consent to Electronic Transmission.

To reduce costs and to benefit from the other efficiencies of technology, each Member, as a condition of Membership, establishes a record of consent to receive Notices by Electronic Transmission with submission of a membership application which shall include an e-mail address for said transmissions.

2.10.1 <u>Responsibility for Keeping Information Current</u>.

It shall be the responsibility of the Member to keep contact information and other details current with Tumwater Area Chamber of Commerce.

2.11 Voting

Members may vote by electronic transmission on any matter called for herein.

ARTICLE III MEETING OF MEMBERSHIP

3.1 Annual Meeting & General Meetings

Tumwater Area Chamber of Commerce shall host an Annual Meeting. The annual meeting of the Membership shall be held at a time and place designated by the Board of Directors.

Notice of Annual and other general meetings shall be sent to the entire Membership not less than seven (7) days before the meeting date. Notice can be by electronic means (e.g.: email, telephone call, or on-line) or mail.

3.2 Special Meetings.

The Board of Directors, the President, or 20 percent (20%) or more of the Members having a right to vote may call a special meeting of the Members for any lawful purpose at any time.

3.3 Procedure for Calling Special Meetings.

A special meeting called by Members pursuant to Section 3.2 shall be called by written request, specifying the general nature of the business proposed to be transacted and signed by the required number of Members, and submitted to the Secretary or any Director of Tumwater Area Chamber of Commerce. Tumwater Area Chamber of Commerce's President and/or Secretary shall cause notice of any special meeting to be given promptly to the Members entitled to vote stating that a meeting will be held at a specified time and date fixed by the Board of Directors, provided, however, that the meeting date shall be at least seven (7) but no more than one hundred and twenty (120) days after receipt of the request. Nothing in this article shall be construed as limiting, fixing, or affecting the time at which a meeting of Members may be held when the meeting is called by the President or the Board of Directors. No business, other than the business that was set forth in the notice of the meeting, may be transacted at a special meeting.

3.4 Place of Meetings.

Meetings of the Members shall be held at any place designated by the Board of Directors, and may include teleconferencing and/or virtual meetings.

3.5 Notice.

Whenever Members are required or permitted to take any action at a meeting, a written notice of the meeting shall be given, under Section 3.6 of these Bylaws, to each Member entitled to vote at that meeting. The notice shall specify the place, date, and hour of the meeting. For the annual meeting, the notice may generally state the matters, if any, that the Board of Directors, at the time notice is given, intends to present for action by the Members. However, the failure of the notice to set forth a particular matter shall not preclude the Board of Directors from presenting that matter or resolution to the Members for action at the annual meeting or general meetings. For a special meeting, the notice shall state the general nature of the business to be transacted and shall state that no other business may be transacted.

3.6 Voting Rights.

Each Member in a class of Members entitled to vote shall have the right to vote on any resolution properly brought before the Members for action pursuant to Section 3.5 of these Bylaws, and on any other matter required by law or these Bylaws to be voted on by the Members. Each Member entitled to vote shall be entitled to one vote on each matter submitted to a vote of the voting Members. Members who are not in good standing or whose Memberships have been suspended or terminated under these Bylaws shall not be entitled to vote on any matter.

3.6.1 <u>Voting</u>. Each Member shall have one vote on each matter submitted to a vote of the Members. If a quorum is present, the affirmative vote of the majority of the voting power

represented at the meeting, entitled to vote, and voting on any matter shall be the act of the Members, unless the vote of a greater number is required by law.

3.6.2 Action by Written Ballot. Any action that may be taken at any annual meeting, general meeting or special meeting of Members may be taken without a meeting and without notice, if a written ballot is distributed to every Member entitled to vote on the matter on the day that the first written ballot is distributed or solicited. Such distribution of written ballots shall be in the manner provided for giving notice of a meeting of Members. The written ballot shall (i) set forth the proposed action, (ii) provide an opportunity to specify approval or disapproval of any proposal, (iii) provide fourteen (14) days' time within which to return the ballot, (iv) indicate the number of responses needed to meet the quorum requirement, (v) state the percentage of approvals necessary to pass the measure submitted, and (vi) specify the time by which the ballot must be received to be counted. A matter shall be approved by written ballot if the number of votes by written ballot received within the time period specified equals or exceeds the quorum required to be present at a meeting authorizing the proposed action and the number of approvals received equals or exceeds the number of votes which is required for approval at a meeting at which the total number of votes cast is the same as the number of votes cast by written ballot. Any written ballot received may not be revoked. All written ballots shall be filed with the Secretary or designee and maintained in the records. The results of the written ballot shall be stated in the next transmittal to Members.

3.7 Quorum.

The presence of five (5) percent of the total voting Membership constitutes a quorum for the transaction of business at a meeting. The Members present at a duly called or held meeting at which a quorum is present may continue to transact business until adjournment, notwithstanding the withdrawal of enough Members to leave less than a quorum, if any action taken (other than adjournment) is approved by at least a majority of the Members required to constitute a quorum.

3.8 Proxy.

At any meeting of the Membership, a Member entitled to vote may vote by proxy executed in writing by the Member or their duly authorized attorney-in-fact. Members may submit electronic proxies. No proxy shall be valid for more than three (3) months subsequent to the date of its execution, unless otherwise provided in the proxy.

ARTICLE IV BOARD OF DIRECTORS

4.1 General Powers.

The affairs of the Corporation shall be managed by a Board of Directors.

4.2 Number and Type.

4.2.1 Number. The Board shall consist of not less than five (5) nor more than fifteen (15) Directors, the specific number to be set by resolution of the Board. Ex Officio Directors

shall not be included in the total count of seated Directors. The number of Directors may be changed from time to time by resolution of the Board, provided that no decrease in the number shall have the effect of shortening the term of any incumbent Director.

4.2.2 Ex Officio. The Board of Directors may also include not more than five (5) Ex Officio, non-voting Directors, who may be appointed by a majority of the voting Directors. Ex Officio Directors may not serve as Officers of the Corporation and are non-voting positions.

4.3 Term of Directors.

Unless a Director or Ex Officio Director dies, resigns or is removed, he or she shall hold office for a term of two (2) years or until his or her successor is seated, whichever is later. For purposes of position designation and election cycles, all terms shall begin January 1, and end two years later. Even numbered positions shall be elected in even numbered years, and odd numbered positions shall be elected in odd numbered years.

4.4 Qualifications.

Directors shall be members of the Corporation and have such other qualifications as the Board may prescribe from time to time by resolution or amendment to these Bylaws.

4.5 Election of Directors.

4.5.1 <u>Initial Directors</u>. The Initial Directors named in the Articles of Incorporation shall serve until the first annual meeting of the Board following the first election of Directors under section 4.5 of these bylaws.

4.5.2 <u>Successor Directors</u>. Successor Directors shall be elected to staggered terms each year at the annual meeting of the Board by the affirmative vote of a majority of the Directors then in office.

4.5.3 <u>Seating</u>. All newly-elected Directors shall be seated at the regular meeting of the Board of Directors in January, or the first regular meeting of the Board of Directors following the election, whichever is earlier, and shall be participating members thereafter.

4.5.4 Ex Officio. Ex Officio Directors may be elected at any time. Ex Officio Directors are elected by resolution of the Board of Directors. Ex Officio directors are not subject to term limits and may be removed from office, with or without cause, by a majority of the vote cast by Directors then in office.

4.6 **Regular Meetings.**

By resolution, the Board may specify the date, time and place for holding regular meetings without other notice than such resolution. Regular Meetings of the Board of Directors for any purpose or purposes may be called at any time by the President, the Vice President, or any two (2) directors. The Board of Directors shall meet at least four times per calendar year.

4.7 Annual Meeting.

The annual meeting of the Board shall be held during the month of November on a date chosen by the President or the Board for the purposes of electing Directors and officers and transacting such business as may properly come before the meeting. If the annual meeting is not held on the date designated therefor, the Board shall cause the meeting to be held as soon thereafter as may be convenient.

4.8 Special Meetings.

Special meetings of the Board of Directors for any purpose or purposes may be called at any time by the President, the Vice President, or any two (2) directors.

4.9 Meetings by Electronic Means.

Members of the Board or any Committee designated by the Board may participate in a Meeting of such Board or Committee by means of a conference telephone or similar electronic communications equipment by means of which all people participating in the Meeting can hear each other at the same time. Participation by such means shall constitute presence in person at a Meeting.

4.10 Place of Meetings.

All Meetings shall be held at the principal office of the Corporation or at such other place within or without the state of Washington designated by the Board, by any persons entitled to call a Meeting, or by a waiver of notice signed by all Directors.

4.11 Notice of Special Meetings.

Notice of Special Board or Committee Meetings shall be given to a Director either personally or by mail or via electronic transmission not less than seven (7) days before the Meeting. Notices in writing may be delivered or mailed to the Director at his or her address shown on the records of the Corporation. Neither the business to be transacted at, nor the purpose of any Special Meeting need be specified in the notice of such Meeting. If notice is delivered by mail, the notice shall be deemed effective when deposited in the official governmental mail properly addressed with postage thereon prepaid.

4.12 Waiver of Notice.

4.12.1 <u>In Writing</u>. Whenever any notice is required to be given to any Director under the provisions of these Bylaws, the Articles of Incorporation or applicable Washington law, a waiver thereof in writing, signed by the person or persons entitled to receive such notice, whether before or after the time state therein, shall be deeded equivalent to the giving of such notice. Neither the business to be transacted at, nor the purpose of, any Regular or Special Meeting of the Board need be specified in the waiver of Notice of such Meeting.

4.12.2 <u>By Attendance</u>. The attendance of a Director at a Meeting shall constitute a waiver of notice of such Meeting, except where a Director attends a Meeting for the express

purpose of objecting to the transaction of any business because the Meeting is not lawfully called or convened.

4.13 Quorum.

A majority of the number of voting Directors in office shall constitute a quorum for the transaction of business at any Board Meeting. Ex Officio Directors do not count toward the establishment of a quorum for the transaction of business at any Board Meeting.

4.14 Proxy.

Directors may not vote by proxy.

4.15 Manner of Acting.

The act of a majority of the Directors present at a Meeting at which there is a quorum shall be the act of the Board, unless the vote of a greater number is required by these Bylaws, the Articles of Incorporation or applicable Washington law.

4.16 Presumption of Assent.

A Director of the Corporation present at a Board Meeting at which action on any corporate matter is taken shall be presumed to have assented to the action taken unless his or her dissent or abstention is entered in the minutes of the Meeting, or unless such Director files a written dissent or abstention to such action with the person acting as secretary of the Meeting before the adjournment thereof, or forwards such dissent or abstention by registered mail to the Secretary of the Corporation immediately after the adjournment of the Meeting. Any such right to dissent or abstain shall not apply to a Director who voted in favor of such action.

4.17 Action of Board Without a Meeting.

Any action which could be taken at a Meeting of the Board may be taken without a Meeting if the corporate action is approved by all members of the Board. The approval of the corporate action must be evidenced by one or more consents describing the corporate action being approved, executed by each director either before or after the corporate action becomes effective, and delivered to the corporation for inclusion in the minutes or filing with the corporate records, each of which consents shall be set forth either (a) in an executed record or (b) by electronic transmission to the designated address, location, or system of the Corporation, provided that the transmission provides sufficient information to determine the sender's identity. All such consents, taken together, shall constitute one and the same document, and such consent shall be inserted in the records.

4.18 Resignation.

Any Director may resign at any time by delivering written notice to the President or the Secretary at the registered office of the Corporation, or by giving oral or written notice at any Meeting of the Directors. Any such resignation shall take effect at the time specified therein, or if the time is not specified, upon delivery thereof and, unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective.

4.19 Absences.

A member of the Board of Directors who shall be absent from three (3) consecutive regular meetings of the Board of Directors shall automatically be dropped from membership on the Board, unless confined by illness or other absence approved by a majority vote of those voting at any meeting of the Board. A member of the Board of Directors who shall be absent from more than six (6) meetings of the Board during one year shall be automatically dropped from membership on the Board.

4.20 Removal.

At a Meeting of the Board called expressly for that purpose, one or more Directors may be removed from office, with or without cause, by two-thirds (2/3) of the of the vote cast by Directors then in office.

4.21 Vacancies.

A vacancy in the position of Director may be filled by the affirmative vote of a majority of the remaining Directors though less than a quorum of the Board. A Director who fills a vacancy shall serve for the unexpired term of his or her predecessor in office.

4.22 Compensation.

Directors shall not receive any stated salary for their services; however, nothing herein contained shall be construed to preclude any Director from serving the Corporation in any other capacity and receiving compensation therefor. No loans shall be made by the corporation to any Director.

4.23 Business Relationships Between Corporation and Directors.

The Corporation may enter into contracts or otherwise transact business as a vendor, purchaser, or otherwise, with directors and officers or with organizations or businesses they are involved with; provided, that the fact that such director, firm or entity so interested shall be disclosed to or shall have been known by the Board of Directors or a majority thereof prior to the Corporation's entering into the contract, as long as full disclosure is given of such a transaction or relationship. The affected directors shall abstain from voting on any matter relating to their own business or any organization/business they are involved in and may be asked to absent themselves from the discussion of such a transaction.

4.24 Conflict of Interest.

At all times, prudent behavior shall dictate actions taken or board appointments made where a potential conflict of interest is evident. Board members must make any potential conflicts of interest known to the other members of the board. In the event of a situation where a conflict of interest could influence decision making, board members must excuse themselves from the situation. A board member's absence from a meeting due to conflict of interest issues should be noted in the minutes.

4.24.1 <u>Conflict of Interest Policy</u>. The Board shall adopt by resolution and may update from time to time a Conflict of Interest Policy.

4.24.2 <u>Annual Conflict of Interest Statements</u>. Any Director, officer, or member of a committee with governing board-delegated power shall annually sign a Conflict of Interest Statement.

ARTICLE V OFFICERS

5.1 Number and Qualifications.

The Officers of the Corporation shall be a President, one or more Vice Presidents, a Secretary/Treasurer or a Secretary and Treasurer, each of whom shall be elected by the Board. Other Officers may be elected or appointed by the Board, such Officers to hold office for such period, have such authority and perform such duties as are provided in these Bylaws, or as may be provided by resolution of the Board. Any Officer may be assigned by the Board any additional title that the Board deems appropriate. Any two or more offices may be held by the same person, except the offices of President and Secretary.

5.2 Election and Term of Office.

The Officers of the Corporation shall be elected each year by the Board immediately following the election of new directors, or at the first meeting of the Board following the election of new directors. All newly-elected Officers shall take office at the regular meeting of the Board of Directors in January, or the first regular meeting of the Board of Directors following the election, whichever is earlier. Unless an Officer dies, resigns or is removed from office, he or she shall hold office until the next election of Officers or until his or her successor is seated.

5.3 Resignation.

Any Officers may resign at any time by delivering written notice to the President, a Vice President, the Secretary, or the Board, or by giving oral or written notice at any Meeting of the Board. Any such resignation shall take effect at the time specified therein, or if the time is not specified therein, upon delivery thereof, and, unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective.

5.4 Removal.

Any Officer or agent elected or appointed by the Board may be removed from office by the Board by a majority vote cast by Directors then in office. whenever in its judgment the best interests of the Corporation would be served thereby, but such removal shall be without prejudice to the contract right, if any, of the person so removed.

5.5 Vacancies.

A vacancy in any office created by the death, resignation, removal, disqualification, creation of a new office or any other cause may be filled by the Board for the unexpired portion of the term or for a new term established by the Board.

5.6 Duties.

The Officers of the Corporation shall be responsible for the day-to-day management of the Corporation. The Executive Committee may acquire the services of an Association Administrator, Executive Director, or other professionals as needed to manage the day-to-day activities of the Corporation. Such services may be provided by at-will employees or contractors. The Officers retain the responsibilities for setting policy, overseeing the general activities of the Corporation, and providing fiscal and operational review.

5.7 President.

The President shall be the Chief Executive Officer of the Corporation and, subject to the Board's control, shall:

- (a) supervise, and control all of the assets, business, and affairs of the Corporation;
- (b) preside over Meetings of the Board;
- (c) sign deeds, mortgages, bonds, contracts, or other instruments, except when the signing and execution thereof has been expressly delegated by the Board or by these Bylaws to some other Officer or agent of the Corporation or are required by law to be otherwise signed or executed by some other Officer or in some other manner; and
- (d) in general, the President shall perform all duties incident to the office of President and such other duties as from time to time may be assigned to him or her by the Board.

5.8 Vice Presidents.

The Vice President (or if there is more than one Vice President, the Vice President who was designated by the Board as the successor to the President, or if no Vice President is so designated, the Vice President whose name first appears in the Board resolution electing Officers) shall be deemed the President Elect, and shall be automatically nominated for election to the position of President at such time as the seated President does not seek reelection.

In the event of the death of the President or his or her inability to act, the Vice President (or if there is more than one Vice President, the Vice President who was designated by the Board as the successor to the President, or if no Vice President is so designated, the Vice President whose name first appears in the Board resolution electing Officers) shall:

- (a) perform the duties of the President, except as may be limited by resolution of the Board, with all powers of and subject to all the restrictions upon the President;
- (b) have, to the extent authorized by the President or the Board, the same powers as the President to sign deeds, mortgages, bonds, contacts, or other instruments; and
- (c) perform such other duties as from time to time may be assigned to him or her by the President or the Board.

5.9 Secretary.

The Secretary shall:

- (a) keep the minutes of Meetings of the Board and minutes which may be maintained by Committees of the Board;
- (b) see that all notices are duly given in accordance with the provisions of these Bylaws or as required by law;
- (c) be custodian of the corporate records of the Corporation;
- (d) keep records of the post office address of each Director and each Officer;
- (e) sign with the President or other Officer authorized by the President or the Board, deeds, mortgages, bonds, contracts, or other instruments; and
- (f) perform all duties incident to the office of Secretary and such other duties as from time to time may be assigned to him or her by the President or the Board.
- (g) Oversee a routine review of the Corporation's financials.

5.10 Treasurer.

The Treasurer shall:

- (a) have charge and custody of and be responsible for all funds and securities of the Corporation;
- (b) receive and give receipts for monies due and payable to the Corporation from any source whatsoever, and deposit all such monies in the name of the Corporation in banks, trust companies or other depositories selected in accordance with the provisions of these Bylaws; and
- (c) perform all duties incident to the office of Treasurer and such other duties as from time to time may be assigned to him or her by the President or the Board.

ARTICLE VI COMMITTEES

6.1 Executive Committee.

The Officers and the immediate Past President, shall constitute the Executive Committee. Additional voting Directors may be appointed to the Executive Committee by resolution of the Board.

6.2 Standing or Temporary Committees.

The Board, by resolution adopted by a majority of the Directors in office, may designate and appoint one or more standing or temporary Committees, each of which shall consist of two (2) or more persons, one of which shall be a Director. Such Committees shall have and exercise the authority of the Directors in management of the Corporation, subject to such limitations as may be prescribed by the Board; except that no Committee shall have the authority to:

(a) amend, alter or repeal these Bylaws;

- (b) elect, appoint or remove any member of any other Committee or any Director of Officer of the Corporation;
- (c) amend the Articles of Incorporation;
- (d) adopt a plan of merger or consolidate with another corporation;
- (e) authorize the sale, lease or exchange of all or substantially all of the property and assets of the Corporation not in the ordinary course of business;
- (f) authorize the voluntary dissolution of the corporation or revoke proceedings therefor;
- (g) adopt a plan for the distribution of the assets of the Corporation; or
- (h) amend, alter or repeal any resolution of the Board which by its terms provides that it shall not be amended, altered or repealed by a Committee.

The designation and appointment of any such Committee and the delegation thereof of authority shall not operate to relieve the Board or any individual Director of any responsibility imposed upon it, him, or her by law.

6.3 Quorum and Manner of Acting.

A majority of the number of Committee Members composing any Committee shall constitute a quorum, and the act of a majority of the members of a Committee present at a Meeting at which a quorum is present shall be the act of the Committee.

6.4 Resignation.

Any member of any Committee may resign at any time by delivering written notice thereof to the President, the Secretary or the chairperson of such Committee, or by giving oral or written notice at any Meeting of such Committee. Any such resignation shall take effect at the time specified therein, or if the time is not specified, upon delivery thereof and, unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective.

6.5 Removal of Committee Member.

The Board, by resolution adopted by a majority of the Directors in office, may remove from office any member of any Committee elected or appointed by it.

ARTICLE VII ADMINISTRATIVE PROVISIONS

7.1 Books and Records.

The Corporation shall keep at its principal or registered office copies of its current Articles of Incorporation and Bylaws; correct and adequate records of accounts and finances; minutes of the proceedings of the Board, and any Minutes which may be maintained by committees of the Board; records of the Corporation and address of each Director, and each Officer, and such other records as may be necessary or advisable. The minutes and the books and records of accounts shall be kept either in written form or in any other form capable of being converted to written form. The minutes and books and records of account shall be open to inspection upon approval by the Board of written demand of any member for a purpose reasonably related to the member's interest as a member.

7.2 Registered Office and Agent.

The Corporation shall maintain a registered office and a registered agent within the State of Washington in accordance with the requirements of the Washington Nonprofit Corporation Act. The location of the registered office and the designation of the registered agent shall be set by resolution of the Board of Directors.

7.3 Finances.

The Corporation shall keep at its principal or registered office correct and adequate records of accounts and finances.

7.3.1 Funds. All money paid to the Corporation shall be placed in a general operating fund except that money subscribed or contributed for a special purpose shall be placed in a separate account for such purpose.

7.3.2 Accounting Year. The accounting year of the Corporation shall be set by resolution of the Board of Directors. The initial accounting year of the Corporation shall be the twelve months ending December 31.

7.3.3 Disbursements. Upon approval of the budget, the President and Treasurer are authorized to make disbursements on accounts and expenses provided for in the budget without additional approval of the Board of Directors. Recommendations for expenditures outside the budget shall be submitted to the Board of Directors for approval.

7.3.4 Budget. The Executive Committee shall submit a budget for the coming accounting year to the Board of Directors for approval at a regular meeting during the last quarter of the accounting year.

7.4 Rules of Procedure.

The rules of procedure at Meetings of the Board and Committees of the Board shall be rules contained in Roberts Rules of Order on Parliamentary Procedure, newly revised, so far as applicable and when not inconsistent with these Bylaws, the Articles of Incorporation or any resolution of the Board.

ARTICLE VIII AMENDMENTS

8.1 Amendments.

These Bylaws may be altered, amended, or repealed and new Bylaws may be adopted by the vote of a majority of the number of Directors in office at any regular or special meeting, providing the notice for the meeting includes the proposals for amendments or alterations and they shall be submitted to the Board in writing at least ten (10) days in advance of the meeting at which they are to be acted upon.

8.2 Notice.

Notice and copies of the proposed Bylaw amendments shall be written or transmitted electronically, and shall be delivered no less than ten (10) days before the meeting at which the same shall be considered.

ARTICLE VIV NOTICE BY ELECTRONIC TRANSMISSION

9.1 Consent to Notice by Electronic Transmission.

In order to reduce costs and benefit from the other efficiencies of the internet and e-mail, each Director and Member shall be required to consent to receive Notices by Electronic Transmission, and to provide the Secretary with an e-mail address at which the Director or Member consents to accept Notices by Electronic Transmission. Said e-mail addresses shall be included on application for membership forms or on such forms as may be provided by the Secretary for this purpose.

9.2 When Effective.

Notice provided in an electronic transmission is effective when it is electronically transmitted to an address, location, or system designated by the recipient for that purpose, and is made pursuant to the consent provided by the recipient.

9.3 **Responsibility for Keeping Information Current.**

It shall be the responsibility of the Directors and Members to keep current with the Secretary of the Corporation, the information they have provided regarding the address, location, or system at which he or she will receive electronically transmitted notices under this section.

ARTICLE X MISCELLANEOUS

10.1 Non-disclosure

The Corporation exercises the utmost discretion regarding all matters of official business of the organization.

10.1.1 Legal disclosure. The Corporation has a commitment to transparency. The Corporation shall comply will legal requirements to provide the public with certain documentation and accountability upon request, including the IRS determination letter, 990s, and Form 1023.

10.1.2 Confidentiality. All directors, contractors, employees, and volunteers may at one time or another receive or be exposed to personal, privileged and/or confidential information. That information may concern immigration status or other personal information, employees, the Corporation's operations, client lists, corporate affairs, product development, trade secrets, business models or other organizations with whom the

Corporation does business. In no event shall any of the Corporation's information of a personal or privileged nature be made available. Directors, contractors, employees, and volunteers are obligated to ensure that this information remains confidential and is not disclosed. This is true regardless of whether individuals are actively involved with the Corporation, on leave, or the relationship with the company ends (for any reason). Individuals who disclose such sensitive information will be subject to termination or legal action.

10.1.3 Reproduction and retention of records. Directors, contractors, employees, and volunteers are not permitted to photograph, record, photocopy, or otherwise preserve the Corporation's forms, lists or other materials belonging to the Corporation without prior authorization.

10.2 Severability.

Any Article, Section or provision of these Bylaws, which if construed in the manner expressed herein, should be contrary to or inconsistent with any applicable provision of the law, shall be served from the remainder of these Bylaws, and shall not be in force so long as such revision of the law shall remain in effect without affecting the validity of the remainder of these Bylaws.

The foregoing Bylaws were adopted and approved by the Board of Directors on this 13th day of February, 2018.

APPROVED BY:

NAME (Printed)

SIGNATURE

MAN Sundby Thop BOB JONES

3/13/2018 13/18 3/13/18 Χ 3/13/18



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STATE of WASHINGTON SECRETARY of STATE

I, Ralph Munro, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF INCORPORATION

to

TUMWATER AREA CHAMBER OF COMMERCE

a Washington Non Profit corporation. Articles of Incorporation were filed for record in this office on the date indicated below.

U. B. I.Number: 601 176 862

Date: April 21, 1989

Given under my hand and the seal of the State of Washington, at Olympia, the State Capitol.

Ralph Munro, Secretary of State

SSF 57

2-412446-3

1989 1972 7033 0185-0189

601 176 862

00123 MAY 489 FILED

APR 2 1 1989

SECRETARY OF STATE

Office of Secretary of State State of Washington

NONPROFIT CORPORATION Articles of Incorporation

The undersigned, for the purpose of forming a corporation under the nonprofit laws of the State of Washington, RCW 24.03, hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be: TUMWATER AREA CHAMBER OF COMMERCE

ARTICLE II

The term of existence shall be a) XX perpetual OR b) _______(number of) years.

ARTICLE III

The purposes for which the corporation is organized are as follows:

TO SERVE THE BUSINESS COMMUNITY & RESIDENTS

ARTICLE IV

The name of the Registered Agent of the corporation is:

TOM WILLIAMSON

The street address of the Registered Office, which is also the address of the Registered Agent, is as follows:

o 488 Tyee Drive

Tumwater, WA 98502

The post office box number, which may be used in conjunction with the Registered Agent address, located in the same city, is:

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ARTICLE V

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| There shall be ¹⁴ director(s) serving as the initial Board of Directors. Their names and addresses are as follows: |
|--|
| DIRECTOR SEE ATTACHED LIST (14 names) |
| DIRECTOR |
| DIRECTOR(attach additional pages if necessary) |
| ARTICLE VI |
| In the event of dissolution of the corporation, the net assets are to be distributed as follows: |
| DONATE TO CHARITY, MORNINGSIDE or like corporations |
| ARTICLE VII |
| The name and address of each incorporator is as follows: |
| TOM WILLIAMSON, 488 Type Drive:, Tumwater, WA 98502 |
| |
| IN WITNESS WHEREOF each incorporator has affixed his/her signature on this <u>5th</u> day of <u>APRIL</u> , 1989. |
| CONSENT TO APPOINTMENT AS REGISTERED AGENT |
| CONSENT TO APPOINTMENT AS REGISTERED AGENT |
| I, <u>TOM WILLIAMSON</u> , hereby consent to serve as Registered Agent, in the State of Washington, for the corporation herein named. I understand that as agent for the corporation, it will be my responsibility to receive Service of Process in the name of the corporation; to forward all mail to the corporation; and to immediately notify the Office of the Secretary of State in the event of my resignation or of any change in the Registered Office address of the corporation for which I am agent. <u>4-5-89</u> (date) *(Signature of agent designated in Article IV) |
| <pre>* (must be signed to meet filing requirements)</pre> |
| 1989 1972 7033 0187 ssf 9 (R 1/87) Page 2 of 2 |

TUMWATER AREA CHAMBER OF COMMERCE 1989 BOARD OF DIRECTORS

352-0511

357-5579

352-9758

357-8873

I. BOARD OF DIRECTORS

4-1-89

- 1. Tom Williamson-President 357-4426 Creative Business Systems 490 Tyee Dr. STE 101 Tumwater, WA 98502
- 2. John Morris-VP 753-8790 Great American Bank 3242 Capitol Blvd. Tumwater, wa 98501
- 3. David Moberg-Secretary Tyee Hotel 500 Tyee Dr. Tumwater, WA 98502
- 4. Doug DeLong-Treasurer 352-5400 Puget Sound National Bank 5400 Capitol Blvd. Tumwater, WA 98501
- 5. Wes Barclift 586-6150 1201 North St. Olympia, WA 98501
- 6. B.J. Bjerke Black Hills Dist. Co. Inc. 6080 Linderson Way Tumwater, WA 98501
- 7. Bill Greenwood Olympic Precast Co. 2520 50th Ave. S.W. Tumwater, WA 98502
- 8. Dale Johnson 3602 Lorne Ave. Olympia, WA 98501
- 9. Kathleen Larkin-Kuehn 943-8750 Key Bank of Puget Sound P.O. Box 4127 Tumwater, WA 98501

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4-1-89 SH L

TACC BOARD OF DIRECTOR CONTINUED

- 10. Leonard Smith 754-4120 City of Tumwater 555 Israel Rd. Tumwater, WA 98502 11. Ron Shook Tumwater Rental 6135 Capitol Blvd. Tumwater, WA 98502
- 12. Judi Tennant Tennant and Company 490 Type Drive, 102 Tumwater, WA 98502
- 13. Don Trosper KVSN AM Radio Evergreen Broadcasting P.O. Box 4207 Tumwater, WA 98501
- 14. Gene Vosberg The Falls Terrace 106 Deschutes Way SE Tumwater, WA 98501

754-7337

357-6023

943-9834

943-6811

1989 1972 7033 0189

CITY OF TUMWATER LODGING TAX APPLICATION – Entity Certification

| | LUDGING TAA | APPLICATION | - Enuty Certifica | luon | |
|---|---|---|---|--|--|
| APPLICATION DEADLINI ATTENTION: Address/Deliver: | E: AUGUST 30, 202 CITY OF TUMWATH HANNA MILES – E hmiles@ci.tumwa | ER XECUTIVE DEPAR | RTMENT | | |
| | Organiza | TION/AGENCY | INFORMATION | | |
| Washington Center for th Organization/Agency N Jill Barnes | | | 91-1182866 Federal Tax I <u>Executive Dire</u> | | |
| Contact Name <u>512 Washington St SE</u> Mailing Address | | | Title <u>Olympia</u> City | WA State | <u>98501</u> Zip |
| (360) 753-8585 Phone | washingtoncento Website | er.org | jbarnes@washin Email Addres | - | g |
| Amount Requested: <u>\$1</u> Brief Description of Tou <u>The Washington Center ha</u> box theater. These spaces I tourists to the region. In add with 30-40 performances f state and beyond - a critica Colin Mochrie and Brad SH has delivered diverse, affor <i>*If an Event/Festival, co</i> Name of Event/Festival | rism Promotion/Mar s two theaters spaces: to old 200+ performance lition to the local arts of eaturing national and i 1 piece of tourism. In 2 perwood from "Whose dable, high-quality per | keting Activities the newly renovate seach year attract organizations who international tourin 2024 we are eager Line is it Anyway forming arts progr | d 1,000-seat main ing over 100,000 p perform at the Was ng artists. These an y anticipating Pinl ?" and more. For o ams to the region. | s, or Tourism stage theater a patrons includi hington Cente tists attract vi k Martini, two ver 38 years, the out for | -Related Facilities: and the 140-seat black ng local residents and r, we present a season sitors from across the evenings of STOMP, |
| Event/Festival Website (| f different than above) | If an existing e | event, last year's | date of event | |
| | | CERTIFICATIO | NC | | |
| I hereby state on behalf of | | r the Performing A ization/Agency N | | | that the: |
| Applicant is: X N The applicant has, or can obtain aggregate for personal injury, b The applicant has on file with tt I understand that this is an applicant has accounting/minspection by the City of Turnw I understand that the City of Turnw | n, general liability insurance odily injury and property dar ne City, or is submitting one cation for a contract with the gned Lodging Tax Invoice is ecord-keeping systems whic vater or its agents; and C) is r mwater will conduct public of ing Tax Advisory Committe | mage. copy, of their current at e City of Tumwater, wh s submitted including p th A) show the purpose naintained for at least 6 discussions regarding re- | a \$2,000,000 combined ticles of incorporation a hich, if awarded, will or roof of payment docum to for which City of Tu by years following the en- commendations for fur | and by-laws. Ily be paid after th ientation. mwater funds hav d of contract. inding to any agence | occurrence and \$2,000,000 e service(s) is rendered - on ve been spent; B) is open to cy making application to the |

of activities and financial status of the organization submitting this application.I hereby certify that the person signing this application is duly authorized to execute this document on behalf of the applicant entity.

<u>Jill Barnes</u> Signature (e-signature or original)

CITY OF TUMWATER LODGING TAX APPLICATION – Funding Criteria

1. What is the purpose of your special event, festival, or tourism-related facility?

The Washington Center opened in 1985 from the belief that a regional performing arts center is fundamental to the cultural pursuits of our community and vital to a better quality of life. This belief remains at the foundation of our existence today. The mission of the Washington Center for the Performing Arts is to inspire audiences and artists of all ages through live performances, enriching the vibrancy of our community. The Washington Center is the principal performing arts resource for the south Puget Sound region. We deliver diverse, affordable, high quality performing arts programs by regional, national and international artists; support the artistic interests of performing arts groups within the region by providing professional front and back of house personnel and subsidized rental rates; promote performing arts education in the south Puget Sound region for all age groups; maintain fair and equitable community access to the Washington Center facility; operate in a fiscally responsible manner; form supportive partnerships with government, corporations, businesses, foundations and individuals; and foster economic vitality, tourism, and local development.

 a. For what specific tourism-generating activities will City of Tumwater lodging tax funds be used? Complete and submit the Lodging Tax Budget Form specific to your special event, festival, or tourism related facility. (The Budget Form is also available online at <u>www.ci.tumwater.wa.us/LodgingTax</u>.)

City of Tumwater lodging tax funds will be used in our marketing and outreach activities. To market our performances we mail print advertising and send over one million emails per year - including e-newsletters and targeted event e-blasts. We advertise performances in print and electronic media, utilizing our local media partners, and increasingly advertise on social media platforms. We maintain a very successful website with over 1,000 clicks/day, which has the ability to sell tickets 24/7. We send press release materials throughout western Washington. Dozens of local organizations that rent the Washington Center also promote their events throughout our region. These materials focus on activities at the Washington Center for the Performing Arts, the Kenneth J. Minnaert Center for the Arts on the campus of South Puget Sound Community College, and Harlequin Productions, with which we recently established an administrative contract to operate their box office and front of house services. We actively seek partnerships with hotels, restaurants and retail establishments that complement the goals of the individual organizations.

b. If a returning applicant, identify any major changes in the event or organization since the last funding cycle.

In November 2022 we completed a two-phase \$8.8 million capital campaign to enhance the quality and efficiency of producing live performing arts and cultural events. These interior renovations helped reinvigorate interest in the space, drawing new audiences to the Center this season.

3. Describe the resources available for the proposed tourism-generating activities? Please include the total number of volunteers and volunteer hours that exist for your special event, festival, or tourism-related facility.

In addition to 2 full-time marketing personnel plus graphic design services we have estimated \$136,000 in direct marketing expenses, printing, and mailing services for the upcoming season. We maintain a busy website and online ticketing database that can serve patrons 24/7 and are working on developing an app patrons can use to purchase tickets on their mobile devices. Social media platforms are utilized for announcing events and engaging with current and future patrons near and far.

We have a corps of 195 active volunteers who collectively donated over 8,734 hours during our last season, for a total donated worth of \$277,741, demonstrating the significant community interest in supporting the

CITY OF TUMWATER LODGING TAX APPLICATION – Funding Criteria

Center. Our Tumwater volunteers represent 9% of our volunteer force. We have an ongoing volunteer recruitment campaign to not only increase our number of volunteers but to enhance the diversity (geographic, age, ethnicity) of our volunteer corps.

4. Do other cities or governmental entities in the county fund your special event, festival, or tourism-related facility? If so, which jurisdictions and how much were you funded from each jurisdiction last year?

In recognition of our facility's operation as a regional asset, we receive support from the cities of Tumwater, Olympia, and Lacey. For the 2022 calendar year, the Center was awarded \$11,300 from Tumwater, \$496,000 from Olympia (1/2 of all Olympia LTAC), and \$30,000 from Lacey.

5. Do you intend to apply for lodging tax funds from other jurisdictions this year? If so, which jurisdictions? Please explain how you will use Turnwater's funds separately from other lodging tax funds you may receive?

The Center will also apply for funding from the Cities of Olympia and Lacey. Funds received from Tumwater will be used to market all activities at the Center, but mostly to supplement marketing for our more popular shows that draw general audiences from beyond our county's borders.

6. The request of funds from Tumwater will fund what percentage of your total budget for the proposed special event, festival, or tourism-related facility?

The requested support from City of Tumwater LTAC represents less than 1% of our overall annual budget. That being said, contributed income comprises more than 40% of our total budget, and it takes a variety of sources to reach that goal. If fully funded for the 2024 calendar year, funds contributed by Tumwater will represent approximately 10.8% of our marketing budget.

7. Describe the tourism promotion impact on the economy from your special event, festival, or tourism-related facility within the City of Tumwater, specifically on the lodging and food service sectors.

Tourism industry research has repeatedly demonstrated that cultural tourists stay longer and spend more than the average traveler. On average, visiting attendees spend more than twice that of their local counterparts. Having a healthy performing arts center in our region strengthens the social fabric as people gather and share an experience. Dinner and a show go hand-in-hand. Attendance at arts events generates income for local businesses: restaurants, retail stores, hotels, and parking lots. According to Americans for the Arts Economic Impact of Non-Profit Arts and Cultural Organizations, an average arts attendee spends \$31.47 per event in addition to the cost of admission. Of that, \$4.48 goes to overnight lodging and \$16.82 to meals, snacks, and refreshments. These are average numbers and Washington cities are consistently above average in cultural arts spending. Our patrons come from outside of the region to see performances that are exclusively offered on our stage. This may include patrons coming to see national/international touring acts, or friends and family coming to see their performer in an event by one of our 18 Artistic and Community Partners. Some hotel nights are paid for by patrons directly, some by the Center for visiting performing artists, and some are complimentary in exchange for a sponsorship. Businesses that invest in catering to the arts and cultural audiences reap rewards of the economic activity that is generated through live performances and special events.

Arts & Culture have proven to be magnets for travelers and their money. Local businesses are able to grow because travelers extend the length of their trips to attend cultural events. Travelers who include art and culture events in their trips differ from other U.S. travelers in a number of ways: they spend more than other travelers; they are more likely to stay in overnight lodging; and they are more likely to spend \$1,000 or more during

CITY OF TUMWATER LODGING TAX APPLICATION – Funding Criteria

their entire stay. Two-thirds of American adult travelers say they include cultural, artistic, heritage, or historic activities on their trip when traveling 50+ miles.

One-third of the nation's arts attendees are from outside the county in which the arts event took place (34.1 percent) and spent twice as much (\$47.57 vs. \$23.44) as their local counterparts. Two-thirds of nonlocal attendees (69 percent) indicated that the primary reason they were visiting was to attend that arts event. When local attendees were asked what they would have done if the arts event they were attending was not taking place, 41 percent said they would have traveled to a different community for a similar arts experience.

8. How broad-based will the tourism promotion benefit be geographically and economically?

Activities at the Center are both geographically and economically broad-based. Our entrance prices currently range from free to \$139/ticket. Patrons of the Center typically come from throughout western Washington, Oregon, and beyond, and zip code reports are available. In addition, the hundreds of artists that perform on our stages annually all stay in local hotels and eat in local restaurants during their visit. The Center offers activities that are economically broad-based by offering free and low-priced events and events that can appeal to the budget and artistic taste of any household in the region.

9. How will receiving lodging tax funds result in an increase in the number of people traveling for business or pleasure to Tumwater?

We work with Experience Olympia & Beyond to inform our patrons about local hotels, dining options, and experiences. We offer information for patrons on our website, and we include information for out of town guests on electronic tickets and performance email reminders.

Nonprofit arts organizations like the Washington Center for the Performing Arts, make our community a more desirable place to visit, as well as live and work. With Tumwater's established and newer chain hotels, coupled with its convenient access to the Center, patrons traveling to see our national touring acts, whether they are here specifically for a show or as an enhancement to their stay while in our region, will enjoy their visit and look forward to returning.

10. For the special event, festival or tourism-related facility, identify the estimated number of participants who will attend in each of the following categories:

| a) Overall attendance | 105,000 |
|---|------------------|
| b) Staying for the day only <i>and</i> traveling more than fifty miles or more one w from their place of residence or business | vay <u>1,943</u> |
| c) Number of participants in any of the above categories who will attend from out-of-state (includes other countries) | 8 40 |
| d) Staying overnight in paid accommodations away from their place of resident or business | ce <u>1,470</u> |
| e) Staying overnight in unpaid accommodations (e.g. with friends and family) a traveling fifty miles or more one way from their place of residence or busine | |
| f) Total number of paid lodging nights generated in Tumwater | 386 |

CITY OF TUMWATER LODGING TAX APPLICATION – Funding Criteria

g) Describe what methods you will use to determine attendance and to distinguish among the different visitor categories listed above.

The Center tracks attendance at every event and is therefore able to accurately account for the number of people that have visited the Center. We make every effort to capture the contact information of patrons attending ticketed events. We use this information to track the demographics of our patrons and provide a reasonably accurate figure for patrons traveling over 50 miles. It should be noted that not every guest purchases their own ticket (for example: one patron may purchase 4 tickets for themselves and 3 friends; we capture the information for the 1 ticket purchaser). We are sometimes not able to capture accurate contact information for last minute at-the-door purchases, and are not able to track demographic information for free events. That said, approximately 5% of attendees travel more than 50 miles to attend events at the Center.

Based on an American for the Arts Economic Impact of Non-Profit Arts and Cultural Organizations V survey, we estimate that 28% of attendees of traveling more than 50 miles to the Center will reserve a hotel room. Of those, we estimate that 25% stay in Tumwater, plus additional artists that stay overnight for their performance. We believe it's critical to continue investing in the arts so that we are here for our cultural visitors now and tomorrow.

11. If you are awarded a contract, you must be prepared to report to the City the economic benefit from tourists attending your event/facility. Describe how you will document the economic impact from your event/facility; specifically the information requested in question 10. **Submit a sample tracking form, if available.**

We can provide an audit for each ticketed performance if requested, which identifies the zip code of ticket purchaser, which would provide the most accurate information available. As is the nature with ticketed events and mentioned above, one patron will often purchase tickets for their family or group. This means we do not always have the zip code of every attendee, only the ticket purchaser. In addition, last minutes sales at the door are considered "rush" in order to meet the performance show time. Samples from our past season are attached. Approximately 61% of patrons at the Washington Center attend ticketed events. Thirty-nine percent attend non-ticketed events (ArtsWalk, Olympia Junior Programs, etc.), for which we are unable to capture demographic information.

We continue to work with our colleagues throughout the region and nationwide to estimate the economic impact of cultural organizations in our communities.

12. Describe how you will promote overnight stays in Tumwater lodging establishments?

Patrons make hotel reservations separate from purchasing performance tickets. We work with Experience Olympia & Beyond to inform our patrons about local hotels, dining options, and experiences. We offer travel information on our website, and we include information for out of town guests on electronic tickets and performance email reminders. We are also heavily engaged in social media and use that platform to showcase our sponsors and events that would be of interest to our patrons.

13. Describe how you will promote Tumwater and other attractions in the Tumwater area to entice tourists to extend their visit beyond attendance to your special event, festival, or tourism-related facility.

CITY OF TUMWATER LODGING TAX APPLICATION – Funding Criteria

In the last several years there has been high turnover with customer service staff in all industries, including front line staff. We are reigniting our voucher program and communication to hotel employees, so that they may also have an opportunity to attend events at the Center and share their first hand experiences with guests. We will also include communication with local hotel management/staff to provide information on upcoming shows or any available last-minute deals for guests. It is important to us that hoteliers and staff feel comfortable and confident recommending the Washington Center for the Performing Arts as a resource for cultural arts and entertainment.

14. What tourism outcome should the City expect if your proposal is only partially funded? Please be specific. *For example: how do you intend to alternatively fund your program / which services will not happen*?

If we do not receive full funding from Tumwater, the Center will have to cut back on marketing and outreach activity. The Center uses print, web based and digital media to promote events. The Center has had success using print media to promote events; this year we are increasing our digital media advertising with the expectation of attracting new patrons from different socio-economic backgrounds, exposure to the arts, demographics, and age. We would have to revisit our marketing plans and shave expenses appropriately, which would result in fewer ticket sales, thus fewer visitors to the region.

15. List other organizations that you are partnered with for this special event, festival, or tourism-related facility.

The following are artistic partners or organizations who have performed or rented space at the Washington Center in the past several years: **Ballet Northwest** Debbi's Dance, Etc. **Emerald City Music** Experience Olympia and Beyond Harlequin Productions Inspired to Move Dance Academy Johansen Olympia Dance Center La Jolla Booking Leadership Thurston County Masterworks Choral Ensemble New Market Skills Center **Olympia Downtown Alliance** Olympia Music Teacher's Association Olympia Union Gospel Mission **Olympia Junior Programs Olympia Rotary** Olympia Symphony Orchestra **Olympia Youth Chorus** Pizza Klatch Rock it Boy Entertainment South Puget Sound Community College South Sound Dance Student Orchestras of Greater Olympia Studio West Dance Academy Sweet Adelines **Timberland Regional Library** Warren Miller

CITY OF TUMWATER LODGING TAX APPLICATION – Funding Criteria

Washington State Nurses Association

16. List any other measurements that demonstrate the impact of increased tourism attributable to your special event, festival, or tourism-related facility. Include any other thoughts that may encourage the Lodging Tax Advisory Committee/Tumwater City Council to use lodging tax funds to support this application.

The Washington Center makes a tremendous economic impact in Thurston County. For our last pre-pandemic fiscal year, the Washington Center is estimated to have created or sustained 52.3 jobs. In addition, all stage work at the Washington Center is performed by our technical labor crew, which is represented by IATSE Local No. 15. Today, IATSE members work in all forms of live theater, motion picture and television production, trade shows and exhibitions, television broadcasting, and concerts as well as the equipment and construction shops that support all these areas of the entertainment industry. Because of the Washington Center, an additional \$5 million in goods & services are produced each year! This impact represents a total economic multiplier of 2.1 to Thurston County. Said another way, for every \$1 facilitated through the Washington Center, we return \$2.10 to the surrounding economy in Thurston Co. each year.

Lodging Tax Budget Form

Lodging Tax Applicant:

Washington Center for the Performing Arts

Specific to your Tourism-Related Facility, Tourism Promotion Activity, Special Event, or Festival, list the amount and status of funding for all sources from which you have already or intend to receive funds. Please include in-kind donations and funds received from admission fees if applicable.

PROJECTED REVENUE:

PROGRAM EXCESS (DEFICIT):

| So | urce | Amount | |
|--|---------------------------------------|----------------|--|
| Sponsorships: | | \$144,500.00 | |
| Admission: | | \$1,035,837.00 | |
| Reserves: | | | |
| Donations/Contributions: | | \$150,258.37 | |
| Grants: | | \$31,500.00 | |
| Program Service Fees: | | \$253,317.00 | |
| In-kind Donations: | | | |
| Gift Shop: | | | |
| Vendor Fees: | | \$520,682.00 | |
| Fundraising Activities: | | \$160,000.00 | |
| City of Lacey Lodging Tax: | | \$30,000.00 | |
| City of Olympia Lodging Tax: | | \$535,100.00 | |
| City of Tumwater Lodging Tax: | | \$15,000.00 | |
| Thurston County Lodging Tax: | | \$5,000.00 | |
| Other Sources of Revenue: | | | |
| (please specify) | Other/Misc | \$14,249.60 | |
| Other Source: | Concessions | \$102,240.00 | |
| Other Source: | 7 | | |
| Other Source: | | | |
| TOTAL REVENUE: | | \$2,997,683.97 | |
| PROJECTED EXPENSES: | | | |
| Personnel: (salaries and benefits) | | \$1,683,482.80 | |
| Administration: (utilities, phone, etc | .) | \$289,728.39 | |
| Marketing and Promotion: | | \$194,405.00 | |
| Professional / Consultant Fees: | | \$419,293.00 | |
| Equipment: | | \$48,360.00 | |
| Facility / Event Venue Rental: | | | |
| Travel: (please specify) | Conferences, professional development | \$22,000.00 | |
| All Other Expenses: (please specify) | Fundraising | \$57,820.00 | |
| Other Expense: | Event expenses (non-artist) | \$203,312.45 | |
| Other Expense: | Other | \$75,562.97 | |
| Other Expense: | | | |
| TOTAL EXPENSES: | | \$2,993,964.61 | |
| | | | |

\$3,719.36

Blind Boys of Alabama: Zip Code Report

| OUNT Admission | Admission Custom Admission Customer | |
|----------------|-------------------------------------|------------|
| 3 | Rochester | 14607-1116 |
| 2 | Boca Raton | 33433 |
| 2 | Loveland | 45140 |
| 2 | South Bend | 46601 |
| 2 | Ludington | 49431 |
| 2 | Fort Collins | 80526 |
| 4 | Encino | 91316 |
| 9 | Coto de Caza | 92679 |
| 1 | Sacramento | 95834 |
| 2 | Astoria | 97103 |
| 2 | Federal Way | 98003 |
| 2 | Maple Valley | 98038 |
| 4 | Renton | 98059 |
| 2 | Auburn | 98092 |
| 4 | Seattle | 98102 |
| 1 | Seattle | 98106 |
| 1 | Seattle | 98115 |
| 4 | Seattle | 98117 |
| 4 | Seattle | 98118 |
| 2 | Seattle | 98119 |
| 2 | Seattle | 98144 |
| 2 | Bellingham | 98225 |
| 2 | Port Townsend | 98368 |
| 4 | Puyallup | 98371 |
| 2 | Puyallup | 98374 |
| 2 | Spanaway | 98387 |
| 6 | Steilacoom | 98388 |
| 2 | Tacoma | 98404 |
| 1 | Tacoma | 98406-4801 |
| 2 | Tacoma | 98407 |
| 2 | Tacoma | 98408 |
| 2 | Tacoma | 98422 |
| 5 | lakewood | 98498 |
| 2 | Tacoma | 98498 |
| 150 | Olympia | 98501 |
| 40 | Tumwater | 98501 |
| 2 | Tumwater | 98501-0036 |
| 2 | Olympia | 98501-1818 |
| 2 | Olympia | 98501-3012 |
| 2 | Olympia | 98501-3327 |
| 2 | Olympia | 98501-3619 |
| 3 | Olympia | 98501-3824 |
| 2 | Olympia | 98501-4269 |
| 1 | Olympia | 98501-4447 |
| 2 | Olympia | 98501-4774 |
| 2 | Olympia | 98501-5006 |
| | | |

COUNT Admission Admission Custom Admission Customer Postal Code

Blind Boys of Alabama: Zip Code Report

| 1 | Turnatar | |
|-----|--------------|------------|
| 1 | Tumwater | 98501-5404 |
| 2 | Olympia | 98501-6638 |
| 1 | Olympia | 98501-6649 |
| 2 | Olympia | 98501-7119 |
| 2 | Olympia | 98501-9111 |
| 143 | Olympia | 98502 |
| 2 | Olympia | 98502-2636 |
| 2 | Olympia | 98502-3587 |
| 2 | Olympia | 98502-3613 |
| 2 | Olympia | 98502-4200 |
| 1 | Olympia | 98502-4252 |
| 4 | Olympia | 98502-4417 |
| 5 | Olympia | 98502-5437 |
| 4 | Olympia | 98502-5438 |
| 1 | Olympia | 98502-8329 |
| 2 | Olympia | 98502-8530 |
| 22 | Lacey | 98503 |
| 2 | Lacey | 98503-2386 |
| 2 | , Olympia | 98503-4026 |
| 64 | Olympia | 98506 |
| 2 | Olympia | 98506-1225 |
| 2 | Olympia | 98506-1504 |
| 2 | Olympia | 98506-2620 |
| 2 | Olympia | 98506-3453 |
| 2 | Olympia | 98506-3625 |
| 2 | Olympia | 98506-4027 |
| 2 | | 98506-9624 |
| | Olympia | |
| 16 | Olympia | 98507 |
| 2 | Olympia | 98507-1141 |
| 4 | Olympia | 98508 |
| 1 | Olympia | 98508-3376 |
| 2 | Lacey | 98509 |
| 3 | Lacey | 98509-3247 |
| 2 | Lacey | 98509-5195 |
| 2 | Lacey | 98509-5304 |
| 6 | Tumwater | 98511 |
| 44 | Olympia | 98512 |
| 20 | Tumwater | 98512 |
| 2 | Olympia | 98512-5532 |
| 2 | Olympia | 98512-5621 |
| 2 | Lacey | 98513 |
| 3 | Lacey, WA | 98513 |
| 35 | Olympia | 98513 |
| 2 | Olympia | 98513-5404 |
| 1 | Olympia | 98513-5625 |
| 2 | Lacey | 98513-6428 |
| 27 | , Lacey | 98516 |
| | | - |

Blind Boys of Alabama: Zip Code Report

| 30 | Olympia | 98516 |
|----|--------------|------------|
| 2 | Olympia, WA | 98516 |
| 2 | Olympia | 98516-9500 |
| 2 | Olympia | 98516-9547 |
| 1 | Aberdeen | 98520 |
| 1 | Olympia | 98521 |
| 2 | Belfair | 98528 |
| 2 | Bucoda | 98530 |
| 2 | Centralia | 98531 |
| 4 | Chehalis | 98532 |
| 2 | Cosmopolis | 98537 |
| 2 | East Olympia | 98540 |
| 2 | Elma | 98541 |
| 2 | Littlerock | 98556 |
| 4 | Montesano | 98563 |
| 2 | Ocean Shores | 98569 |
| 4 | Rainier | 98576 |
| 2 | Ranier | 98576 |
| 2 | Raymond | 98577 |
| 11 | Rochester | 98579 |
| 1 | Ryderwood | 98581 |
| 1 | Salkum | 98582 |
| 20 | Shelton | 98584 |
| 3 | Skokomish | 98584 |
| 2 | Shelton | 98584-8811 |
| 6 | Tenino | 98589 |
| 4 | Winlock | 98596 |
| 8 | Yelm | 98597 |
| 4 | Vancouver | 98662 |
| | | |

889

Frozen II - Zip Code Report

COUNT Ad Admission Customer Citon Customer Postal Code

| i Au | Admission customer | cion customer Post |
|------|--------------------|--------------------|
| 5 | South Bend | 46601 |
| 14 | Coto de Caza | 92679 |
| 3 | Portland | 97231 |
| 4 | BELLEVUE | 98005 |
| 2 | Tacoma | 98023 |
| 6 | Kent | 98032 |
| 10 | DuPont | 98327 |
| 3 | Olympia | 98327 |
| 6 | Eatonville | 98328 |
| 3 | Port Orchard | 98367 |
| 4 | Port Townsend | 98368 |
| 3 | Puyallup | 98373 |
| 6 | Puyallup | 98374 |
| 3 | Puyallup | 98375 |
| 6 | PUYALLUP | 98375-9649 |
| 4 | Steilacoom | 98388 |
| 2 | Bonney Lake | 98391 |
| 2 | Tacoma | 98405 |
| 4 | Ruston | 98407 |
| 4 | Tacoma | 98408 |
| 4 | Fife | 98424 |
| 2 | Tacoma | 98466 |
| 5 | University Place | 98466 |
| | Lakewood | 98498 |
| 3 | Olympi | 98501 |
| | olympia | 98501 |
| | Tumwater | 98501 |
| 5 | Olympia | 98501-4160 |
| | Olympia | 98502 |
| | Olympia | 98502-4253 |
| | Olympia | 98502-4349 |
| | Olympia | 98502-5438 |
| | Olympia | 98502-8531 |
| | Olympia | 98502-9480 |
| | Lacey | 98503 |
| | , Olympia | 98503 |
| | Lacey | 98503-7031 |
| | , Olympia | 98506 |
| | Olympia | 98506-3529 |
| | Olympia | 98508 |
| | Lacey | 98509 |
| | Tumwater | 98511 |
| | Olympia | 98512 |
| | Tumwater | 98512 |
| | Olympia | 98512-2802 |
| | Tumwater | 98512-7386 |
| - | | 56512 7560 |

Frozen II - Zip Code Report

| 3 | Olympia | 98512-7930 |
|----|------------------------|------------|
| 24 | Lacey | 98513 |
| 20 | Olympia | 98513 |
| 2 | Olympia, Washington, U | 98513 |
| 2 | Olympia | 98513-3437 |
| 52 | Lacey | 98516 |
| 10 | Olympia | 98516 |
| 4 | Olympia | 98516-9557 |
| 4 | Yelm | 98517 |
| 8 | Aberdeen | 98520 |
| 8 | Centralia | 98531 |
| 2 | Chehalis | 98532 |
| 3 | Hoquiam | 98550 |
| 5 | Littlerock | 98556 |
| 4 | Mccleary | 98557 |
| 4 | Matlock | 98560 |
| 5 | Montesano | 98563 |
| 3 | Napavine | 98565 |
| 2 | Rainier | 98576 |
| 9 | Rochester | 98579 |
| 14 | Shelton | 98584 |
| 11 | Tenino | 98589 |
| 10 | Yelm | 98597 |
| 9 | Vancouver | 98686 |
| 10 | Anchorage | 99503 |
| | | |

Legally Blonde - Zip Code Report

COUNT Ad Admission Customer Cion Customer Post

| Au | Aumission Customer | Con customer Pos |
|----|--------------------|------------------|
| 1 | New York | 10038 |
| 3 | Memphis | 38103 |
| 2 | milwaukee | 53211 |
| 2 | APPLETON | 54915 |
| 1 | Seattle | 78240 |
| 2 | Morrison | 80465 |
| 2 | Henderson | 89052 |
| 2 | Santa Monica | 90403 |
| 2 | Coto De Caza | 92679 |
| 2 | Kalama | 96825 |
| 4 | Seattle | 98010 |
| 2 | Bothell | 98011 |
| 2 | Edmonds | 98020 |
| 2 | Issaquah | 98027 |
| | Maple Valley | 98038 |
| | Redmond | 98052 |
| | Newcastle | 98056 |
| | Woodinville | 98077 |
| | Seattle | 98102 |
| | Seattle | 98103 |
| | Seattle | 98105 |
| | Seattle | 98133 |
| | Seattle | 98144-2858 |
| | Seattle | 98155 |
| | Seattle | 98178 |
| | SeaTac | 98188 |
| | Des Moines | 98198 |
| | Everett | 98201 |
| | Bellingham | 98225 |
| | BREMERTON | 98312 |
| | Buckley | 98321 |
| | DuPont | 98327 |
| | Gig Harbor | 98335 |
| | Tacoma | 98338 |
| | Indianola | 98342 |
| | | |
| | Orting | 98360 |
| | Poulsbo | 98370 |
| | Puyallup | 98372 |
| | Puyallpe | 98373 |
| | Puyallup | 98373 |
| | Puyallup | 98373-5700 |
| | Olympia | 98380 |
| | Steilacoom | 98388 |
| | Vaughn | 98394 |
| | Tacoma | 98401 |
| 2 | Tacoma | 98402 |
| | | |

Legally Blonde - Zip Code Report

| 4 | Tacoma | 98403 |
|-----|------------------|------------|
| 3 | Tacoma | 98405 |
| 9 | Tacoma | 98406 |
| 13 | Tacoma | 98407 |
| | Tacoma | 98408 |
| | Tacoma | 98419 |
| | Tacoma | 98443 |
| - | | |
| - | Fircrest | 98466 |
| | UNIVERSITY PLACE | 98466 |
| | University Place | 98467 |
| 1 | Lakewood | 98498 |
| | Lakewood | 98499 |
| 107 | Olympia | 98501 |
| 21 | Tumwater | 98501 |
| 2 | Tumwater | 98501-0036 |
| 2 | Olympia | 98501-3012 |
| | Olympia | 98501-3327 |
| | Olympia | 98501-3619 |
| | Olympia | 98501-3773 |
| | Olympia | 98501-3824 |
| | Olympia | 98501-4347 |
| | | 98501-4774 |
| | Olympia | |
| | Olympia | 98501-4991 |
| | Tumwater | 98501-5404 |
| | Olympia | 98501-6651 |
| | Olympia | 98502 |
| | Olympia | 98502-1570 |
| | Olympia | 98502-2636 |
| 4 | Olympia | 98502-3587 |
| 2 | Olympia | 98502-3613 |
| 4 | Olympia | 98502-5215 |
| 2 | Olympia | 98502-9677 |
| 35 | Lacey | 98503 |
| 4 | Olympia | 98503 |
| | Lacey | 98503-1921 |
| | Lacey | 98503-3163 |
| | Olympia | 98503-3440 |
| | Lacey | 98503-3980 |
| | Olympia | 98503-4026 |
| | | |
| | Olympia | 98506 |
| | Olympia | 98507 |
| | Olympia | 98508-1069 |
| | Lacey | 98509 |
| | Tumwater | 98511 |
| | Olympia | 98512 |
| 25 | Tumwater | 98512 |
| 2 | Olympia | 98512-5532 |
| | | |

Legally Blonde - Zip Code Report

| 2 | Tumwater | 98512-6927 |
|----|--------------|------------|
| 1 | Tumwater | 98512-7214 |
| 8 | Lacey | 98513 |
| 41 | Olympia | 98513 |
| 1 | Olympia | 98513-5625 |
| 33 | Lacey | 98516 |
| 35 | Olympia | 98516 |
| 13 | Aberdeen | 98520 |
| 4 | Belfair | 98528 |
| 2 | Centralia | 98531 |
| 4 | Chehalis | 98532 |
| 2 | Elma | 98541 |
| 2 | Grayland | 98547 |
| 2 | Hoquiam | 98550 |
| 4 | McCleary | 98557 |
| 11 | Montesano | 98563 |
| 2 | Ocean shores | 98569 |
| 4 | Rainier | 98576 |
| 1 | Rochester | 98579 |
| 10 | Shelton | 98584 |
| 10 | Tenino | 98589 |
| 2 | Tenino | 98589-9597 |
| 2 | Tenino | 98589-9695 |
| 2 | Toledo | 98591 |
| 2 | UNION | 98592-9752 |
| 4 | Yelm | 98597 |
| 2 | Yelm | 98598 |
| 2 | Toronto | M4E 2W7 |
| 2 | Victoria | V8R 1G8 |
| | | |

905



THE WASHINGTON CENTER FOR THE PERFORMING ARTS Scope of Services – Attachment A 2023 City of Tumwater

With support from Tumwater Lodging Tax funds, the Washington Center for the Performing Arts will continue in our mission to inspire audiences and artists of all ages through live performances, enriching the vibrancy of our community. The Center is an important part of the critical mass of established events, attractions, and businesses that make our region a desirable place to live, work, and visit. Over 250 events take place at the Center each year, attracting over 109,000 patrons, from every corner of the county, and our touring artists often attract visitors from across the state and beyond.

The \$11,300 in funding from the City of Tumwater lodging tax will be used for digital and print marketing of artists, partners, and events which will help broaden our reach to new markets.

2023 Venue Marketing Plan

- Digital advertising reaching over 118,000 each month
- Paid advertising with local radio stations
- Print Ads in local newspapers and fliers
- Posters printed and distributed in Thurston and Pierce Counties
- Social media marketing campaigns
- Regular e-newsletter and promotional e-blasts reaching over 20,000 per month
- Provide marketing services for 18 local artistic partners and commercial rental events
- Maintain and update washingtoncenter.org, from which we sell event tickets 24 hours a day, 7 days a week and which averages 157,00 visitors per year

INVOICE CITY OF TUMWATER TOURISM/LODGING TAX PROGRAM FUNDING

| CONTACT PERSON:_Jill Barnes | Employer Identification Number:_91-1182866 |
|------------------------------|--|
| AGENCY: The Weshinston C | DATE: _10/18/22 |
| ADDRESS_512 Washington St SE | PHONE: _360-753-8585 |
| _Olympia, WA 98501 | EMAIL:_businessmanager@washingtoncenter.or |

Proof of Payment Must Be Attached

The agency identified above provided the following services to the City of Tumwater to promote tourism (see RCW 67.28.080).

| Services Provided (Scope of Services/Exhibit A | Date(s) Provided | Cost (Itemized) |
|--|------------------------|-----------------|
| Sitecrafting website calendar update | 2/16/22 | \$2275.00 |
| VCB advertising | 4/8/22 | \$1986.00 |
| McClatchy/The Olympian season advertising | 1/31/22 | \$2867.50 |
| McClatchy/The Olympian season advertising | 2/28/22 | \$2392.50 |
| McClatchy/The Olympian season advertising | 3/31/22 | \$3472.50 |
| | TOTAL AMOUNT DECURPTED | |

AFFIDAVIT OF VERIFICATION

TOTAL AMOUNT REQUESTED: \$____11,000.00____

I, the undersigned, do hereby certify under penalty of perjury that materials have been furnished, the services rendered or the labor performed as described herein (and as outlined in the Scope of Services attached as Exhibit A in the contract document), and that the claim is a just, due and unpaid obligation against the City of Tumwater, and that I am authorized to authenticate and certify said claim.

TITLE

<u>Please mail this invoice to:</u> Hanna M. Miles Executive Department 555 Israel Road SW Tumwater, WA 98501 SiteCrafting Inc. 2716 A Street Tacoma, WA 98402 (253)272-2248 accounting@sitecrafting.com



2,275.00

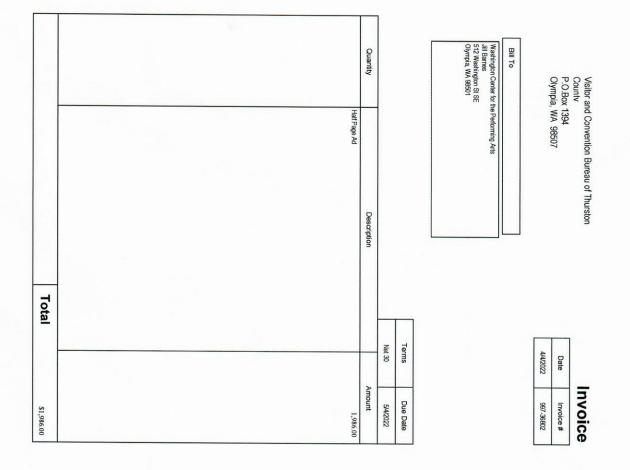
BILL TO Washington Center for the Performing Arts Accounts Payable 512 Washington St SE Olympia, WA 98501

INVOICE # 39713 DATE 02/15/2022 DUE DATE 03/02/2022

| DESCRIPTION | QTY | RATE | AMOUNT |
|---|-----|--------|----------|
| Website Management and Maintenance - The Events Calendar - Upgrade | 13 | 175.00 | 2,275.00 |
| We update our rates annually. Please contact us if you would like a copy of BALANCE DUE our current Rate Sheet. | | \$2, | 275.00 |
| We will add 1.5% service charge (minimum \$25) on all invoices more than 15 days past due. | | | |

| THE W | ASHINGTON CENTER | FOR THE PERFORMING ARTS | | | 128134 |
|-----------|------------------|-------------------------|----------|----------|------------|
| Date | Invoice Number | Description | Amount | Discount | Net Amount |
| 2/15/2022 | 39713 | Event Calendar upgradq | 2,275.00 | 0.00 | 2,275.00 |

5



| THE V | WASHINGTON CENTER | FOR THE PERFORMING ARTS | | | 128273 |
|----------|-------------------|-------------------------|----------|----------|------------|
| Date | Invoice Number | Description | Amount | Discount | Net Amount |
| 4/4/2022 | 997-36802 | half page ad | 1,986.00 | 0.00 | 1,986.00 |
| | | | | | |

ī

| Check: 128273 | 4/8/2022 | Visitor and Convention | Check Total: | 1,986.00 |
|---------------|----------|------------------------|--------------|----------|
|---------------|----------|------------------------|--------------|----------|

0000026578 0000096364 000286750 0

PRESORT 1762 1 MB 0.482 P1C7 իրիկեսինվերինիլիրինութեկանիլու հերթար

WA CTR PERFORMING ARTS

ATTN: ACCOUNTS PAYABLE **512 WASHINGTON ST SE**

OLYMPIA WA 98501-1330

լինիներիվորտերիրդեպներըինիներիներիներիների

PO Box 510150 Livonia MI 48151

8926001762

题

McClatchy Company LLC

Dates

Ad No.

PO

| Please Return | This Portion W | ith Your | Payment | (Thank Yo | ou) | |
|---------------|----------------|----------|---------|-----------|-----|--|
| | | | | | | |

| | INVOICE |
|--------------|---------|
| Invoice No.: | 96364 |
| Account No.: | 26578 |

\$2,867.50

Email questions to ssccreditandcollections@mcclatchy.com

Size

P

Description

e

Amount Due:

McClatchy Company LLC PO Box 510150

Livonia MI 48151

| Date | Ad No. | PO | Description | Size | Notes | Net Amount |
|------------|--------|----|--------------------------------------|------------------|-------|------------|
| 01/02/2022 | 547365 | | OLY-The Olympian - Main Any | B-Quarter Page V | | \$95.00 |
| 01/07/2022 | 547269 | | OLY-The Olympian - Entertainment Any | B-Quarter Page V | | \$0.0 |
| 01/09/2022 | 547366 | | OLY-The Olympian - Main Any | B-Quarter Page V | | \$95.00 |
| 01/14/2022 | 547270 | | OLY-The Olympian - Entertainment Any | B-Quarter Page V | | \$0.00 |
| 01/16/2022 | 547367 | | OLY-The Olympian - Main Any | B-Quarter Page V | | \$95.00 |
| 01/21/2022 | 547271 | | OLY-The Olympian - Entertainment Any | B-Quarter Page V | | \$0.00 |
| 01/23/2022 | 547155 | | OLY-The Olympian - Main Any | B-Half Page H | | \$0.00 |
| 01/23/2022 | 547369 | | OLY-The Olympian - Main Any | B-Quarter Page V | | \$95.00 |
| 01/28/2022 | 547272 | | OLY-The Olympian - Entertainment Any | B-Quarter Page V | | \$0.00 |
| 01/30/2022 | 547370 | | OLY-The Olympian - Main Any | B-Quarter Page V | | \$95.00 |

WA CTR PERFORMING ARTS Attn: Accounts Payable **512 WASHINGTON ST SE** OLYMPIA, WA 98501

MCCLATCHY



The Herald - Rock Hill Herald Sun - Durham Island Packet Kansas City Star Lexington Herald-Leader Merced Sun-Star

2022

.................

RECE

FEB

BY:

el Nuevo Herald - Miami Modesto Bee Raleigh News & Observer The Olympian Sacramento Bee Fort Worth Star-Telegram The State - Columbia Sun Herald - Biloxi

Sales Rep:

Sun News - Myrtle Beach The Telegraph - Macon San Luis Obispo Tribune Tri-City Herald Wichita Eagle

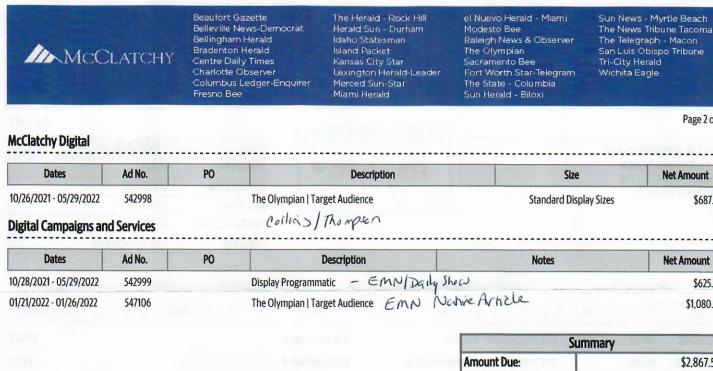
2

Net Amount

| | | Page 1 of |
|------------------|------------|---------------|
| | INVOICE | |
| Invoice No.: | 96364 | |
| Invoice Date: | 01/31/2022 | |
| Due Date: | 03/02/2022 | PLACE DISCOME |
| Bill-To Account: | 26578 | (some) is the |

Karen McClennen





Page 2 of 2

\$687.50

\$625.00

\$1,080.00

2,867.50

0.00

2.867.50

Net Amount

Net Amount

\$2,867.50 Int' | Guitar - \$333.33 Correctly 1/20 - 4133.33 BBJ-Reynolds/Gringa - #133.33 miniciance GL Code 521()-23-2 Descr multi 3 ad EMN - \$2552.48 128146 THE WASHINGTON CENTER FOR THE PERFORMING ARTS Net Amount Discount Amount Description Invoice Number Date

Multi-show advertising

96364

1/31/2022

2,867.50 Check Total: McClatchy Company L 2/24/2022 Check: 128146 Koresh - + 266.00 Sedaris - \$ 200

Check: 128213



The Herald - Rock Hill Herald Sun - Durham Idaho Statesman Kansas City Star Lexington Herald-Leader Merced Sun-Star Miami Herald

el Nuevo Herald - Miami Modesto Bee Raleigh News & Observer The Olympian Sacramento Bee Fort Worth Star-Telegram The State - Columbia

Sun News - Myrtle Beach The News Tribune Tacoma The Telegraph - Macon San Luis Obispo Tribune Tri-City Herald Wichita Eagle

| WA CTR PERFORMING ARTS Attn: Accounts Payable | RECEIVED |
|--|---------------------|
| 512 WASHINGTON ST SE OLYMPIA, WA 98501 | MAR 1 1 2022 |
| 1210-0 | D1: <u>Y</u> |

| | | Page 1 of 2 |
|------------------|-----------------|-------------|
| | INVOICE | |
| Invoice No.: | 103170 | |
| Invoice Date: | 02/28/2022 | |
| Due Date: | 03/30/2022 | |
| Bill-To Account: | 26578 | |
| Sales Rep: | Karen McClennen | |
| | | |

Print

McClatchy

| Date | Ad No. | РО | Description | Size | Notes | Net Amount |
|------------|--------|----|--------------------------------------|------------------|-------|------------|
| 02/04/2022 | 547273 | | OLY-The Olympian - Entertainment Any | B-Quarter Page V | | \$0.00 |
| 02/06/2022 | 547371 | | OLY-The Olympian - Main Any | B-Quarter Page V | | \$95.00 |
| 02/11/2022 | 547274 | | OLY-The Olympian - Entertainment Any | B-Quarter Page V | | \$9.00 |
| 02/13/2022 | 547372 | | OLY-The Olympian - Main Any | B-Quarter Page V | | \$95.00 |
| 02/18/2022 | 547276 | | OLY-The Olympian - Entertainment Any | B-Quarter Page V | | \$0.00 |
| 2/20/2022 | 547373 | | OLY-The Olympian - Main Any | B-Quarter Page V | | \$95.00 |
| 02/25/2022 | 547277 | | OLY-The Olympian - Entertainment Any | B-Quarter Page V | | \$0.00 |
| 02/27/2022 | 547374 | | OLY-The Olympian - Main Any | B-Quarter Page V | | \$95.00 |

McClatchy Digital

1

| Dates | Ad No. | PO | Description | Size | Net Amount |
|------------------------|--------|----|---|-------------------------------|------------|
| 2/02/2022 - 02/02/2022 | 547047 | | The Olympian Homepage - Dauly Show | Responsive Billboard Takeover | \$700.0 |
|)/26/2021 - 05/29/2022 | 542998 | | The Olympian Target Audience -Collins / Tho | | \$687.5 |

Digital Campaigns and Services

Please Return This Portion With Your Payment (Thank You)

| THE V | VASHINGTON CENTER | FOR THE PERFORMING ARTS | | | 128210 |
|-----------|-------------------|-------------------------|----------|----------|------------|
| Date - | Invoice Number | Description | Amount | Discount | Net Amount |
| 2/28/2022 | 103170 | Multi show ads | 2,392.50 | 0.00 | 2,392.50 |

Check Total:



Beautort Gazette Belleville News-Democrat Bellingham Herald Bradenton Herald Centre Daily Times Charlotte Observer Columbus Ledger-Enquirer Fresho Bee

The Herald - Rock Hill Herald Sun - Durham Idaho Statesman Island Packet Kansas City Star Lexington Herald-Leader Merced Sun-Star Miami Herald

el Nuevo Herald - Miami Modesto Bee Raleigh News & Observer The Olympian Sacramento Bee Fort Worth Star-Telegram The State - Columbia Sun Herald - Biloxi Sun News - Myrtle Beach The News Tribune Tacoma The Telegraph - Macon San Luis Obispo Tribune Tri-City Herald Wichita Eagle

Page 2 of 2

| | | | | | Page 2 of 2 |
|--|--------|----|-------------------------|-------------|-------------|
| Dates | Ad No. | PO | Description | Notes | Net Amount |
| 0/28/2021 - 05/29/2022 542999 Display Programmatic | | | | \$625.00 | |
| | | | women in Jazz & Daily S | LOW | |
| | | | | Sum | mary |
| | | | | Amount Due: | \$2,392.50 |

| Daily Show | -1279.16 | | | | |
|---------------|------------|-------------------|--|---|--|
| Hett/Glass | Lole. lolo | | | | |
| Thompson | 410.41 | N 1995 T Thread I | \$14 899.84 total | | |
| 2/17 Comedy | 133.32 | | 2392.50 Cash | | |
| Collin | 810.41 | | 2507.34 trade | | |
| Ladies of Luy | 133.32 | | and strategies and | | |
| SilertFilm | 133.32 | | | | |
| Wohen in Jazz | 399.98 | | GL Code <u>5210-23-2</u> Descr <u>Multi-Shew acle</u> | - | |
| TGGS | 266. Lolo | | Signature | | |
| British | 133.32 | | Chase VISA □ Yes | n | |
| helissa | 333.32 | | Equip R&R Maintenance Fxn | | |
| Korest | 266.66 | | Sector and the sector of the s | | |



Beaufort Gazette Belleville News-Democrat Bellingham Herald Bradenton Herald Centre Daily Times Charlotte Observer Columbus Ledger-Enquirer Fresho Bee

The Herald - Rock Hill Herald Sun - Durham Idaho Statesman Island Packet Kansas City Star Lexington Herald-Leader Merced Sun-Star Miami Herald

el Nuevo Herald - Miami Modesto Bee Raleigh News & Observer The Olympian Sacramento Bee Fort Worth Star-Telegram The State - Columbia Sun Herald - Biloxi

Sun News - Myrtle Beach The News Tribune Tacoma The Telegraph - Macon San Luis Obispo Tribune Tri-City Herald Wichita Eagle

WA CTR PERFORMING ARTS Attn: Accounts Payable **512 WASHINGTON ST SE** OLYMPIA, WA 98501



| | | Page 1 of 2 |
|--|-----------------|---------------|
| | INVOICE | San Brank and |
| Invoice No.: | 110375 | |
| Invoice Date: | 03/31/2022 | |
| Due Date: | 04/30/2022 | |
| Bill-To Account: | 26578 | |
| Sales Rep: | Karen McClennen | |
| the second s | | |

Print

| Date | Ad No. | PO | Description | Size | Notes | Net Amount |
|------------|--------|----|--------------------------------------|------------------|-------|------------|
| 03/04/2022 | 547278 | | OLY-The Olympian - Entertainment Any | B-Quarter Page V | | \$0.00 |
| 03/06/2022 | 547376 | | OLY-The Olympian - Main Any | B-Quarter Page V | | \$95.00 |
| 03/11/2022 | 547279 | | OLY-The Olympian - Entertainment Any | B-Quarter Page V | | \$0.00 |
| 03/13/2022 | 547377 | | OLY-The Olympian - Main Any | B-Quarter Page V | | \$95.00 |
| 03/18/2022 | 547280 | | OLY-The Olympian - Entertainment Any | B-Quarter Page V | | \$0.00 |
| 03/20/2022 | 547378 | | OLY-The Olympian - Main Any | B-Quarter Page V | | \$95.00 |
| 03/25/2022 | 547281 | | OLY-The Olympian - Entertainment Any | B-Quarter Page V | | \$0.00 |
| 03/27/2022 | 547379 | | OLY-The Olympian - Main Any | B-Quarter Page V | | \$95.00 |

McClatchy Digital

2

| Dates | Ad No. | PO | Description | | Size | Net Amount | |
|-------------------------|--------|----|--------------------------------|--------------------|-------------------------------|------------|--|
| 03/01/2022 - 03/01/2022 | 547053 | | The Olympian Homepage | Ladies of laughter | Responsive Billboard Takeover | \$700.00 | |
| 10/26/2021 - 05/29/2022 | 542998 | | The Olympian Target Audience | 766S | Standard Display Sizes | \$687.50 | |

Digital Campaigns and Services

| | | Please Return This Portion With Your Pay | ment (Thank You) | | |
|-----------|-------------------|--|------------------|----------|------------|
| THE | WASHINGTON CENTER | FOR THE PERFORMING ARTS | | | 128291 |
| Date | Invoice Number | Description | Amount | Discount | Net Amount |
| 3/31/2022 | 110375 | | 3 472 50 | 0.00 | 2 472 50 |

0.00

3.472.50

3,472.50

| McClatchy | | Beaufort Gazel Belleville News Bellingham Her Bradenton Hen Centre Daily Ti Charlotte Obse Columbus Lede Fresno Bee | -Dernocrat rald ald mes erver | The Heraid - Rock Hill Heraid Sun - Durham Idaho Statesman Island Packet Kansas City Star Lexington Herald-Leader Merced Sun-Star Miami Herald | el Nuevo Herald - Miami Modesto Bee Raleigh News & Observer The Olympian Sacramento Bee Fort Worth Star-Telegram The State - Columbia Sun Herald - Biloxi | Sun News - Myrtle Beach The News Tribune Tacoma The Telegraph - Macon San Luis Obispo Tribune Tri-City Herald Wichita Eagle | |
|--|------------------|--|---|---|--|--|--|
| Dates | Ad No. | PO | | Description | Notes | Page 2 of 2 | |
| 10/28/2021 - 05/29/2022 03/11/2022 - 03/23/2022 | 542999 547115 | | isplay Programm he Olympian Tar | atic to None a get Audience TGGS | Nativie Story | \$625.00 \$1,080.00 | |
| | | | | | Sun | nmary | |
| | | | | | Amount Due: | the second s | |

GL Code <u>S210-23-2</u> Descr <u>multishers</u> acla Signature N Chase VISA □ Yes NO Operating Exp Capital Campaign □ Fauin R&R I Maintenance Evn

\$ 6719.08 total \$ 3472.50 Cash 3246.58 trade

e

Hi Hanna,

Thank you for your patience!

Regarding the McClatchy/Olympian invoices that have 10/21 dates under the McClatchy Digital and Digital Campaigns and Services sections, those are for the span of time that these specific ads are running, but the charge listed is for the current month. You will note that the same Ad No. is listed on multiple invoices (542998 and 542999) along with a charge for the current month's ad (\$687.50 and \$625 respectively).

Regarding the invoice from Sitecrafting for website work, the quantity of 13 reflects the number of hours spent on the project.

Let me know if there are any other questions.

Best regards,

Carrie Swindler, Business Manager 360-753-8585 x 105 <u>businessmanager@washingtoncenter.org</u>

From: Hanna Miles <HMiles@ci.tumwater.wa.us>
Sent: Monday, October 24, 2022 10:19 AM
To: Carrie Swindler <businessmanager@washingtoncenter.org>
Subject: RE: 2022 Lodging Tax Contract with the City of Tumwater

Hi Carrie,

Just a reminder, I am waiting on an email from you that explains the 2021 dates on the receipts. I will attach that as a PDF to the package and process for payment. Thank you.

Hanna M. Miles, MMC | (she/her) Executive Asst./Deputy City Clerk City of Tumwater | Executive Department 555 Israel Road SW | Tumwater, WA 98501 (360) 754-4120 Ext. 2011 hmiles@ci.tumwater.wa.us | www.ci.tumwater.wa.us

From: Carrie Swindler <<u>businessmanager@washingtoncenter.org</u>> Sent: Friday, October 21, 2022 10:52 AM

City of Tumwater Lodging Tax Final Report Form

Organization's Name: <u>Washington Center for the Performing Arts</u>

Submitted By: Jocelyn Wood

Email Address: jwood@washingtoncenter.org

This Report Covers:

Activity Name: Washington Center for the Performing Arts - 2022

Activity Type:
Special Event/Festival

Marketing/Tourism Promotion Agency

Date: 1/26/2023

S Facility

Phone: (360) 753-8585 x103

Activity Start Date: <u>1/01/2022</u>

Activity End Date: <u>12/31/2022</u>

Total Activity Cost: <u>\$2,188,584</u>

Total amount of Tumwater lodging tax funds requested: <u>\$11,000.00</u>

Total amount of Tumwater lodging tax funds expended: <u>\$11,000.00</u>

Total amount of lodging tax funds expended from all jurisdictions: <u>\$419,365.00</u>

DEFINITIONS OF METHODOLOGY FOR QUESTIONS BELOW:

This methodology is defined by the Joint Legislative Audit and Review Committee and is used for reporting to the Legislature about the use of lodging tax for each jurisdiction.

- **Direct Count**: Actual count of visitors using methods such as paid admissions or registrations, clicker counts at entry points, vehicle counts or number of chairs filled. A direct count may also include information collected directly from businesses, such as hotels, restaurants or tour guides likely to be affected by an event.
- **Indirect Count**: Estimate based on information related to the number of visitors such as raffle tickets sold, redeemed discount certificates, brochures handed out, police requirements for crowd control or visual estimates.
- **Representative Survey**: Information collected directly from individual visitors / participants. A representative survey is a highly structured data collection tool, based on a defined random sample of participants, and the results can be reliably projected to the entire population attending an event and includes margin of error and confidence level.
- **Informal Survey**: Information collected directly from individual visitors or participants in a non-random manner that is not representative of all visitors or participants. Informal survey results cannot be projected to the entire visitor population and provide a limited indicator of attendance because not all participants had an equal chance of being included in the survey.
- **Structured Estimate**: Estimate produced by computing known information related to the event or location. For example, one jurisdiction estimated attendance by dividing the square footage of the event area by the international building code allowance for persons (3 sq. ft.).
- **Other**: (please describe)

| | Enter the total number of people predicted to attend this activity (this number would have been | PREDICTED: | 60,000 | | | | | | |
|---|--|-----------------------|--------------------|--|--|--|--|--|--|
| OVERALL | submitted on your application for funds); the actual number of people who attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 42,848 | | | | | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Direct | Count | | | | | | | |
| | EXPLAIN TRACKING METHOD: Ticketing data ticketed and/or free events are only able to b | | • | | | | | | |
| | Enter the total number of people who travelled greater than 50 miles predicted to attend this activity (this number would have been submitted on your | PREDICTED: | 3,000 | | | | | | |
| 50+ Miles - Attendance | application for funds); the actual number of people who travelled more than 50 miles to attend this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 2,142 | | | | | | |
| | METHODOLOGY (definitions provided above): Struct | | | | | | | | |
| | EXPLAIN TRACKING METHOD: Ticketing database and head count at events, using Americans for the Arts economic impact study data. | | | | | | | | |
| | Enter the total number of people from outside the state and country predicted to attend this activity (this number would have been submitted on your | PREDICTED: | 480 | | | | | | |
| Out of State / Country - Attendance | application for funds); the actual number of people from outside the state and country who attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 343 | | | | | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Struct EXPLAIN TRACKING METHOD: Ticketing dat Americans for the Arts economic impact stud | tabase and head count | t at events, using | | | | | | |
| | - | - | | | | | | | |
| D | Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted on your | PREDICTED: | 210 | | | | | | |
| PAID FOR Overnight Lodging - | application for funds); the actual number of people who paid for overnight lodging and attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 150 | | | | | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Structured Estimate | | | | | | | | |
| | EXPLAIN TRACKING METHOD: Ticketing database and head count at events, using Americans for the Arts economic impact study data. | | | | | | | | |
| | Enter the total number of people predicted to attend this event without paying for overnight lodging in Tumwater (you would have submitted this number on | PREDICTED: | 278 | | | | | | |
| DID NOT PAY FOR OVERNIGHT LODGING - | your application for funds); the actual number of people who attended without paying for overnight lodging; and the method used to determine attendance | ACTUAL (ESTIMATED): | 198 | | | | | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Struct | | | | | | | | |
| | EXPLAIN TRACKING METHOD: Ticketing dat Americans for the Arts economic impact stud | | t at events, using | | | | | | |
| | Enter total predicted lodging nights in Tumwater (this number would have been submitted on your application for funds); and actual number of paid | • PREDICTED: | 314 | | | | | | |
| Paid Lodging Nights | lodging nights. (One lodging night = one or more persons occupying one room for one night); and the method used to determine attendance | | 236 | | | | | | |
| | METHODOLOGY (definitions provided above): Struct EXPLAIN TRACKING METHOD: Ticketing dat | | t at avanta vaina | | | | | | |
| | Americans for the Arts economic impact stud | | t at events, using | | | | | | |

Please describe any other information that demonstrates the impact of increased tourism attributable to the special event, festival, or tourism-related facility.

We had several performances with sold-out performances attracting tourists from a wide area. In just three of our top-selling performances in 2022 we had patrons from New Hampshire, New Jersey, New York, Pennsylvania, North Carolina, Florida, Montana, Kentucky, Michigan, Wisconsin, Illinois, Kansas, Oklahoma, Colorado, Texas, Idaho, Arizona, Utah, California, Oregon, Hawaii, and of course - throughout Washington State. One man from Bellevue was a great example of the impact of arts tourism. He saw that GRAMMY award-winning artist Judy Collins would be performing at the Washington Center in 2022. He contacted our staff to share how much he has admired Judy Collins, and what a treat it would be to see her in an intimate venue like the Washington Center. He discussed how to become a donor in order to receive early access to purchasing tickets, as well as inquiring about places to stay and other activities while in town.

TUMWATER SPECIFIC QUESTIONS:

Did you experience a higher number of tourists this year? If not, what do you think was a contributing factor?

We experienced a higher number of tourists in 2022 than in 2021. However, we are not yet back to prepandemic levels. We experienced less attendance than we originally anticipated, which was due to several factors including rampant COVID variants in early 2022, and our remodel from July-October 2022. Since reopening in November 2022 we are seeing record sales and attendance, with many sold-out performances and high interest. This gives us great excitement for 2023 and beyond.

Did you complete all of the items on your Scope of Services consistent with your application submitted to the Lodging Tax Advisory Committee? If not, which items do you still need to complete? Do you plan on completing those items with your own resources? If so, when?

Yes, we completed the items consistent with our application.

What expenses did you pay using Tumwater Lodging Tax funds?

We used Tumwater LTAC funds to pay for advertising expenses to attract larger and wider audiences.

Do you plan to do anything differently next year to expand your event, increase tourism to Tumwater, or increase visitors to your facility?

We continue to refine our marketing efforts for performances, closely monitoring which outlets have the best return. We also continue to educate our staff to be certified tourism ambassadors to provide the best experience for our patrons. We have a wonderful season planned and as mentioned above we are seeing record sales and attendance, with sold-out performances!

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| 7a Total un b Net unre8Contribu9Program10Investme11Other re 1212Total rev13Grants a 1414Benefits15Salaries, 16a16aProfessie b Total fur17Other ex 1818Total ex 1920Total as: 2121Total lial 2222Net asse | mber of volur related busines alated busines tions and gran a service rever ent income (P venue (Part V venue – add li and similar am paid to or for , other compe onal fundraisir ndraising exper sets (Part X, I bilities (Part X, I bilities (Part X ets or fund ba | teers (e: ss rever as taxable nts (Part nue (Par art VIII, colur nes 8 th nounts pa member nsation, ng fees (nses (Part nember nsation, ng fees (nses (Part namber nsation, ng fees (nses (Part namber nsation, ng fees (nses (nse) | stimate if nei nue from Pari e income from t VIII, line 1h t VIII, line 2g column (A), lines irough 11 (mi aid (Part IX, ci employee be (Part IX, colum mn (A), lines -17 (must eq ract line 18 f | alendar yea cessary) rt VIII, colu m Form 99) j) j) column (A) enefits (Pa umn (A), line s 11a–11d, ual Part I) rom line 1 | ar 2021 (umn (C), <u>90-T, Par</u> and 7d) 9c, 10c, <u>Part VIII,</u> (), lines 1- (), line 4) art IX, col ne 11e) 225) ► (, column 2 | Part V, line 2a) line 12 t I, line 11 and 11e) column (A), line 12) -3) lumn (A), lines 5–10) 138,1 | .96 | | Prior Year 2,473 92 40 12 2,618 511 511 953 1,464 1,153 Beginning of Curre 3,938 | 5 6 7a 7b ,186 ,451 ,836 ,082 ,555 ,555 ,813 ,012 ,813 ,012 ,825 ,730 nt Year ,920 ,071 | 61 156 2 1 1 4 4 4 1 2 1 5 | rrent Year , 860, 68 , 434, 52 -23, 67 73, 55 , 345, 08 824, 81 , 949, 37 , 774, 18 , 570, 90 nd of Year , 405, 95 |
| 7a Total un b Net unre 8 Contribu 9 Program 10 Investme 11 Other re 12 Total rev 13 Grants a 14 Benefits 15 Salaries 16a Professie b Total fur 17 Other ex 18 Total ex 19 Revenue 20 Total as 21 Total lial 22 Net asse Part II | mber of volur related busines ations and grau a service rever ent income (P venue (Part V venue (Part V venue – add li and similar arr paid to or for , other compe onal fundraisin adraising exper onal fundraisin draising exper sets (Part X, I bilities (Part X ets or fund ba ignature B | teers (e: ss rever s taxable nts (Part nue (Par art VIII, colur nes 8 th iounts pa member nsation, ng fees (nses (Part ins 8 th iounts pa member nsation, ng fees (inses 13– es. Subtr ine 16) , line 26 lances. S lock | stimate if nei nue from Par e income from t VIII, line 1h t VIII, line 2g column (A), lines trough 11 (mi aid (Part IX, colum ant IX, colum mn (A), lines 17 (must eq ract line 18 f | alendar yea cessary) _ rt VIII, colu m Form 99) lines 3, 4, 5, 6d, 8c, ust equal column (A) enefits (Pa umn (A), line column (A), line 11a–11d, ual Part IX rom line 1 21 from line | ar 2021 (| Part V, line 2a) line 12 t I, line 11 and 11e) column (A), line 12) -3) lumn (A), lines 5–10) 138,1 | .96 | | Prior Year 2,473 92 40 12 2,618 511 511 953 1,464 1,153 Beginning of Curre 3,938 724 3,214 | 5 6 7a 7b ,186 ,451 ,836 ,082 ,555 ,555 ,813 ,813 ,012 ,825 ,730 nt Year ,920 ,071 ,849 | 61 156 2 1 1 4 4 1 2 1 5 5 4 | ,860,68 ,434,52 -23,67 73,55 ,345,08 824,81 ,949,37 ,774,18 ,570,90 nd of Year ,405,95 471,38 ,934,56 |

| Sign | S S | Signature of officer | | | | | | | Date | | | | | | |
|------------|----------------------------|----------------------|---------|-------------------|----------------------|----------------------|------|------|-------|--------|-------------|-----|--------|-----|----|
| Here | | Tim | Co | oley | | | Vice | Chai | .r | | | | | | |
| | T: | /pe or prir | nt name | e and title | | | | | | | | | | | |
| | Print/Type preparer's name | | | | Preparer's signature | | Date | | Check | if | PTIN | | | | |
| Paid | PATRIC | IAL | РІСН | | | PATRICIA L PICH | | | 04/1 | 9/23 | self-employ | yed | P01558 | 503 | |
| Preparer | Firm's nar | ne l | • | Patricia | L. Pi | .ch, CPA, PLLC | | | | Firm's | EIN 🕨 | 81 | -413 | 521 | .6 |
| Use Only | | | | 2413 Pac: | ific A | ve SE Suite C | | | | | | | | | |
| | Firm's add | dress | • | Olympia, | WA 9 | 8501 | | | | Phone | no. | 360 | -339- | -78 | 67 |
| May the IR | RS discus | s this re | eturn | with the preparer | shown abov | ve? See instructions | | | | | | | X Yes | | No |
| | | | | | | | | | | | | | | 200 | |

For Paperwork Reduction Act Notice, see the separate instructions.

| Form § | 990 (2021) Washington Cer | nter for the | 91-1182866 | Page 2 |
|---------------------------------------|--|--|---|--|
| | t III Statement of Program | Service Accomplishments | | <u>_</u> |
| 1 | Briefly describe the organization's mission | | | |
| Тł | ne Washington Center rts resource for the | for the Performi | | incipal performing |
| I | Did the organization undertake any signi prior Form 990 or 990-EZ? | | year which were not listed on the | Yes X No |
| | If "Yes," describe these new services on Did the organization cease conducting, o | | it conducts, any program | |
| | services? If "Yes," describe these changes on Sch | edule O. | | Yes X No |
| | Describe the organization's program sen expenses. Section 501(c)(3) and 501(c)(the total expenses, and revenue, if any, | 4) organizations are required to rep | port the amount of grants and allocati | - |
| Th pr to au sa a Ha | he Washington Center rofessional performi to the COVID-19 pande idiences until April aid, we were able to national tour of "W eries with live orga ardison. We also cre owntime, we were abl | ng arts events. A mic and being una 2021 and then, i p present live/str Melcome to Indian n, comedy events, ated a virtual fi e to finish a mag | ng Arts presents in activity was signifuble to legally open t was with limited ceamed, the coprodu Country". We hosted and local jazz an leld-trip for stude jor lighting upgrad | icantly reduced due rate with live capacity. That action and launch of d a silent movie tist LaVon ents. During this le and installation. |
| Th re Ma St Ot | (Code:) (Expenses \$ ne Washington Center egion's performing g asterworks Choral En cudent Orchestras of chers. The Center al bund Community Colle anagement for Harleo | roups, including semble, Ballet No Greater Olympia, so manages the Pe ge and serves as | ng Arts acts as ho the Olympia Sympho orthwest, Olympia o Entertainment Exp erforming Arts Thea | me for many of the ony Orchestra, Junior Programs, plosion, and many ter of South Puget |
| 4c (| (Code:) (Expenses \$ | including grant | ts of \$) | Revenue \$) |
| NĄ | /A | | | |
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| | | | | |
| | | | | |
| | Other program services (Describe on So | | | ١ |
| | (Expenses \$ Total program service expenses ► | including grants of \$ 2,106,308 |) (Revenue \$ |) |
| | | _,_00,000 | | |

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| Forr | n 990 (2021) Washington | Center | for | the | 91-1182866 | | | | |
|---|---|------------------|-----------|------------|---|------------|--|--|--|
| Part IV Checklist of Required Schedules | | | | | | | | | |
| | In the errorization departhed in a | action E01(a)(2) |) or 101 | 7(0)(1) (0 | they then a private foundation 2 if "Vec." | | | | |
| 1 | complete Schedule A | |) 01 4947 | r(a)(1) (0 | ther than a private foundation)? If "Yes," | | | | |
| 2 | Is the organization required to co | mplete Schedu | le B, Scl | hedule of | f Contributors (see instructions)? | | | | |
| 3 | Did the organization engage in di candidates for public office? If "Y | | | | n activities on behalf of or in opposition to | \bigcirc | | | |
| | | | | | | | | | |

| 4 | Section 501(c)(3) organizations. 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 |

| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) | | | |
|------|--|-----|----|----------|
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | 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 | 6 | | 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 | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | 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 | 9 | | 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 | 10 | х | |
| 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | 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 | 11b | | <u>x</u> |
| С | 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 | 11c | | 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 | 11d | | x |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| 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 | 11f | | x |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | 37 | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | 37 |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | 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 | | | v |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 45 | | v |
| 40 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 10 | | v |
| 47 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 47 | | v |
| 10 | Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | 17 | | <u>x</u> |
| 18 | Part VIII lines to and 822 /f "Vas" complete Schedule C. Part II | 10 | | x |
| 10 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | <u>^</u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 19 | | x |
| 20-2 | If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| 20a | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | | |
| | | | | |

| 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 | |

х

Yes No

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Form 990 (2021) Washington Center for the

| Pa | Int 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 | 22 | | 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 | 23 | | х | | | | | |
| 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 | 24a | | Х | | | | | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | | | | | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | | | | | | |
| | to defease any tax-exempt bonds? | 24c | | | | | | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | | | | | | |
| 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 | 25a | | х | | | | | |
| 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 | 25b | | х | | | | | |
| 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 | 26 | | 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 | 27 | | x | | | | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, | | | | | | | | |
| 20 | Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | | | | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | | | | | | |
| a | "Yes," complete Schedule L, Part IV | 28a | | x | | | | | |
| b | A family member of any individual described in line 2822 if "Yes" complete Schedule 1. Part IV | 28b | | x | | | | | |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 200 | | | | | | | |
| C | "Yes," complete Schedule L, Part IV | 28c | | x | | | | | |
| 29 | Did the organization receive more than \$25,000 in pap cach contributions? If "Yee" complete Schodule M | 29 | x | | | | | | |
| 29 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 23 | - 22 | | | | | | |
| 30 | conservation contributions? If "Yes," complete Schedule M | 30 | | x | | | | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X | | | | | |
| | | - 31 | | | | | | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | 20 | | x | | | | | |
| 22 | complete Schedule N, Part II | 32 | | | | | | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | v | | | | | |
| ~ ~ | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x | | | | | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | v | | | | | |
| 25- | or IV, and Part V, line 1 | 34 | | X X | | | | | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | ^ | | | | | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 0.54 | | | | | | | |
| 20 | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | ├ | | | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | v | | | | | |
| ~- | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | x | | | | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | 77 | | | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x | | | | | |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | | | | | | | | |
| - | 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | X | | | | | | |
| Pa | Int 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 | | | | | |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 23 | - | | | | | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | - | | | | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | 37 | | | | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | | <u> </u> | | | | | |
| DAA | | Fo | rm 99(| 0 (2021) | | | | | |

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| Form | 990 (2021) Washington Center for the 91-11828 | 56 | | Р | age 5 | | | |
|---|---|---------------------------------------|----------|-----|--------------|--|--|--|
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance (continue | :d) | | 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 61 | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns | ? | 2b | Х | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . 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 | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other au | thority over, | | | | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial a | ccount)? | 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 Ace | counts (FBAR). | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \ldots | | 5a | | X | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | n? | 5b | | x | | | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | <u> </u> | | | |
| 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 | | | 1 | | | |
| _ | gifts were not tax deductible? | | 6b | | <u> </u> | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good | ds | _ | | | | | |
| | and services provided to the payor? | | 7a | | <u> </u> | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | · · · · · · · · · · · · · · · · · · · | 7b | | <u> </u> | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | - | | | | | |
| | required to file Form 8282? | 74 | 7c | | <u> </u> | | | |
| d | | 7d | 70 | | | | | |
| e f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con | | 7e 7f | | <u> </u> | | | |
| 1 | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract If the organization received a contribution of qualified intellectual property, did the organization file Form | | | | <u> </u> | | | |
| g b | | | 7g 7h | | <u> </u> | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the Image: Comparization file a Form 1098-C? | | | | | | | | |
| U | sponsoring organizations maintaining donor advised rands. Did a donor advised rand maintained r | - | 8 | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | • | | | | | |
| a | | | 9a | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | |
| а | | 0a | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 0b | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | |
| а | Gross income from members or shareholders | 1a | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | | | | | |
| | | 1b | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1 | 041? | 12a | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 2b | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | |
| а | 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 | 3b | | | | | | |
| С | ······································ | 3c | | | | | | |
| 14a | | | 14a | | x | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule | Г | 14b | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerat | ion or | | | | | | |
| | excess parachute payment(s) during the year? | | 15 | | x | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | 77 | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment in | come? | 16 | | x | | | |
| 4- | If "Yes," complete Form 4720, Schedule O. | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in | | <u> </u> | | | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | 17 | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | |

| Form | 990 (2021) Washington Center for the 91-1182866 | | Р | age 6 |
|----------|--|-------|------|--------------|
| Pa | rt 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. S | | | ons. |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 17 | | | |
| | 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 | J | | |
| | committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 17 | | | |
| 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 | | х |
| 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 | | х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | х |
| 6 | Did the organization have members or stockholders? | 6 | | х |
| 7a | 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? | 7a | | х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7b | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | _ | | |
| а | The governing body? | 8a | х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | х | |
| 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 | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co | de.) | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| 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? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | X |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe on Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | х | |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | <u>x</u> |
| b | Other officers or key employees of the organization | 15b | | x |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | 37 |
| | with a taxable entity during the year? | 16a | | 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 | | | |
| <u></u> | organization's exempt status with respect to such arrangements? | 16b | | |
| | tion C. Disclosure | | | |
| 17 18 | List the states with which a copy of this Form 990 is required to be filed WA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) | | | |
| 10 | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X 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 | | | |
| 19 | financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | arrie Swindler 512 Washington St SE | | | |
| | | -75 | 3-8 | 585 |
| | | , , , | | |

Form 990 (2021)

Form 990 (2021) Washington Center for the 91-1182866 Page 7 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 1a 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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) (B) Name and title Average hours per week | | x, unle icer ai | Posi check ess per nd a c | ition more rson i | s both a pr/truste | an e) | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
|---|--|---|---|---|---|--|--|---|--|
| (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations |
| | | | | | | | | | |
| 40.00 | | | x | | | | 126,758 | 0 | 0 |
| | | | | | | | | | |
| | v | | v | | | | | 0 | 0 |
| | X | | X | | | | 0 | 0 | 0 |
| | | | | | | | | | |
| | x | | | | | | 0 | 0 | 0 |
| | | | | | | | | | |
| 1.00 | | | | | | | | | |
| 0.00 | X | | | | | | 0 | 0 | 0 |
| | | | | | | | | | |
| | | | | | | | | | |
| 0.00 | X | | X | | | | 0 | 0 | 0 |
| | | | | | | | | | |
| | x | | | | | | 0 | 0 | 0 |
| | | | | | | | | | |
| 1.00 | | | | | | | | | |
| 0.00 | x | | | | | | 0 | 0 | 0 |
| | | | | | | | | | |
| 1.00 | | | | | | | | | |
| 0.00 | Х | | Х | | | | 0 | 0 | 0 |
| | | | | | | | | | |
| | | | | | | | | _ | |
| 0.00 | X | | X | | | | 0 | 0 | 0 |
| 1 00 | | | | | | | | | |
| | ~ | | | | | | | 0 | 0 |
| 0.00 | Ā | | | | | | 0 | 0 | 0 |
| 1 00 | | | | | | | | | |
| | x | | | | | | <u>م</u> | 0 | 0 |
| | Average hours per week (list any hours for related organizations below dotted line) 40.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 | Average hours per week (list any hours for related organizations below dotted line) Individual organizations below dotted line) 40.00 0.00 Individual organizations below dotted line) 1.00 0.00 X 1.00 0.00 X | Average hours per week (list any hours for related organizations below dotted line) (do not do box, unle officer al relations below dotted line) 40.00 0.00 In related related organizations below dotted line) In related relat | (B) Average hours per week (list any hours for related organizations below dotted line) Pos (do not check box, unless per officer and a constraint to make the box unless per officer and a constraint to make the below dotted line) 40.00 0.000 Ist to the below dotted line) Ist to the below dotted line) Ist to the below dotted line) 1.00 0.000 X X 1.00 0.000 X X | Average hours per week (list any hours for related organizations below dotted line) Ist tion at direct to the constraint of the constrated of the constrated of the constraint of the constraint of the | (B) Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than or box, unless person is both officer and a director rese (ex) employee organization rese 40.00 0.000 interface ites interface ites interface ites (ex) employee (ex) employee 1.00 0.000 x x interface ites (interface ites (interface ites (interface ites (interface ites 1.00 0.000 x x interface ites interface ites (interface ites (interface ites (interface ites 1.000 0.000 x interface ites interface ites interface ites interface ites interface ites < | (B) Average hours per week (list any below dotted line)Position (do not check more than one box, unless person is both an officer and a director/trustee) 40.00 organizations below dotted line) 1 1000 1000 1 1000 | (B) Average hours per week (its any organizations below doted line) (D) (do not check more than one both officer and a director/trustee) (D) Reportable compensation from the organization (V-2/ 1099-MSC/ 1000 X X X X 1000 1.000 X X X 1000 1.000 X X X 1000 1.000 X X 1000 1.000 X 1000 X 1000 X 1000 X 1000 1.000 X 1000 X | (B) Norage hous per week (its any) Postion (do not fock more tano or officer and a director/tube) method officer and a director/tube) form the dotted line) (C) Reportable organization (V-2) 1099-MISC/ 1099-M |

| 12303 04/19/2023 4:51 PM Form 990 (2021) Washingto | | | | | | | | 91-118 | | | | Page 8 |
|--|---|-----------------------------------|--|---------|--------------|------------------------------|---------------|---|--|-------------|--|---------------|
| Part VII Section A. Officers | s, Directors, Tru | stee | s, K | - | | oyees | , a | nd Highest Compensated | Employees (continued) | 1 | | |
| (A) Name and title | me and title Average box, unle | | (C) Position (do not check more than one box, unless person is both a officer and a director/trustee | | | | an Reportable | | (E) Reportable compensation | | (F) ated amo of other | ount |
| Pub | per week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/ 1099-MISC/ 1099-NEC) | from related organizations (W-2/ 1099-MISC/ 1099-NEC) | fr organ | pensatior rom the nization a organiza | ind |
| (12) Debra Stepher | | | | | | | | | | | | |
| Board Member | 1.00 | x | | | | | | 0 | 0 | | | 0 |
| (13) Ron Thomas Board Member | 1.00 | v | | | | | | 0 | 0 | | | 0 |
| (14) Alison Vega | 0.00 | x | | | | | | 0 | 0 | | | 0 |
| Board Member | 1.00 0.00 | x | | | | | | 0 | 0 | | | 0 |
| (15) Deborah Vinse | ∍1 1.00 | | | | | | | | | | | |
| Board Member | 0.00 | x | | | | | | 0 | 0 | | | 0 |
| (16) Spence Weigar Board Member | 1.00 0.00 | x | | | | | | 0 | 0 | | | 0 |
| (17) Lynn Wofford | 1.00 | | | | | | | | | | | |
| Treasurer | 0.00 | x | | x | | | | 0 | 0 | | | 0 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1b Subtotal | | | I | I | I | <u> </u> | • | 126,758 | | | | |
| c Total from continuation she d Total (add lines 1b and 1c) | | | | | | 🕨 | ► | 126,758 | | | | |
| 2 Total number of individuals (in reportable compensation from | cluding but not li | mite | d to | | | ted ab | ove | | \$100,000 of | | | |
| | | | | otoo | ko | | | a ar highaat aampanaata | d | | Ye | es No |
| 3 Did the organization list any for employee on line 1a? <i>If "Yes,"</i> 4 For any individual listed on line | " complete Sched | lule | J for | suc | h ind | dividua | a/ | | | | 3 | x |
| organization and related organ individual | nizations greater | thar | 1 [.] \$15 | 50,00 | 0? / | f "Yes, | ," C | complete Schedule J for su | | | 4 | x |
| 5 Did any person listed on line for services rendered to the o | 1a receive or acc | crue | com | pens | atior | n from | an | y unrelated organization o | r individual | | 5 | x |
| Section B. Independent Contracto | 0 | , | | | | | | | | | | |
| 1 Complete this table for your fir compensation from the organi | zation. Report co | | | | | | | ar year ending with or with | nin the organization's tax ye | ear. | | |
| Name and | (A) business address | | | | | | | Descrip | (B) tion of services | | (C Comper | c) nsation |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | Ī | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent received more than \$100,000 | | | | | | | | se listed above) who | 0 | | | |

Form 990 (2021) Washington Center for the Part VIII Statement of Revenue

91-1182866

| - | | | | f Revenue edule O conta | ains a | respon | se or note | to any line in this | s Part VIII | | |
|---------------------------------|---------|---|--|----------------------------|-------------------|----------|---------------|----------------------|--|--------------------------------------|---|
| | | | _ | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Girts, Grants nilar Amounts | b | Federated camp Membership due | es | | 1a 1b | n | SP | ecti | on | Cop |)V |
| A A | d d | Fundraising eve Related organization | nis ations | | 1c 1d | | | | | | |
| | e | Government grants (co | ontributio | ns) | 1e | 1, | 713,139 | | | | |
| Contributions, and Other Sim | f | All other contributions, | gifts, gra | ants, | | | | | | | |
| put | n | and similar amounts no Noncash contributions | | | 1f | l, | 147,541 | | | | |
| | 9 | lines 1a-1f | | | 1g | \$ | 465,483 | | | | |
| <u>a C</u> | h | Total. Add lines | 1a–1f | | | | 🕨 | 2,860,680 | | | |
| | | | | | | | Business Code | | | | |
| e | 2a | Center Eve | | | | | 711300 | 818,133 | 818,133 | | |
| Program Service Revenue | b | Theater Rep | ntal | and User | | | 711300 | 405,868 | 405,868 | | |
| | C | Box Office | Serv | vice Charge | | | 711300 | 210,526 | 210,526 | | |
| E A | d | | | | | | | | | | |
| ۲ | e | | | | | | ├ | | | | |
| | | All other program | | | | | <u> </u> | 1,434,527 | | | |
| | | Total. Add lines Investment incor | | | | | ····· 🕨 | 1,131,527 | | | |
| | 3 | other similar am | `` | 0 | | - | | -23,673 | -23,673 | | |
| | 4 | Income from inv | estme | nt of tax-exempt | bond | proceeds | ····· • | | | | |
| | 5 | Royalties | | | | | | | | | |
| | • | | [| (i) Real | <u> </u> | | Personal | | | | |
| | 6a | Gross rents | 6a | | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | | | | |
| | с | Rental inc. or (loss) | Rental inc. or (loss) 6c Net rental income or (loss) | | | | | | | | |
| | | | | | | ► | | | | | |
| | 7a | Gross amount from sales of assets | | (i) Securities | | (ii) | Other | | | | |
| | | other than inventory | 7a | | | | | | | | |
| ne | b | Less: cost or other | | | | | | | | | |
| Revenue | | basis and sales exps. | 7b | | | | | | | | |
| | | Gain or (loss) | 7c | | | | | | | | |
| Other | | Net gain or (loss | | | · · · · · · · · · | | > | | | | |
| ð | 8a | Gross income from (not including \$ of contributions rep 1c). See Part IV, lir | orted c | on line | 8a | | | | | | |
| | h | Less: direct exp | | | 8b | | | | | | |
| | | Net income or (I | | | | | ► | | | | |
| | | Gross income fr | , | • | | | · | | | | |
| | | activities. See Pa | | | 9a | | | | | | |
| | b | Less: direct exp | | | 9b | | | | | | |
| | | Net income or (I | | | vities | | ► | | | | |
| | 10a | Gross sales of in | | | | | | | | | |
| | | returns and allow | | | 10a | | 65,132 | | | | |
| | | Less: cost of go | | | 10b | | | | | | |
| -+ | C | Net income or (I | oss) fi | rom sales of inve | entory . | <u></u> | | 65,132 | 65,132 | | |
| sn | | | | | | | Business Code | 0.400 | 0 400 | | |
| <u>e g</u> | 11a | • | | | | | ├ | 8,423 | 8,423 | | |
| <u>ilar</u> | b | | | | | | ├ | | | | |
| Miscellaneous Revenue | ک لہ | | | | | | ├ | | | | |
| Σ | | All other revenue | | | | | | 8,423 | | | |
| | e | Total. Add lines | iid- | <u></u> | | | 💌 | 0,123 | 1,484,409 | | |

Washington Center Form 990 (2021) 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 Х (A) Total expenses (B) Program service (D) Fundraising (C) Do not include amounts reported on lines 6b, 7b, Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 Benefits paid to or for members 4 Compensation of current officers, directors, 5 trustees, and key employees Compensation not included above to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 824,815 448,365 300,173 76,277 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): 11 a Management **b** Legal c Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f **g** Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 840,645 801,489 13,599 25,557 134,025 1,000 135,025 12 Advertising and promotion 193,660 150,688 32,317 10,655 13 Office expenses Information technology 14 Royalties 15 542,050 507,600 30,163 4,287 16 Occupancy 6,403 2,216 4,187 Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 291 291 20 Interest Payments to affiliates 21 146,630 146,630 Depreciation, depletion, and amortization 22 15,279 13,957 1,322 23 Insurance 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.) Concessions Exp 47,968 47,968 а Fundraising 21,420 21,420 b С d e All other expenses _____ 2,774,186 2,106,308 529,682 138,196 25 Total functional expenses. Add lines 1 through 24e 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

following SOP 98-2 (ASC 958-720)

Page 10

91-1182866

| for | the | |
|-----|-----|--|
| | | |

Washington Center for the Form 990 (2021) Part X

Balance Sheet

| 91-1182866 |
|------------|
|------------|

Check if Schedule O contains a response or note to any line in this Part X . (B) (A) Beginning of year End of year 2,659,873 905,983 Cash-non-interest-bearing 1 1 2 Savings and temporary cash investments 622,401 2 Pledges and grants receivable, net 91,722 83,678 3 3 90,398 242,183 Accounts receivable, net 4 4 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 disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Assets Notes and loans receivable, net 7 13,078 10,549 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 39,350 53,502 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 3,398,752 10a 1,902,855 b Less: accumulated depreciation 10b 1,495,897 1,742,674 10c Investments—publicly traded securities 11 11 Investments-other securities. See Part IV, line 11 210,839 189,341 12 12 13 Investments-program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 230,519 255,927 15 5,405,952 3,938,920 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 59,485 155,279 17 Accounts payable and accrued expenses 17 Grants payable 18 18 365,869 236,252 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 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 298,717 79,853 of Schedule D 25 724,071 471,384 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ► X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 2,314,339 3,886,063 27 27 1,048,505 900,510 28 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 3,214,849 4,934,568 32 32 3,938,920 5,405,952 33 Total liabilities and net assets/fund balances 33

Form 990 (2021)

| 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) 2 Total expenses (must equal Part IX, column (A), line 25) | 4,345 2,774 1,570 3,214 | ,186 ,903 |
|---|----------------------------------|--------------|
| 1 Total revenue (must equal Part VIII, column (A), line 12) 1 2 Total expenses (must equal Part IX, column (A), line 25) 2 | 4,345 2,774 1,570 | ,186 ,903 |
| 2 Total expenses (must equal Part IX, column (A), line 25) 2 | 2,774 1,570 | ,186 ,903 |
| 2 Total expenses (must equal Part IX, column (A), line 25) 2 | 1,570 | ,903 |
| | - | |
| 3 Revenue less expenses. Subtract line 2 from line 1 | 3,214 | 0 4 0 |
| 3 Revenue less expenses. Subtract line 2 from line 1 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 | | <u>,849</u> |
| 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 | 148 | ,816 |
| 9 Other changes in net assets or fund balances (explain on Schedule O) 9 | | |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | |
| 32, column (B)) | 4,934 | ,568 |
| Part XII Financial Statements and Reporting | | _ |
| Check if Schedule O contains a response or note to any line in this Part XII | <u></u> | <u> L</u> |
| | Ye | s No |
| 1 Accounting method used to prepare the Form 990: Cash X Accrual Other | _ | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on | | |
| Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | X |
| 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: | | |
| Separate basis Consolidated basis Both consolidated and separate basis | | |
| b Were the organization's financial statements audited by an independent accountant? | 2b | <u> </u> |
| 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: | | |
| Separate basis Consolidated basis Both consolidated and separate basis | | |
| 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? | 2c 2 | <u> </u> |
| If the organization changed either its oversight process or selection process during the tax year, explain on | | |
| Schedule O. | | |
| 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? | 3a X | <u> </u> |
| 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 | | |

Form **990** (2021)

| SCI | HEDULE A | | Pub | lic Charity | Status | and | Publ | ic Suppo | rt | OMB No. 1545-0047 | | |
|--------|-------------------------------------|----------|---|---|-----------------|---------------|--------------|--------------------------|----------------|--------------------------------------|--|--|
| (For | m 990) | | Complete if the or | ganization is a section 50 | 1(c)(3) organiz | zation or a s | ection 4947 | (a)(1) nonexempt cha | ritable trust. | 2021 | | |
| | tment of the Treasury | | | Attach | to Form 9 | 90 or For | m 990-E2 | <u>Z</u> . | | Open to Public | | |
| Intern | al Revenue Service | | | ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection | | | | | | | | |
| Name | of the organization | | ashington C erforming A | | the | | | | Employer ident | tification number | | |
| Pa | art I Reas | | or Public Charity | | anizations | s must c | omplete | e this part.) Se | e instructio | ons. | | |
| The | organization is not | a priv | vate foundation because | e it is: (For lines 1 th | rough 12, o | check only | one box | .) | · · · | | | |
| 1 | | | on of churches, or ass | | | | n 170(b)(| 1)(A)(i). | | | | |
| 2 | | | in section 170(b)(1)(| | | | | | | | | |
| 3 | | | operative hospital servi | - | | | | |) Enter the h | | | |
| 4 | city, and stat | | n organization operated | in conjunction with | a nospitai | described | in sectio | on 170(b)(1)(A)(II |). Enter the r | nospitars name, | | |
| 5 | | | erated for the benefit of | of a college or univer | sity owned | or operat | ed by a c | overnmental unit | described in | | | |
| • | | | (A)(iv). (Complete Part | - | ony omiou | or operat | ou by u g | | | | | |
| 6 | | | local government or g | , | scribed in s | section 17 | 70(b)(1)(A | .)(v). | | | | |
| 7 | v | | at normally receives a a on 170(b)(1)(A)(vi). (C | • | support fro | om a gove | ernmental | unit or from the | general public | C | | |
| 8 | A community | / trust | described in section | 170(b)(1)(A)(vi). (Cor | mplete Parl | t II.) | | | | | | |
| 9 | | | earch organization des | | | | | | | ge | | |
| | or university university: | or a r | ion-land-grant college o | of agriculture (see ins | structions). | Enter the | name, ci | y, and state of th | e college or | | | |
| 10 | <u> </u> | ion th | at normally receives (1) |) more than 33 1/3% | of its supr | port from | contributio | ons. membership | fees. and arc | | | |
| | receipts from | activi | ties related to its exem | pt functions, subject | to certain | exceptions | s; and (2) | no more than 33 | 31/3% of its | | | |
| | | • | a investment income ar ganization after June 3 | | | | | , | usinesses | | | |
| 11 | | | ganized and operated | | | • • | | | | | | |
| 12 | | | ganized and operated e | | | | | | out the purpo | oses of | | |
| | | | ly supported organizat | | | | | | | | | |
| | | | 2a through 12d that dea | | | • | | | • | | | |
| | the supp | orted | orting organization ope organization(s) the pow | ver to regularly appoi | int or elect | a majority | | | | ing | | |
| | | | anization. You must c | • | | | :ta | uted environmentions | a) hu hauire | | | |
| | control o | r man | porting organization su agement of the suppor You must complete | ting organization ves | sted in the s | | | | | | | |
| | | • • • | ionally integrated. A s | • | | d in conne | ection with | and functionally | integrated w | vith | | |
| | its_suppo | orted of | organization(s) (see ins | structions). You must | t complete | Part IV, | Sections | A, D, and E. | - | | | |
| | | | unctionally integrated | | | | | | | | | |
| | | | ctionally integrated. The e instructions). You n | • • | • | • | | • | an attentiven | ess | | |
| | | | if the organization rec | - | | | | | I. Type III | | | |
| | functiona | Ily inte | egrated, or Type III no | n-functionally integra | | | | | , ,, | | | |
| | | | of supported organizati | | | | | | | | | |
| | - | | ng information about th | ie supported organiz | | (iv) is the | organization | (1) Amount - f | monoton | (ui) Amount of | | |
| (1 |) Name of supported organization | | (ii) EIN | (III) Type of organ (described on lines | | • • • | ur governing | (v) Amount of support | | (vi) Amount of other support (see | | |
| | | | | above (see instruc | ctions)) | docur | ment? | instructio | ns) | instructions) | | |
| | | | | | | Yes | No | | | | | |
| (A) | | | | | | | | | | | | |
| (B) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (D) | | | | | | | | | | | | |
| (E) | | | | | | | | | | | | |
| Tota | 1 | | | | | | | | | | | |
| | | on Act | Notice, see the Instruct | ions for Form 990 or | 990-EZ. | | | <u> </u> | | Schedule A (Form 990) 2021 | | |

| Sche | dule A (Form 990) 2021 Was | hington C | enter for | the | 91 | -1182866 | Page 2 |
|-------|--|-------------------------|---------------------|-----------------------|---------------------------|----------------|---------------|
| | art II Support Schedule for O | | | |)(1)(A)(iv) and | 170(b)(1)(A)(v | i) |
| | (Complete only if you chee | | | | | | |
| | Part III. If the organization | | | | | | |
| Sec | tion A. Public Support | | | | | | |
| Caler | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | Ins | spe | Ctio | n (| JOD | V |
| | include any "unusual grants.") | 1,615,954 | 1,485,028 | 1,497,975 | 2,473,186 | 2,860,680 | 9,932,823 |
| 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 | 456,600 | 456,600 | 456,600 | | | 1,369,800 |
| 4 | Total. Add lines 1 through 3 | 2,072,554 | 1,941,628 | 1,954,575 | 2,473,186 | 2,860,680 | 11,302,623 |
| 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 | | | | | | 11,302,623 |
| | tion B. Total Support | | | | | | |
| Caler | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 | Amounts from line 4 | 2,072,554 | 1,941,628 | 1,954,575 | 2,473,186 | 2,860,680 | 11,302,623 |
| 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 | | | | | | 11,302,623 |
| 12 | Gross receipts from related activities, etc. | | | | | | 5,649,006 |
| 13 | First 5 years. If the Form 990 is for the or | - | | • | • | ., | |
| 500 | organization, check this box and stop here tion C. Computation of Public St | e | tago | | | | 🕨 |
| 14 | Public support percentage for 2021 (line 6 | | | up (f)) | | 14 | 100.00 % |
| 14 | Public support percentage for 2021 (line of Public support percentage from 2020 Sche | , column (i) divided | | ··· (<i>1))</i> | | | 100.00 % |
| 16a | 33 1/3% support test—2021. If the organ | ization did not cher | k the box on line | 13 and line 14 is 1 | 33 1/3% or more (| heck this | 100.00 /8 |
| 104 | box and stop here. The organization qual | | | | | | ► X |
| b | 33 1/3% support test—2020. If the organ | | | | | | ······ • • |
| | this box and stop here. The organization | | | | | | ▶□ |
| 17a | | | | | | | ······ |
| | 10% or more, and if the organization mee | - | | | | | |
| | Part VI how the organization meets the fa | | | | | | |
| | organization | | - | | | | ▶□ |
| b | 10%-facts-and-circumstances test-202 | 20. If the organization | on did not check a | box on line 13, 16 | Sa, 16b, or 17a, an | d line | |
| | 15 is 10% or more, and if the organization | meets the facts-a | nd-circumstances | test, check this bo | x and stop here. I | Explain | |
| | in Part VI how the organization meets the | facts-and-circumst | ances test. The or | rganization qualifies | s as a publicly sup | ported | |
| | organization | | | | | | ► 📋 |
| 18 | Private foundation. If the organization did | d not check a box o | on line 13, 16a, 16 | b, 17a, or 17b, che | eck this box and se | e | . — |
| | instructions | | | | | | トレ |

Schedule A (Form 990) 2021

| Sche | dule A (Form 990) 2021 Was | shington | Center | for the | | 91-118286 | 6 | Page 3 |
|-------|---|---------------------|------------------|---------------------|-----------------------|-------------------|-----------|--------|
| Pa | art III Support Schedule for C | Organizations | Described | in Section 5 | 09(a)(2) | | | |
| | (Complete only if you che | cked the box | on line 10 c | of Part I or if th | e organization fa | iled to qualify u | nder Part | II. |
| | If the organization fails to | qualify under | the tests list | sted below, ple | ease complete Pa | art II.) | | |
| Sec | tion A. Public Support | | | | | | | |
| Caler | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 201 | 18 (c) 20 | 19 (d) 2020 | (e) 2021 | (f) | Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | In | SD | ecti | on | Uor |)V | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | | |
| С | Add lines 7a and 7b | | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | | |
| | tion B. Total Support | _ | | | | | | |
| Caler | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 201 | 18 (c) 20 | 19 (d) 2020 | (e) 2021 | (f) | Total |
| 9 | Amounts from line 6 | | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | |
| С | Add lines 10a and 10b | | | | | | | |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | | |
| | and 12.) | | | | | | | |
| 14 | First 5 years. If the Form 990 is for the c | 0 | | | | | | . 🗆 |
| | organization, check this box and stop he | | | | | | | 🕨 📘 |
| Sec | tion C. Computation of Public S | | | | | | | |
| 15 | Public support percentage for 2021 (line 8 | 3, column (f), divi | ded by line 13 | , column (f)) | | ····· | 15 | % |
| 16 | Public support percentage from 2020 Sch | | | | <u></u> | | 16 | % |
| Sec | tion D. Computation of Investme | | | | | | | |
| 17 | Investment income percentage for 2021 (| (line 10c, column | (f), divided by | line 13, column (f | f)) | L | 17 | % |
| 18 | Investment income percentage from ${\bf 2020}$ | Schedule A, Par | t III, line 17 | | | L | 18 | % |
| 19a | 33 1/3% support tests—2021. If the orga | anization did not | check the box | on line 14, and lin | ne 15 is more than 33 | 3 1/3%, and line | | |
| | 17 is not more than 33 1/3%, check this b | - | - | | | - | | 🕨 🗋 |
| b | 33 1/3% support tests-2020. If the orga | | | | | | | |
| | line 18 is not more than 33 1/3%, check the | | | | | | | |
| 20 | Private foundation. If the organization di | id not check a bo | ox on line 14, 1 | 9a, or 19b, check | this box and see ins | tructions | | 🕨 📔 |

| 990) 2021 Washington Center for the 91-11 | 82866 | Page 4 |
|--|--|--|
| Supporting Organizations | | - 1 |
| (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, co | • | |
| and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c | | ete |
| Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and con | npiele Part V.) | |
| | Ye | s No |
| f the organization's supported organizations listed by name in the organization's governing | | 5 110 |
| tts? If "No," describe in Part VI how the supported organizations are designated. If designated by | | |
| purpose, describe the designation. If historic and continuing relationship, explain. | 1 | |
| brganization have any supported organization that does not have an IRS determination of status | | |
| ection 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported | | |
| tion was described in section 509(a)(1) or (2). | 2 | |
| organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer | | |
| and 3c below. | 3a | |
| organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and | | |
| the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the | | |
| tion made the determination. | 3b | |
| prganization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) | | |
| ? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | |
| v supported organization not organized in the United States ("foreign supported organization")? If | | |
| nd if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | |
| organization have ultimate control and discretion in deciding whether to make grants to the foreign | | |
| d organization? If "Yes," describe in Part VI how the organization had such control and discretion | | |
| being controlled or supervised by or in connection with its supported organizations. | 4b | |
| organization support any foreign supported organization that does not have an IRS determination | | |
| ctions 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used | | |
| e that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) | | |
| 3 | 4c | |
| organization add, substitute, or remove any supported organizations during the tax year? If "Yes," | | |
| ines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN | | |
| of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; | | |
| nuthority under the organization's organizing document authorizing such action; and (iv) how the action | _ | |
| omplished (such as by amendment to the organizing document). | 5a | |
| r Type II only. Was any added or substituted supported organization part of a class already | | |
| ed in the organization's organizing document? | 5b | |
| tions only. Was the substitution the result of an event beyond the organization's control? | 5c | |
| brganization provide support (whether in the form of grants or the provision of services or facilities) to | | |
| other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited | | |
| or more of its supported organizations, or (iii) other supporting organizations that also support or | C | |
| ne or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. organization provide a grant, loan, compensation, or other similar payment to a substantial contributor | 6 | |
| ed in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity | | |
| ard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | |
| brganization make a loan to a disqualified person (as defined in section 4958) not described on line | | |
| s, " complete Part I of Schedule L (Form 990). | 8 | |
| organization controlled directly or indirectly at any time during the tax year by one or more | | |
| ed persons, as defined in section 4946 (other than foundation managers and organizations | | |
| d in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9a | |
| or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which | | |
| orting organization had an interest? If "Yes," provide detail in Part VI. | 9b | |
| squalified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit | | |
| sets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | |
| organization subject to the excess business holdings rules of section 4943 because of section | | |
| regarding certain Type II supporting organizations, and all Type III non-functionally integrated | | |
| ig organizations)? If "Yes," answer line 10b below. | 10a | |
| organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | | |
| e whether the organization had excess business holdings.) | 10b | |
| regardi ng orga organiz | ng certain Type II supporting organizations, and all Type III non-functionally integrated anizations)? <i>If "Yes," answer line 10b below.</i> ation have any excess business holdings in the tax year? (<i>Use Schedule C, Form 4720, to</i> | ing certain Type II supporting organizations, and all Type III non-functionally integrated 10a anizations)? If "Yes," answer line 10b below. 10a ation have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to 10a |

| Schedu | ule A (Form 990) 2021 Washington Center for the 91-11828 | 66 | | Page 5 |
|--------|--|------------|-----|--------|
| | rt IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | | | | |
| h. | 11c below, the governing body of a supported organization? | 11a | | |
| b | | 11b | | |
| С | provide detail in Part VI. | 11c | / | |
| Sect | ion B. Type I Supporting Organizations | | / | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| Sect | supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations | 2 | | |
| Jeci | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | 163 | NO |
| • | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sect | ion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have | | | |
| | a significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| Sect | supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| - | | | | |
| 1 a | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. | <i>»).</i> | | |
| b | | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see insi | ructions |) | |
| 2 | Activities Test. Answer lines 2a and 2b below. | [| Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's | | | |
| | involvement, one or more of the organization's supported organization(s) would have been engaged in? If | | | |
| | "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would | | | |
| | have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | | | | |
| | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. | 3a | | |
| b | | • | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| louu | e A (Form 990) 2021 Washington Center for the | | 91-1182 | 866 Ра |
|------|--|--------|--|-------------------------------|
| Part | V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | aniza | tions | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov | v. 20, | 1970 (explain in Part VI). | See |
| | instructions. All other Type III non-functionally integrated supporting organizations mus | t com | plete Sections A through E | |
| ecti | on A – Adjusted Net Income | | (A) Prior Year | (B) Current Yea |
| | Dudal'a la caracti | _ | (, , , , , , , , , , , , , , , , , , , | (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection | | | |
| | of gross income or for management, conservation, or maintenance of | | | |
| | property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| ecti | on B – Minimum Asset Amount | | (A) Prior Year | (B) Current Yea (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| ecti | on C – Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| | Check here if the current year is the organization's first as a non-functionally integrated | | | |

(see instructions).

Schedule A (Form 990) 2021

| Schedu Par | He A (Form 990) 2021 Washington Center t V Type III Non-Functionally Integrated 509(a)(3) | | 91-1182 | 2866 Page 7 |
|---------------|--|-----------------------------|--|---|
| | ion D – Distributions | Supporting Organiza | | Current Year |
| | Amounto noid to supported organizations to accomplish events purp | | | |
| | Amounts paid to supported organizations to accomplish exempt purp | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purpose | es or supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of sup | ported organizations | | |
| | Amounts paid to acquire exempt-use assets | - (- 1/- 1/- D+ 1/A | | |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide de | etalis in Part VI) | | |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | | | |
| | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the organiz | zation is responsive | | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Sect | ion E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reasonable cause required– <i>explain in Part VI</i>). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | |
| | From 2016 | | | |
| | From 2017 | | | |
| | From 2018 | | | |
| | From 2019 | | | |
| | From 2020 | | | |
| | Total of lines 3a through 3e | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2021 distributions of prior years | | | |
| | Carryover from 2016 not applied (see instructions) | | | |
| <u> </u> | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| | Distributions for 2021 from | | | |
| - | Section D, line 7: \$ | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2021 distributions of phor years | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| <u> </u> | Remaining underdistributions for years prior to 2021, if | | | |
| 5 | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | | | | |
| - | greater than zero, <i>explain in Part VI</i> . See instructions. Remaining underdistributions for 2021 Subtract lines 3h | | | |
| 6 | 5 | | | |
| | and 4b from line 1. For result greater than zero, <i>explain in</i> | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | |
| | and 4c. | | | |
| | Breakdown of line 7: | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 | | | |
| - | Excess from 2019 | | | |
| | Excess from 2020 | | | |
| e | Excess from 2021 | | | Schedule A (Form 990) 2021 |

Schedule A (Form 990) 2021

| Schedule A (Fo | orm 990) 2021 | Washing | gton Cent | er for | the | 91 | -1182866 | Page 8 |
|---|---|--|--|---|---|---|--|-------------------------------------|
| Part VI | Supplemental III, line 12; Par B, lines 1 and 3 3a, and 3b; Pa | Information. Protection A, line 2; Part IV, Section rt V, line 1; Part V | ovide the expla nes 1, 2, 3b, 3d n C, line 1; Pa /, Section B, li | anations rec c, 4b, 4c, 5a rt IV, Sectio ne 1e; Part | quired by Part a, 6, 9a, 9b, 9 n D, lines 2 ar V, Section D, | c, 11a, 11b, ar nd 3; Part IV, \$ lines 5, 6, and | nd 11c; Part IV, Section E, lines 8; and Part V, | 17b; Part Section 1c, 2a, 2b, |
| | lines 2, 5, and | 6. Also complete | this part for a | any additiona | al information. | (See instruction | ons.) | |
| | PUD | | nsp | <u>Je(</u> | JUO | | <u>,00</u> | y |
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|--|--|-------------------|
| Schedule B (Form 990) | Schedule of Contributors | OMB No. 1545-0047 |
| Department of the Treasury Internal Revenue Service | Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. | 2021 |
| Name of the organization Washington Ce Performing Ar Organization type (check o | inter for the 91-11828 | tification number |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| | covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See | |
| General Rule | | |
| | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a ontributions. | |
| Special Rules | | |
| regulations under se 16b, and that receive | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or ed from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or at on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. | |
| contributor, during th literary, or education | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, al purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering nstead of the contributor name and address), II, and III. | |

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

▶ \$

| lame of o | (Form 990) (2021) Irganization | Em | e 1 of 1 Page ployer identification number |
|-----------------|--|---------------------------------|---|
| Wash | ington Center for the | 91 | -1182866 |
| Part I | Contributors (see instructions). Use duplicate copies of Pa | art I if additional space is ne | eded. |
| (a) No. 1 | (b) PUDName, address, and ZIP + 4 SPEC | (c) Total contributions | (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$ 226 , 417 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash |
| | | | (Complete Part II for noncash contributions.) |

| SCH | EDULE D | 1 | Su | pplemental | Finan | cial Statem | nents | | I | OMB No. 1545-0047 |
|--|--|-----------------|------------------------------------|-------------------------------------|---|-------------------------|-----------------|------------|--------------|------------------------|
| (Form 990) Complete if the orga | | | omplete if the organiz | ization answered "Yes" on Form 990, | | | | | 2021 | |
| | ment of the Treasury | | Part N | | 1a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ach to Form 990. | | | | | Open to Public |
| Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest infor | | | | | <u>st informatio</u> | n. | | Inspection | | |
| Name of the organization | | | | | | | | Employer | identificati | on number |
| Washington Center for the Performing Arts | | | | | \frown | stion | | 91-1 | 1828 | 56 |
| | rt I Organ | izations N | | onor Advised Fu | | | unds or Ad | | | JV |
| | Compl | ete if the o | organization a | nswered "Yes" on I | -orm 99 | | | | | |
| | Tatal succession of a | | | | | (a) Donor advised funds | | (| b) Funds an | d other accounts |
| 1 2 | Total number at er | | | | | | | | | |
| 2 | Aggregate value o | f grants from |) (during year) | r) | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | r advisors in writing that | | ts held in donor adv | ised | | | |
| | funds are the orga | anization's pro | operty, subject to | the organization's exc | lusive lega | I control? | | | | . Yes No |
| 6 | | | | , and donor advisors in | | | | | | |
| | only for charitable | purposes and | d not for the ben | efit of the donor or don | or advisor, | or for any other pur | pose | | | |
| _ | | | | <u></u> | | | <u></u> | <u></u> | | . Yes No |
| Pa | | | asements. | nswered "Yes" on I | |) Part IV line 7 | | | | |
| 1 | | | • | the organization (check | | | • | | | |
| • | | | | mple, recreation or edu | | Preservation of a | historically in | nportant | land are | a |
| | Protection of r | • | | 1 2 | , | Preservation of a | - | • | | |
| | Preservation o | f open space | е | | | - | | | | |
| 2 | Complete lines 2a easement on the la | 0 | 0 | n held a qualified conse | rvation co | ntribution in the form | n of a conserv | | Hold at t | he End of the Tax Year |
| а | | • | • | | | | | | | |
| b | Total acreage rest | ricted by con | servation easer | nents | | | | 2b | | |
| c | Number of conserv | vation easem | nents on a certifie | ed historic structure incl | uded in (a | | | 2c | | |
| d | | | | (c) acquired after 7/25/ | | | | | | |
| | historic structure li | sted in the N | lational Register | | | | | 2d | | |
| 3 | Number of conser | vation easem | nents modified, tr | ransferred, released, ex | tinguished | , or terminated by th | ne organizatio | n during | g the | |
| | tax year ▶ | | | | | | | | | |
| 4 | | | | nservation easement is | | | | | | |
| 5 | | | | arding the periodic mor | | | | | | |
| ~ | violations, and enf | orcement of | the conservation | easements it holds? | | | | | | |
| 6 | | | ted to monitoring | g, inspecting, handling o | of violation: | s, and enforcing cor | iservation eas | sements | during t | ne year |
| 7 | Amount of expens | es incurred i | in monitoring ins | pecting, handling of vic | lations an | d enforcing conserv | ation easeme | nts duri | na the ve | ear |
| | ► \$ | | | pooling, nanaling of vie | adono, an | | | | ing the je | |
| 8 | | | | line 2(d) above satisfy | the require | ements of section 17 | 70(h)(4)(B)(i) | | | |
| | and section 170(h |)(4)(B)(ii)? | | | | | | | | 🗌 Yes 🗌 No |
| 9 | | | | rts conservation easem | | | | | | |
| | | | | xt of the footnote to the | e organizat | ion's financial staten | nents that dea | scribes t | the | |
| Da | organization's account III Organ | | | collections of Art, | Historia | al Troasuros o | r Othor Si | imilar | Assots | • |
| 10 | | | | nswered "Yes" on I | | | | iiiiiai | A33613 | |
| 1a | If the organization | elected, as p | permitted under F | ASB ASC 958, not to | report in its | s revenue statement | and balance | sheet v | vorks | |
| | | | | ts held for public exhibi | | | | of public | | |
| | service, provide in Part XIII the text of the footnote to its financial statements that describes these items. | | | | | | | | | |
| b | - | | | FASB ASC 958, to repo | | | | | | |
| | | | | held for public exhibition | i, educatio | in, or research in ful | unerance of p | JUDIIC SE | ervice, | |
| | (i) Revenue inclu | - | - | | | | | • | \$ | |
| | (ii) Assets include | d in Form aa | - 550, Fait Vill, II 90. Part X | ne 1 | | | | 🖡 | Ψ \$ | |
| 2 | | | | , historical treasures, or | | | | | Ψ | |
| - | - | | | r FASB ASC 958 relati | | | . J, p. 34 | | | |
| а | | | | l | | | | ▶ | \$ | |
| b | Assets included in | Form 990, P | Part X | | | | ····· | Þ | · \$ | |
| For I | Paperwork Reducti | on Act Notic | ce, see the Instr | ructions for Form 990 | | | | | Sche | dule D (Form 990) 2021 |

| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 2 Using the organizations accession, and other records, check any of the following that make significant use of its citedicin lens (check at that apply). | Schedule | D (Form 990) 2021 Washingt | | | | 1-11828 | | | Page 2 |
|---|-------------|---|---------------------------|---------------------------|-------------------|----------------|-----------------|-------------|---------------|
| control tests (check all test apply): | | | | | | | | (continue | ed) |
| b Scrattery research 0 Other Other Other 4 Proceeding for thrue operations 0 Other Other <t< td=""><td></td><td></td><td>sion, and other records</td><td>s, check any of the foll</td><td>owing that make</td><td>significant us</td><td>e of its</td><td></td><td></td></t<> | | | sion, and other records | s, check any of the foll | owing that make | significant us | e of its | | |
| C Processed for the angle zero collectors and explain too they turber the organization's collectors in Peer Processed in the angle zero of an explain team of the angle zero of the angle z | a 🗌 | Public exhibition | d | Loan or exchange prog | gram | | | | |
| Provide a description of the organization's collections and exolutin your they turber the organization's element purpose in Bart Xill. Subing the year, did the organization aclicit or receive dorstains of att, historical treasures, or other similar assets to be sold to raise hunds mather than to be maintained as part of the organization's collection? Part IV Escrow and Custocial Arrangements. Complete if the organization answered "Yest" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. If the organization angent, trustee, custodian or other intermediaty for contributions or other assets not include on form 990, Part X, line 21. If the organization in agent, trustee, custodian content intermediaty for contributions or other assets not include on form 990, Part X, line 21. If the organization include an amount on Form 990, Part X, line 21. If the organization include an amount on Form 990, Part X, line 21. If the organization include an amount on Form 990, Part X, line 21. If the organization include an amount on Form 990, Part X, line 21. If the organization include an amount on Form 990, Part X, line 10. If the organization include an amount on Form 990, Part X, line 21. If the organization include an amount on Form 990, Part X, line 21. If the organization include an amount on Form 990, Part X, line 10. If the organization include an amount on Form 990, Part IV, line 10. If the organization include an amount on Form 990, Part IV, line 10. If the organization include an amount on Form 990, Part IV, line 10. If the organization include an amount on Form 990, Part IV, line 10. If the organization include an amount on Form 990, Part IV, line 10. If the organization include an amount on Form 990, Part IV, line 10. If the organization include an amount on Form 990, Part IV, line 10. If the organization include an amount on Form 990, Part IV, line 10. If the organization in | b | Scholarly research | е | Other | | | | | |
| Nil. S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assate to be sold to reise funds rather than to be maintained as part of the organization's collection? Yes X No Part W Ecrorow 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. Yes No 1 if "yes," explain the arrangement in Parx XIII and complete the following table: Image: Complete if the organization and part to the intermediaty for contributions or other assets not include on Form 990, Part X, line 21, for escrew or custodial account lability? Yes No 2 Both enganization the part to the solution on Form 990, Part X, line 21, for escrew or custodial account lability? Yes No 9 If "ves," explain the arrangement in Parx XIII and complete the following table: Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. No Part W Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Boginning of year balance 100 Drive yes 101 Drive yes table 100 Drive yes table 1a Boginning of year balance 122,996 Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Boginning of year balance | | | Inc | noct | INN | | inr | | |
| 5 Outing the year. dd the organization solid or receive donations of att. historical teasures, or other similar assets to be soft to raise tunk stather than to be maintained as part of the organization's collection? 7 Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yest" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodial or other intermediaty for contributions or other assets not include on form 990, Part X, line 21. 1b 'Yes,'' explain the arrangement in Part XIII and complete the following table: | 4 Pro | ovide a description of the organization's | collections and explain | how they further the o | organization's ex | empt purpose | in Part | JY | |
| asset to be sold to raise functs rather than to be maintained as part of the organization: Yes No Part IV Ecrow 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. 1a Is the organization an agent, trustee. custodial or other intermediary for contributions or other assets not include an amount on Form 990, Part X? Ives No b If "ess," explain the arrangement in Part XIII and complete the following table: Ives Ives No c Beginning balance. Id Itel Itel Itel Itel Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Or beginning balance. Itel colspan="2">Itel colspan="2" Or colspan="2" Itel | | | | | | | | | |
| Part V 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. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Image: Status of the | | | | | | | | | X No |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X III and complete the following table: | | | | part of the organization | S CONECTION? | | | | |
| 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 930, Part X? Ives Iv | i art i | | - | on Form 990, Par | t IV. line 9. o | r reported a | an amount | on Form | |
| 1a 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 d Additions during the year 1 e Distributions during the year 1 a Distributions during the year 1 b If Yes," application the arrangement in Part XIII. Check here if the explanation has been provided no Part XII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Cher expendures for facilities and programs 122,996 b Contributions 122,996 d Grants or scholarships 1,31,857 d Grants or scholarships 2,231 g End of year balance 152,7633 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 } % % | | | | | | roponou | | | |
| Included or Form 990, Part X? | 1a ls t | · · · | dian or other intermed | liary for contributions o | r other assets no | ot | | | |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: | | | | - | | | | Yes | No |
| c Beginning balance 1c 1d d Additions during the year 1d 1d f Ending balance 1f 1d 2a Distributions during the year 1f 1f d Additions during the year 1f 1f 2a Distributions include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ives No bit 1* Yes: "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Ves No Part V Endowment Funds. (a) Canvet wat (b) Plan year (c) Two years back (b) Four years back 1a Beginning of year balance 122,996 | b lf " | | | | | | | | |
| d Additions during the year 1d e Distributions during the year 1t 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? IVes No b If "Yes" explain the argangement 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) Corrert year (a) Prover year (b) Prover years back (a) Three years back (a) Four years back 1a Beginning of year balance (a) Corrert year (a) Prover year (b) Prover year (b) Three years back (a) Four years back 1a Beginning of year balance (a) Corrert year (a) Prover year (a) Three years back (a) Four years back 1a Beginning of year balance (a) Corrert year (a) Status (a) Three years back (a) Four years back 1a Beginning of year balance (a) Corrert year (a) Status (a) Three years back (a) Four years back 1a Beginning of year balance (a) Corrert year (a) Status (a) Three years back (a) Four years back 6 Grants or scholarships (a) Corrert year (a) Status (a) Correretyear (a) Correr <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Amount</td> <td></td> | | | | | | | | Amount | |
| e Distributions during the year 19 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves Part V Endowment Funds. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year b Contributions (a) Current year c Net investment earnings, gains, and losses 31,857 b Contributions of scholarships | | | | | | | 1c | | |
| f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Yes No Part V Endowment Funds. (e) Two years back (e) Two years back (e) Four years back (e) Fo | d Ad | ditions during the year | | | | | 1d | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? U Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Part V Endowment Funds. (a) Current year (b) Prior year (c) Two years back (c) Four | e Dis | stributions during the year | | | | | 1e | | |
| b H*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. (e) Four year: back 1a Beginning of year balance (a) Current year (b) Pior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Pior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Pior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Pior year (c) Two years back (e) Four years back 1a Contributions (a) Current year (b) Pior year (c) Two years back (e) Four years back 1a Contributions (a) Current year (b) Pior year (c) Two years back (c) Four years back 1a Beginning of year balance 122,996 (a) Control year (c) Two years back (c) Four years 1d Grants or scholarships (a) Task | f En | ding balance | | | | | | | |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Pror years back (a) Three years back (b) Four years back 1a Beginning of year balance 122,996 (b) Correst (c) Two years back (c) Two years back (c) Two years back b Contributions 122,996 (c) Two years back (c) Two years back (c) Two years back c Net investment earnings, gains, and losses 31,857 (c) Two years for facilities and programs (c) Two years back c Other expenditures for facilities and programs 2,231 (c) Two years back (c) Two years back g End of year balance 152,623 (c) Two years back (c) Two years back (c) Two years back 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: (c) Torm endowment > % (c) Torm endowment > % 5 Permanent endowment > % (c) Torm endowment > % (c) Two years back (c) Two years back 6 Other expenditures to inte back and administered for the organizations (c) More the endowment > 3(c) More the leated organizations (c) More the leated organizations 3a Are there endowment funds not in the possession of the organization stare helid and administered for the organizations <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>No No</td> | | | | | | | | | No No |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Turee years back (e) Four years back 1a Beginning of year balance 122,996 (e) Two years back (e) Two years back (e) Four years back 1a Beginning of year balance 122,996 (e) Two years back (e) Two years back (e) Four years back 1a Beginning of year balance 122,996 (e) Two years back (e) Two years back (e) Four years back Contributions 122,996 122,996 (e) Two years back (e) Two years back (e) Four years back Contributions 122,996 31,857 1 <th1< th=""> 1 1 1<!--</td--><td></td><td></td><td>III. Check here if the ex</td><td>xplanation has been pr</td><td>ovided on Part X</td><td>(</td><td></td><td></td><td></td></th1<> | | | III. Check here if the ex | xplanation has been pr | ovided on Part X | (| | | |
| (a) Current year (b) Pror year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 122,996 | Part | | | | + 1) / line 10 | | | | |
| 1a Beginning of year balance 122,996 | | Complete if the organization | | | | | | | |
| 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 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 ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶ % (i) Unrelated organizations (ii) Related organizations by: (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization is 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 (b) Cost or other basis (cher) depreciation f Land b Buildings c Leasehold improvements 1,308,856 940,189 368,667 d Equipment. COMPLET Strong 1,208,431 e Other | 4 5 | | | | (c) I wo years ba | ack (d) in | iree years back | (e) Four y | ears back |
| c Net investment earnings, gains, and losses 31,857 d Grants or scholarships 31,857 e Other expenditures for facilities and programs 2,231 f Administrative expenses 2,231 g End of year balance 152,623 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % T Ferm endowment ▶ % T Ferm endowment ▶ % T Ferm endowment ▶ % (i) Unrelated organizations (ii) Related organizations 3a(i) X 3a(ii) A bescribe 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. 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 (b) Accurrentimed (a) buildings (a) there alabase (b) cost or other basis (c) Accurrent | | | | 122,990 | | | | | |
| Iosses 31,857 | | | | | | | | | |
| d Grants or scholarships | | 0.0 | | 31 857 | | | | | |
| e Other expenditures for facilities and programs | d Gr | ants or scholarships | | 51,007 | | | | | |
| programs 2,231 f Administrative expenses 152,623 g End of year balance 152,623 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ a Board designated or quasi-endowment ▶ % b Permaent endowment ▶ % c Term endowment b % c Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Urelated organizations (i) Urelated organizations 3a(i) X 3a(i) X b If "Yes" on line 3a(ii), are the related organization's endowment funds. 3a(i) X Part VI Land, Buildings, and Equipment. (a) Cost or other ba | | | | | | | | | |
| f Administrative expenses 2,231 | | · | | | | | | | |
| g End of year balance 152,623 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%. 3a 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) X (ii) Related organizations 3a(ii) X 3b b 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 (other) (c) Accumulated depreciation (d) Book value (d) Book value 0 1,308,856 940,189 368,667 1 1,764,139 555,708 1,208,431 e Other 0 0 0 | • | | | 2,231 | | | | | |
| 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 ▶ % c Term endowment ▶ % d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (ii) 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 (other) (cher) (a) Equipment 1,308,856 940,189 368,667 c Leasehold improvements 1,764,139 555,708 1,208,431 e Other 0ther 0ther 0ther 0ther | | | | | | | | | |
| a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 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) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3d 4 Describe in Part XIII the intended uses of the organization's endowment funds. Back 3b 3d 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 (b) Cost or other basis (c) Accumulated (d) Book value 1a Land | | | | | held as: | | | - | |
| b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 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) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organization's endowment funds. 3a Part VI Land, Buildings, and Equipment. 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (e) Book value Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated 1a Land Image: Stand | | | • | | | | | | |
| c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations isted as required on Schedule R? 3b Yes No 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 (b) Cost or other basis (c) Accumulated depreciation I Land (d) Book value 0 (nivestment) (other) depreciation 1 Leasehold improvements 1,308,856 940,189 368,667 4 Equipment 1,764,139 555,708 1,208,431 | b Pe | rmanent endowment > % | | | | | | | |
| 3a 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) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b 3b 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. (d) Book value Image: Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value Image: Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value Image: Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value Image: Description of property (a) Cost or other basis (c) Accumulated depreciation (d) Book value Image: Description of property (a) Cost or other basis (c) Accumulated depreciation (d) Book value Image: Description of property (a) Cost or other basis (c) Accumulated depreciation (d) Book value Image: Desc | c Tei | | | | | | | | |
| organization by: Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 5 Part VI Land, Buildings, and Equipment. 5 5 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 0 0 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value 1a Land | The | e percentages on lines 2a, 2b, and 2c s | hould equal 100%. | | | | | | |
| (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b 3b 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. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land | 3a Are | e there endowment funds not in the pos | session of the organiza | ation that are held and | administered for | the | | _ | |
| (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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. (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land | org | anization by: | | | | | | Y | |
| 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) 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 Land | (i) | Unrelated organizations | | | | | | 3a(i) | |
| 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) (c) Accumulated depreciation (d) Book value 1a Land | | | | | | | | | X |
| 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 1a Land Image: Complete if the organization answered Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land Image: Cost or other basis | | | | | | | | 3b | |
| 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 1a Land | | | | owment funds. | | | | | |
| Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land <t< td=""><td>Part \</td><td></td><td></td><td>– –</td><td></td><td></td><td></td><td></td><td></td></t<> | Part \ | | | – – | | | | | |
| (investment)(other)depreciation1a Landb Buildingsc Leasehold improvementsd Equipmente Other | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| 1a Land | | Description of property | ., | | | ., | | (d) Book va | ue |
| b Buildings | 4- 1 | ad | | (ourie | "/ | Gepreciation | | | |
| c Leasehold improvements 1,308,856 940,189 368,667 d Equipment 1,764,139 555,708 1,208,431 e Other | | | | | | | | | |
| d Equipment 1,764,139 555,708 1,208,431 e Other 1,208,431 | | • | | 1 2(| 18-856 | 940 | -189 | 365 | 3.667 |
| e Other | | | | | | | | | |
| | | | | <u> </u> | | | ,,,,,,, | -,200 | , |
| | | | | t X, column (B). line 10 |)c.) | | • | 1,577 | ,098 |

Schedule D (Form 990) 2021

| Schedule D (F | Form 990) 2021 Washington Center for | the | 91-1182866 | Page 3 |
|---------------------|---|-------------------------|------------------------|-----------------|
| Part VII | Investments – Other Securities. | | | |
| | Complete if the organization answered "Yes" on I | Form 990, Part IV, line | e 11b. See Form 990, P | art X, line 12. |
| | (a) Description of security or category | (b) Book value | (c) Method of | |
| <u></u> | (including name of security) | | Cost or end-of-yea | ar market value |
| (1) Financial | | ontio | | |
| | eld equity interests | | | |
| (3) Other | | | | |
| (A) (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 12.) ► | | | |
| Part VIII | Investments – Program Related. | | | |
| | Complete if the organization answered "Yes" on I | Form 990, Part IV, line | e 11c. See Form 990, P | art X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of | |
| | | | Cost or end-of-yea | ar market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) (8) | | | | |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. | I | | |
| | Complete if the organization answered "Yes" on I | Form 990, Part IV, line | e 11d. See Form 990, P | art X, line 15. |
| | (a) Description | | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) Total (Colum | n (b) must equal Form 990, Part X, col. (B) line 15.) | | > | |
| Part X | Other Liabilities. | | ····· / | |
| TUITA | Complete if the organization answered "Yes" on I | Form 990 Part IV line | 11e or 11f See Form | 990 Part X |
| | line 25. | | | |
| 1. | (a) Description of liability | | | (b) Book value |
| | income taxes | | | |
| | Certificates | | | 79,853 |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colum | n (b) must equal Form 990, Part X, col. (B) line 25.) | | ► | 79 , 853 |

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.

| Schedule D (Form 990) 2021 Washington | Center for the | 91-11828 | 66 | Page 4 |
|---|--|---------------------------------------|---------------|-----------|
| | per Audited Financial Statemo | ents With Revenue per F | Return. | <u> </u> |
| | answered "Yes" on Form 990, F | | | |
| 1 Total revenue, gains, and other support per au | | | 1 | 4,345,089 |
| 2 Amounts included on line 1 but not on Form 99 | | 1 1 - | | |
| a Net unrealized gains (losses) on investments | | 2a | | |
| b Donated services and use of facilities | | 2b | | |
| c Recoveries of prior year grants | | 20 | 4 | y |
| d Other (Describe in Part XIII.) | | 2d | | |
| e Add lines 2a through 2d | | | 2e | 4,345,089 |
| 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 2 | 10 hut not on line 4. | ······ | 3 | 1,313,009 |
| a Investment expenses not included on Form 990 | | 4a | | |
| b Other (Describe in Part XIII.) | | | - | |
| | | | 4c | |
| 5 Total revenue. Add lines 3 and 4c. (This must a | equal Form 990. Part I. line 12.) | | 5 | 4,345,089 |
| | per Audited Financial Staten | | Return | |
| | answered "Yes" on Form 990, F | | | |
| 1 Total expenses and losses per audited financia | | | 1 | 2,774,186 |
| 2 Amounts included on line 1 but not on Form 99 | 00, Part IX, line 25: | | | |
| a Donated services and use of facilities | | 2a | | |
| b Prior year adjustments | | | | |
| c Other losses | | | | |
| d Other (Describe in Part XIII.) | | 2d | | |
| e Add lines 2a through 2d | | | 2e | |
| 3 Subtract line 2e from line 1 | | · · · · · · · · · · · · · · · · · · · | 3 | 2,774,186 |
| 4 Amounts included on Form 990, Part IX, line 25 | | | | |
| a Investment expenses not included on Form 990 | | | _ | |
| b Other (Describe in Part XIII.) | | 4b | | |
| | t actual Form 000 Port L line 19) | | 4c 5 | 2,774,186 |
| 5 Total expenses. Add lines 3 and 4c. (This mus | t equal Form 990, Part 1, line 18.) | | 5 | 2,//4,100 |
| Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5 | and Q: Port III, lines 1a and 4: Port IV | (lines the and the Dart V line 4: | Dort V lin | 2 |
| 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and | | | T art A, iiri | C |
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| | Form 990) 2021 | Washington | Center | for the | 1 | 91-1182866 | Page 5 |
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| Part XIII | Supplementa | I Information (| (continued) | | | | |
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Washington Center for the

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| SCHEDULE M | | | Noncash Contributions | | | | | 1545-007 | 74 | |
|----------------------------|-------------------------------|---------------|-----------------------|-------------|--------------------------------|---|---------------------------------------|------------------------------|-----|----|
| (Form 990) | | | | | | | 20 | 21 | | |
| | | | | - | - | ed "Yes" on Form 990, Part I | IV, lines 29 or 30. | | | |
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| | | <u> </u> | | (a) | (b) | (c) | (| d) | | |
| | | | | Check if | Number of contributions or | Noncash contribution amounts reported on | Method of | determining | | |
| | | | | applicable | items contributed | Form 990, Part VIII, line 1g | noncash contr | ibution amounts | | |
| 1 | Art — Worl | ks of art | | | | | | | | |
| 2 | Art — Histo | orical treasu | res | | | | | | | |
| 3 | Art — Frac | tional intere | sts | | | | | | | |
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| 9 10 | Securities | | eld stock | | | | | | | |
| 11 | | - Partnersh | | | | | | | | |
| •• | | erests | • • | | | | | | | |
| 12 | Securities | — Miscellane | eous | | | | | | | |
| 13 | | conservation | | | | | | | | |
| | contributior | n — Historic | | | | | | | | |
| | structures | | | | | | | | | |
| 14 | | conservation | | | | | | | | |
| | contributior | n — Other | | | | | | | | |
| 15 | Real estate | e — Residen | tial | | | | | | | |
| 16 | Real estate | e — Comme | rcial | | | | | | | |
| 17 | Real estate | e — Other | | | | | | | | |
| 18 | Collectibles | s | | | | | | | | |
| 19 | Food inver | ntory | | | | | | | | |
| 20 | Drugs and | l medical sup | oplies | | | | | | | |
| 21 | Taxidermy | | | | | | | | | |
| 22 | Historical | artifacts | | | | | | | | |
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| <u>28</u> 29 | | Forme 8293 |) R received by | the organi | L zation during the tax yea | r for contributions for | | | | |
| 23 | | | • | - | Part V, Donee Acknowle | | 29 | | | |
| | which the | organization | | 01111 0200, | | | 20 | | Yes | No |
| 30a | Durina the | vear. did th | e organizatior | n receive b | v contribution any proper | ty reported in Part I, lines 2 | 1 through | | | |
| | - | • | • | | | contribution, and which isn't | • | | | |
| | | | | | | | · · · · · · · · · · · · · · · · · · · | 30a | | х |
| b | | | arrangement in | | J | | | | | |
| 31 | | | - | | policy that requires the re | eview of any nonstandard | | | | |
| | contributior | | - | | | - | | 31 | | Х |
| 32a | Does the o | | | | | to solicit, process, or sell n | | | | |
| | contributior | ns? | | | | | | 32a | | X |
| b | lf "Yes," de | escribe in Pa | | | | | | | | |
| 33 | If the orga | nization didn | 't report an ar | mount in co | olumn (c) for a type of p | operty for which column (a |) is checked, | | | |
| | describe in | n Part II. | | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

| Schedule M (Form 990) 2021 Washington Center for the 91–1182866 Page Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, Page | ige 2 |
|---|--------------|
| or a combination of both. Also complete this part for any additional information. | |
| Public Inspection Copy | |
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| SCHEDULE O Supplemental Information to Form 990 or 990-EZ | | | | | | |
|---|--|-----------------------------|------------|---------------------------|----------------|------------------|
| (Form 990) | Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. | | | | | |
| Department of the Treasury Internal Revenue Service | Open to Public Inspection | | | | | |
| Name of the organization | | gton Center fo ning Arts | 3 | r the latest information. | Employer ident | ification number |
| Form 990, F | Part VI | , Line 11b - (| Organizati | on's Process to | o Review | Form 990 |
| The Board r | reviews | the Form 990 | with the | Board Chair sig | gning the | return. |
| Form 990, F | Part VI | , Line 12c - 1 | Inforcemen | t of Conflicts | Policy | |
| The policy | was in | itiated in 200 | 8 and has | been reviewed | annually | by each |
| Board membe | er. | | | | | |
| Form 990, F | Part VI | , Line 19 - G | overning I | Ocuments Discl | osure Exp | lanation |
| Persons may | reque | st to view the | e organiza | tion documents | upon pri | or request. |
| | | T - 11 - 1 | | 5 6 | | |
| FORM 990, F | art IX | , Line 11g - (| tner rees | IOT SERVICES | | |
| Description | | | | | | |
| | Tot/P | rog Service | Mgt | & General | Fu | ndraising |
| Artist fees | • | | | | | |
| | \$ | 458,074 | \$ | 0 | \$ | 0 |
| Stagehand f | ees | | | | | |
| | \$ | 222,162 | \$ | 0 | \$ | 0 |
| Professiona | l fees | | | | | |
| | \$ | 110,984 | \$ | 9,422 | \$ | 22,285 |
| Miscellaneo | us | | | | | |
| | \$ | 10,269 | \$ | 4,177 | \$ | 3,272 |
| I | 'otal | | | | | |
| | \$ | 801,489 | \$ | 13,599 | \$ | 25,557 |
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SECRETARY OF STATE

ARTICLES OF INCORPORATION

. . .

\mathbf{OF}

WASHINGTON CENTER

We, the undersigned, acting as Incorporators of a corporation under the provisions of the Washington Non-Profit Corporation Act (RCW 24.03), adopt the Articles of Incorporation for such corporation:

ARTICLE I

The name of the corporation shall be WASHINGTON CENTER.

ARTICLE II

The corporation shall have a perpetual existence.

ARTICLE III

This corporation is a non-profit corporation and is not organized for the private gain of any person. It is organized under RCW 24.03 for charitable purposes, namely to operate the Washington Center in Olympia.

This corporation is organized exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1954. Notwithstanding any other provision of these Articles, this corporation shall not carry on any activity not permitted to be carried on by a corporation exempt under that Section.

ARTICLE IV

The address of the initial registered office shall be 1120 West Harrison, Olympia, Washington, 98502. The

- 1 -

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name of the initial registered agent of the corporation at such address shall be Richard G. Phillips, Jr.

ARTICLE V

The corporation shall be governed by a Board of Directors of nine (9) to fifteen (15) members. 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:

NAME

ADDRESS

Percy Bean, 625 S. Columbia, P.O. Box 85, Olympia, WA, 98507 Lynn Brunton, 4902 Bush Mtn. Dr. S.W., Tumwater, WA, 98501 William Carr, 324 No. Sherman, Olympia, WA, 98501 Fred Goldberg, 403 Capitol Way, Olympia, WA, 98501 Judy Henderson, 1617 Camden Park Dr., Olympia, WA, 98501 Zane Lambert, 315 East 10th, Olympia, WA, 98501 Robert Lovely, 3905 Lakehills Drive, Olympia, WA, 98501 Judy McNickle, 3201-83rd Ave. S.W., Olympia, WA, 98502 Robert Olson, 2408 Wedgewood Drive, Olympia, WA, 98501 Barbara O'Neill, 8542 Queets Drive, Olympia, WA, 98506 Richard G. Phillips, Jr., 1120 W. Harrison, Olympia, WA, 98502

ARTICLE VI

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, directors, officers or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article III hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation,

- 2 -

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and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provisions of these Articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Revenue Law) or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

ARTICLE VII

Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provision for the payment of all of the liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law), as the Board of Directors shall determine. Any such assets not so disposed of shall

- 3 -

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be disposed of by the Superior Court of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

8-13-82 DATED: PERCY BEAN Dunto LYNN BRUNTON WILLIAM CARR FRED GOLDBER JU HENDERS ZANE LAMBER ROB BARBARA NETLI RICHARD G. PHILLIPS JR.



STATE of WASHINGTON SECRETARY of STATE

I, Ralph Munro, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF AMENDMENT

to

WASHINGTON CENTER

a Washington

non-profit

corporation. Articles of Amendment were

N NAR DER NO

filed for record in this office on the date indicated below.

Changing name to THE WASHINGTON CENTER FOR THE PERFORMING ARTS

Corporation Number: 2-324075-7

a si tre internet.

Date: November 23, 1983

Given under my hand and the seal of the State of Washington, at Olympia, the State Capitol.

Ralph Munro, Secretary of State

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NOV 23 1983

SECRETARY OF STATE STATE OF WASHINGTON

ARTICLES OF AMENDMENT OF ARTICLES OF INCORPORATION OF WASHINGTON CENTER

Articles of Amendment of Articles of Incorporation of WASHINGTON CENTER, a Washington non-profit corporation, are herein executed in duplicate by said corporation as follows:

Ι

The name of the corporation is WASHINGTON CENTER.

II

The amendment to the Articles of Incorporation adopted by said corporation is as follows:

ARTICLE I

The name of the corporation shall be THE WASH-INGTON CENTER FOR THE PERFORMING ARTS.

III

There are no members of said corporation having voting rights. A meeting of the Board of Directors of said corporation was held on October 13, 1983, at which said meeting, the amendment was adopted; said amendment received the vote of a majority of said directors in office.

WASHINGTON CENTER By Richard Phillips, G. President

ARTICLES OF AMENDMENT - 1

s per a

STATE OF WASHINGTON)) ss. County of Thurston)

RICHARD G. PHILLIPS, JR., being first duly sworn on oath, deposes and says:

That he is the President of the Washington Center, and as such is authorized to execute this verification on its behalf; that he has read the foregoing Articles of Amendment of the Articles of Incorporation, knows the contents thereof and believes the same to be true.

RICHARD G. PHILLIPS, JR.

SUBSCRIBED and SWORN to before me this 23 day of November, 1983.

NOTARY PUBLIC in and for the State of Washington, residing at Olympia.

ARTICLES OF AMENDMENT - 2

WASHINGTON CENTER FOR THE PERFORMING ARTS BYLAWS

ARTICLE 1 - PURPOSE

The Washington Center for the Performing Arts ("WCPA") is a primary link in the encouragement and development of cultural horizons for the entire South Puget Sound area. To meet this mission, WCPA will: operate in a fiscally responsible manner, operate a well-equipped and well-maintained performing arts facility for rental use, and present a selection of professional arts performances and other events to meet needs not otherwise being met.

To accomplish these goals WCPA will remain responsive to the needs and interests of those groups using or interested in using the facility, take an arts leadership role with those events chosen and presented by WCPA, and acknowledge the importance of arts education for all ages.

The principal office of this corporation shall be located in Thurston County, at an address established by resolution of the Board of Directors.

ARTICLE 2 - MEMBERSHIP

This corporation shall have no members.

ARTICLE 3-BOARD OF DIRECTORS

I) Powers: This corporation shall have powers to the extent allowed by law. All powers and activities of this corporation shall be exercised and managed directly by the board or, if delegated, under direction of the Board.

2) Number of Directors: The authorized number of directors shall not be less than fifteen (15) or more than twenty-four (24).

3) Appointment and term of Directors: Each director shall be appointed by the Board of Directors of WCPA. The term of office for each director shall be for three (3) years, commencing July I and terminating June 30, to coincide with WCPA's fiscal year. Each director may serve a maximum of two consecutive terms with up to three (3) additional one (1) year renewable terms.

4) Officers of the Board: The board may elect a director to hold an officer position at any time during the director's term of service, and the director may hold that office or any other office for as long as that director is eligible to remain on the board, with the following provisos:

a) Officers are nominated and elected in June, and begin serving as officers on July I.b) No director may hold an officer position in their first year of their first term.

5) Vacancies: A vacancy is deemed to exist in the event that the actual number of directors is less than the authorized maximum number for any reason. Resignations shall be effective upon receipt of written notice to the board, the Chair, or a Vice-Chair. The board, by majority vote of those members present constituting a quorum, may remove any director with or without cause. Unexcused absence of a director from three board meetings may constitute cause for removal. The board may choose to fill vacancies at any time during the corporation's fiscal year, provided that:

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a) The Nominating Committee shall put forward a name or names to fill any vacancies.

b) A mid-year election to the board with four (4) or fewer meetings remaining in the fiscal year shall not count as year-one of a director's three-year term.

c) A mid-year election to the board with five (5) or more meetings remaining in the fiscal year shall count as year-one of a three-year term.

6) Leaves of Absence: The board may grant by majority vote an extended leave of absence to any director.

7) Meetings: A meeting of the Board of Directors shall be held at least 9 times a year

8) Quorum: A majority of the directors then in office shall constitute a quorum. A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of directors. Any action taken is approved by at least a number equal to the majority of the required quorum for such meetings. Directors may not vote by proxy.

9) Electronic Voting: On urgent matters arising between board meetings, the Chair may call for a vote by email, providing the results, including each member's vote, are recorded by the staff Administrative Assistant and reported to the board in minutes.

10) Standard of Care

a) General: A director shall perform their duties of a director in good faith in the best interest of this corporation.

b) Reliance: In performing the duties of a director, a director shall be entitled to rely on information, opinions, reports or statements, including financial statements and other financial data, in each case prepared or presented by:

(i) One or more officers or employees of the corporation whom the director believes to be reliable and competent in the matters presented

(ii) Legal counsel, independent accountants, or other persons as to matters that the director believes to be within such person's professional or expert competence, or;

d) Investments: The Board will work in accordance with the investment policy.

e) Conflict of Interest: Conflict of interest arises whenever the personal or professional interest of a director is potentially at odds with the best interests of the corporation. If an issue is to be decided by the board of directors that involves potential conflict of interest for a director, it is the responsibility of the director to: (i) Disclose the potential conflict of interest(ii) Not participate in discussion of the program or motion being considered(iii) Not vote on the issue

11) **Prohibited transactions:**

a) Loans: This corporation shall not make any loan of money or property to or guarantee the obligation of any director or officer; Provided, however, that this corporation may advance to a director or officer of this corporation or any subsidiary, the amount of any expenses reasonably anticipated to be incurred in performance of the duties of such officer or director so long as such individual would be entitled to be reimbursed for such expenses absent that advance. The director or officer receiving such an advance shall promptly provide the corporation with receipts showing payment for the expenses so advanced, and shall promptly refund to the corporation any portion of the advanced funds that were not used.

b) Self-Dealing Transactions: Except as provided in subsection C below, the board shall not approve a self-dealing transaction. A self-dealing transaction is one to which the corporation is a party and in which one or more of the directors has a material financial interest or a transaction between this corporation and one or more of the directors or between this corporation and any person in which one or more of its directors has a material financial interest.

c) Approval: The Board of Directors may approve a self-dealing transaction if the board determines that the transaction is in the best interests of and is fair and reasonable to this corporation and, after reasonable investigation under the circumstances, determines that this corporation could not have obtained a more advantageous arrangement with reasonable effort under the circumstances. Such determinations must be made by the Board, in good faith, with knowledge of the material facts concerning this transaction and the director's interest in the transaction, and by a vote of a majority of the directors then in office, without counting the vote of the interested director or directors. No approval shall be given to any transaction engaged in by a private foundation, which is prohibited by Sections 4941 through 4945 of the Internal Revenue Code of 1986.

ARTICLE 4- INDEMNNIFICATION

The WCPA shall indemnify, defend and hold harmless the Executive Director, any director, officer and employee for any act or omission taken or omitted in good faith relating to or arising out of the conduct of WCPA business to the maximum extent permitted by the Washington Non-Profit Corporation Act. Insurance providing coverage for the defense, indemnification and hold harmless mandated under this article shall be purchased if available at a reasonable price.

ARTICLE 5 – COMMITTEES

1. Committees of Directors: The Board of Directors may establish committees and establish their scope of authority.

2. Scope of authority: Any committee, to the extent provided in the resolution, may have all the authority of the board, except that no committee, regardless of board resolution may:

- a. Fill vacancies on the Board of Directors or on any committee
- b. Amend or repeal Bylaws or adopt new Bylaws
- c. Amend or repeal any resolution of the Board of Directors which by its express terms is not so

amendable or repeatable

d. Appoint any other committees of the Board of Directors or the members of these committees

4. Reports: Committees will report activities to the board.

5. Standing Committees: Notwithstanding the prerogative of the Board of Directors to appoint additional committees, as specified in Article 4.1, these committees shall stand every year:

a. Executive Committee: The Executive Committee shall consist of the officers of the corporation, as elected by the Board of Directors; The Executive Committee's responsibilities include:

i. Providing fiscal direction for the Board;

ii. Regularly reviewing the corporation's revenues and expenditures, balance sheet, investments, and other matters related to its continued solvency;

iii. Approving the annual budget and submitting it to the full Board for approval;

iv. Working closely with the Executive Director and the Finance Manager

v. Overseeing the maintenance of organizational-wide assets, including prudent management of organizational investments.

b) Nominating Committee: This committee shall consist of at least three directors, with the immediate Past-Chair serving as the Chair, or if there is no currently serving Past-chair, and then the board may elect any director to serve as chair. The current Chair serves as the Board Liaison to the committee. The responsibilities of the committee are:

i) To secure and present a slate of qualified candidates for membership on the Board of Directors to maintain the number of directors within the minimum and maximum as specified in Article 3.2.

ii) To notify the board when they are accepting names of candidates for director and officer positions, and the names nominated by directors will be kept on file at the corporation office.iii) To present a slate of candidates from within the current Board of Directors for the officer positions specified in Article 6.

iv) To contact each potential candidate to determine that they are willing to serve as a director of the corporation.

v) To present the slate of candidates for directors and Officers to the Board at its May meeting for review and discussion, including short biographies of each candidate.

vi) To schedule a vote on the proposed slate of new directors and officers at the June meeting of the Board of Directors.

ARTICLE 6 – OFFICERS

1. Officers: The officers of this corporation shall be Chair, Vice Chair, Treasurer, Secretary, and Past-Chair. The corporation may also have, at the discretion of the Board of Directors, such other officers as may be appointed by a majority vote. Any number of offices may be held by the same person, except that the Treasurer may not serve concurrently as the Chair of the Board.

2. Election: The officers of this corporation shall be chosen annually by the directors at the June meeting for the following fiscal year, and each shall serve at the pleasure of the Board.

Terms: Officers are elected for one-year terms and may, at the discretion of the board, serve as many terms as the board pleases, subject to the limitations specified in Article 3.4.

3. Removal: Any officer may be removed, with or without cause, by the Board of Directors at any meeting of the board.

4. Resignation: Any officer may resign at any time by giving written notice to the Executive Committee or the Board of Directors. Any resignation shall take effect at the date of the receipt of that notice, or at any later time specified by that notice, and unless otherwise specified in that notice, the acceptance of the resignation shall not be necessary to make it effective.

5. Vacancies: A vacancy in any office for any reason shall be filled in the manner described in these Bylaws for regular appointments to that office, as specified in Article 5.

6. Chair: The Chair shall preside at all meetings of the Board of Directors and shall exercise and perform such other powers and duties as may be from time-to-time assigned by the board or prescribed by the Bylaws. The Chair shall, subject to control of the board, generally supervise and direct the business of the board and officers of the corporation. The Chair may be a member of all committees and has the general powers and duties of management usually vested in the office of Chair of a board of directors. The Chair shall also have such other powers and duties as may be prescribed by the board or by the Bylaws.

7. Treasurer: Reviews monthly financial statements for conformance to best practices and monitors the budget. The treasurer convenes a quarterly comprehensive financial review with the executive committee, business manager and Executive Director and reports to the board with any additional narrative regarding finances beyond or in addition to staff report.

8. Vice-Chair: Works to increase contributed income in collaboration with the executive committee, executive director, and development director.

9. Secretary: This officer has the primary responsibility of communicating the corporation's mission to the public. The Secretary ensures meetings are run as specified in the bylaws and manages the correspondence of the Board of Directors except for such correspondence assigned to others.

10. Past-Chair: Chairs the Nominating Committee.

ARTICLE 7 - Executive Director

1. Function: In accordance with the mission and goals of the organization, the Executive Director provides full operational and financial oversight of WCPA within the policies set by the Board of Directors.

2. Scope of Responsibility: The Executive Director is the Chief Executive Officer of The Washington Center for the Performing Arts. As such, the Executive Director supervises all of the corporation's employees, and through them all volunteers, and has full authority to hire and fire staff.

3. Accountability: The Executive Director reports to the Board of Directors, and is responsible for the organization's consistent achievement of its mission and financial objectives.

4. Performance Review: The Executive Director's performance will be formally reviewed annually by the Executive Committee according to the procedure outlined in the separate document, "Position Description for Executive Director" as currently in effect and as may be amended from time to time by the Board of Directors.

ARTICLE 8 – MISCELLANEOUS

I: Fiscal Year: The fiscal year of this corporation shall be July 1 - June 30.

2. Contracts: All contracts entered into on behalf of this corporation must be authorized by the Board of Directors, by the executive committee, by the Chair, or by such individuals as are authorized by the board.

3. Loans: No major loan may be taken out by the WCPA without the approval of a majority of the Board of Directors.

4. Execution of Checks: Except as otherwise provided by law, every check, draft, promissory note, money order, or other evidence of indebtedness of the corporation shall be signed by one or more Officers of the Board, or by the Executive Director as authorized by the board.

5. Report to Directors: The Chair shall furnish a written report annually to all directors of this corporation containing the following information:

a. The assets and liabilities, including the trust funds, of this corporation as of the end of the fiscal year;

b. The principal changes in assets and liabilities, including trust funds, during the fiscal year;
c. The revenue or receipts of this corporation, both unrestricted and restricted for particular purposes, for the fiscal year;

d. The expenses of disbursements of this corporation, for both general and restricted purposes during the fiscal year;

e. Any transaction during the previous fiscal year involving \$1,000.00 or more from this corporation or a subsidiary and in which any director or officers of the corporation or subsidiary was a party. The report must disclose the names of the interested persons involved in such transaction stating such person's relationship to the corporation, the nature of such person's interest in the transaction, and where practicable, the amount of such interest;

f. The amount and circumstances of any indemnifications or advances paid during the fiscal year to any officer or director of the corporation.

6. Amendments: Proposed amendments to these Bylaws must be submitted in writing to the directors at least one (1) week in advance of the board meeting at which they will be considered for adoption. The vote of two thirds (2/3) of the directors present at any meeting shall be required to adopt a Bylaw amendment.

These Bylaws were adopted as amended on January 19, 2017.

Jim Haley, Chair of the Board

CITY OF TUMWATER LODGING TAX APPLICATION - Entity Certification

APPLICATION DEADLINE: AUGUST 30, 2023, 12PM/NOON-Postmarks, late, or incomplete applications will not be accepted CITY OF TUNKYATED **ATTENTION:**

| ATTENTION. | CITY OF TUMWATER |
|------------------|--|
| | HANNA MILES – EXECUTIVE DEPARTMENT |
| Address/Deliver: | hmiles@ci.tumwater.wa.us OR 555 ISRAEL ROAD SW, TUMWATER, WA 98501 |

ORGANIZATION/AGENCY INFORMATION

| Tumwater Downtown As Organization/Agency Na | | | <u>02-0572938</u> Federal Tax | ID Number | |
|--|-------------------------|--------------------------------------|----------------------------------|-----------------------|---|
| John Morton Contact Name | | | <u>President</u> Title | | |
| 1950 Black Lake Blvd SV | N | | Olympia | WA | 98512 |
| Mailing Address | | | City | State | Zip |
| 360-705-9795 | | | john@johnrm@ | ortoncpa.com | |
| Phone | Website | | Email Addre | - | |
| Amount Requested: <u>\$30</u> Brief Description of Tou <u>24th Annual 4th of July C</u> Fireworks show, held at th oriented event in our area. | rism Promotion/Marl | ceting Activities, y of Tumwater. | The celebration | ls, or Tourism | -Related Facilities: Artesian Festival and |
| *If an Event/Festival, con | mplete the following: | □ New Event | 🖾 Annual Ev | ent for <u>24</u> nur | nber of years |
| Tumwater Artesian Festival | | Tumwater Valley | Golf Course | 7/4/202 | 24 |
| Name of Event/Festival | | Location | | Date of E | vent/Festival |
| | | 7/4/2023 | | | |
| Event/Festival Website (ij | f different than above) | If an existing e | vent, last year's | date of event | * 1* 1* 1* 1* 1* 1* 1* 1* 1* 1* 1* 1* 1* |
| | | 0 | | | |

CERTIFICATION

I hereby state on behalf of Tumwater Downtoan Association

Organization/Agency Name

Applicant is: 🛛 Nonprofit

□ For Profit

□ Public Agency

- The applicant has, or can obtain, general liability insurance covering no less than \$2,000,000 combined single limit per occurrence and \$2,000,000 aggregate for personal injury, bodily injury and property damage.
- The applicant has on file with the City, or is submitting one copy, of their current articles of incorporation and by-laws.
- I understand that this is an application for a contract with the City of Tumwater, which, if awarded, will only be paid after the service(s) is rendered on a reimbursement basis, and a signed Lodging Tax Invoice is submitted including proof of payment documentation.
- The applicant has accounting/record-keeping systems which A) show the purposes for which City of Turnwater funds have been spent; B) is open to inspection by the City of Tumwater or its agents; and C) is maintained for at least 6 years following the end of contract.
- I understand that the City of Tumwater will conduct public discussions regarding recommendations for funding to any agency making application to the City of Tumwater and its Lodging Tax Advisory Committee.
- I hereby certify that the information contained in this certification and application for funding with the City of Turnwater is a true and accurate statement of activities and financial status of the organization submitting this application.
- I hereby certify that the person signing this application is duly authorized to execute this document on behalf of the applicant entity.

John Morton, President

Name and Title

8/29/2023

that the:

<u>John Morton</u> Signature (e-signature or original)

Date

CITY OF TUMWATER LODGING TAX APPLICATION – Funding Criteria

1. What is the purpose of your special event, festival, or tourism-related facility?

The purpose of the Artesian Festival is to provide a family oriented event for the community to celebrate Independence Day and the City of Tumwater.

 a. For what specific tourism-generating activities will City of Tumwater lodging tax funds be used? Complete and submit the Lodging Tax Budget Form specific to your special event, festival, or tourism related facility. (The Budget Form is also available online at <u>www.ci.tumwater.wa.us/LodgingTax</u>.)

The lodging tax funds will be used specifically for the festival costs including the fireworks show, children's activities, games, and additional entertainment. We will also use the funds for marketing and promotion.

b. If a returning applicant, identify any major changes in the event or organization since the last funding cycle.

We will continue to expand and enhance on the history and tradition of the Artesian Festival and we will continue to promote all aspects of the 4th of July Celebration. We will be expanding to include live music and entertainment at the festival.

3. Describe the resources available for the proposed tourism-generating activities? Please include the total number of volunteers and volunteer hours that exist for your special event, festival, or tourism-related facility.

We will have over 100+ volunteers helping to coordinate and assist with the festival events of the day. We will have over 1,500+ volunteer hours in total for planning, logistics and the running of the Festival. The volunteers are from the City of Tumwater, Tumwater Parks & Recreation, local businesses, community members and the Tumwater Downtown Association.

4. Do other cities or governmental entities in the county fund your special event, festival, or tourism-related facility? If so, which jurisdictions and how much were you funded from each jurisdiction last year?

No

5. Do you intend to apply for lodging tax funds from other jurisdictions this year? If so, which jurisdictions? Please explain how you will use Turnwater's funds separately from other lodging tax funds you may receive?

No

6. The request of funds from Tumwater will fund what percentage of your total budget for the proposed special event, festival, or tourism-related facility?

60%

7. Describe the tourism promotion impact on the economy from your special event, festival, or tourism-related facility within the City of Tumwater, specifically on the lodging and food service sectors.

It is our belief, the overall impact of tourism that the Festival creates is felt directly in the retail, food service, and lodging sectors. As a result of the Festival, local businesses and the community as a whole will benefit from the tourism at the Festival.

CITY OF TUMWATER LODGING TAX APPLICATION – Funding Criteria

8. How broad-based will the tourism promotion benefit be geographically and economically?

We will continue to expand our marketing efforts again this year. We will use direct mailings, flyers, magazines, website promotion, social media platforms, as well as radio advertising. We plan to continue market extensively in the greater Western Washington area.

9. How will receiving lodging tax funds result in an increase in the number of people traveling for business or pleasure to Tumwater?

Without the LTAC funding, there would not be a Festival. The LTAC funds are vital to our continued success and without such funding, the Festival would cease to exist.

10. For the special event, festival or tourism-related facility, identify the estimated number of participants who will attend in each of the following categories:

| a) | Overall attendance | 15,000+ |
|----|---|---------|
| b) | Staying for the day only <i>and</i> traveling more than fifty miles or more one way | 15,000+ |
| | from their place of residence or business | |
| c) | Number of participants in any of the above categories who will attend from | 50 |
| | out-of-state (includes other countries) | |
| d) | Staying overnight in paid accommodations away from their place of residence | 25+ |
| , | or business | |
| e) | Staying overnight in unpaid accommodations (e.g. with friends and family) and | 100 |
| 0) | traveling fifty miles or more one way from their place of residence or business | 100 |
| | | |
| f) | Total number of paid lodging nights generated in Tumwater | 20 |

g) Describe what methods you will use to determine attendance and to distinguish among the different visitor categories listed above.

Data is collected from Festival volunteers, parking attendants, informal discussions with attendees and entry forms for drawings and contests.

11. If you are awarded a contract, you must be prepared to report to the City the economic benefit from tourists attending your event/facility. Describe how you will document the economic impact from your event/facility; specifically the information requested in question 10. **Submit a sample tracking form, if available.**

Festival volunteers will continue to collect data and track attendance. Logistically, we are unable to gather demographic information from all attendees. The information that we collect from the entry forms and contests provides us some valuable data.

12. Describe how you will promote overnight stays in Tumwater lodging establishments?

Increased marketing campaigns and highlighting our partnership with the City of Tumwater and significance of the LTAC funding are means to promote overnight stays in Tumwater.

13. Describe how you will promote Tumwater and other attractions in the Tumwater area to entice tourists to extend their visit beyond attendance to your special event, festival, or tourism-related facility.

We will promote the City of Tumwater similarly as we have in past years. This includes all media platforms such as print, social media, word of mouth, and radio

14. What tourism outcome should the City expect if your proposal is only partially funded? Please be specific. *For example: how do you intend to alternatively fund your program / which services will not happen?*

The support of the Lodging Tax Advisory Committee is vital to our existence. Without this partnership and the support of the City, we would have be able to continue with the Festival.

15. List other organizations that you are partnered with for this special event, festival, or tourism-related facility.

City of Tumwater Parks and Recreation Local businesses Local non-profit organizations

16. List any other measurements that demonstrate the impact of increased tourism attributable to your special event, festival, or tourism-related facility. Include any other thoughts that may encourage the Lodging Tax Advisory Committee/Tumwater City Council to use lodging tax funds to support this application.

This will be our 24th annual Artesian Festival! We are extremely proud to have made it this long What originally begain as just a fireworks show has grown into Tumwater's largest single day family-oriented event. We are extremely proud of our history and the tradition that we have established. We are extremly thankful for the support of the City in helping us get to the point we are at.

Not unlike others facing rising costs and difficult economic times, we work extremely hard to keep costs down while still providing a quality event for the community. We continue to work with the business community and look for partnerships that will be beneficial to all.

We look forward to many more years of our partnership with the City of Tumwater. 100% of LTAC funds have been used only for festival costs. We continue to increase our attendance each year as the tradition continues. We are excited about what is ahead for The Artesian Festival.

Lodging Tax Budget Form

Lodging Tax Applicant:

Tumwater Downtown Association

Specific to your Tourism-Related Facility, Tourism Promotion Activity, Special Event, or Festival, list the amount and status of funding for all sources from which you have already or intend to receive funds. Please include in-kind donations and funds received from admission fees if applicable.

PROJECTED REVENUE:

| Sou | ırce | Amount |
|---|-----------------|-------------|
| Sponsorships: | | \$17,500.00 |
| Admission: | \$0.00 | |
| Reserves: | | |
| Donations/Contributions: | | |
| Grants: | | |
| Program Service Fees: | | |
| In-kind Donations: | | |
| Gift Shop: | | |
| Vendor Fees: | | |
| Fundraising Activities: | | |
| City of Lacey Lodging Tax: | | |
| City of Olympia Lodging Tax: | | |
| City of Tumwater Lodging Tax: | | \$20,000.00 |
| Thurston County Lodging Tax: | | |
| Other Sources of Revenue: (please specify) | | |
| Other Source: | Parking Revenue | \$5,500.00 |
| Other Source: | | |
| Other Source: | | |
| TOTAL REVENUE: | · | \$43,000.00 |
| PROJECTED EXPENSES: | | |
| Personnel: (salaries and benefits) | | |
| Administration: (utilities, phone, etc | .) | |
| Marketing and Promotion: | | \$8,500.00 |
| Professional / Consultant Fees: | | |
| Equipment: | | |
| Facility / Event Venue Rental: | | |
| Travel: (please specify) | | |
| All Other Expenses: (please specify) | | |
| Other Expense: | Fireworks | \$35,000.00 |
| Other Expense: | Insurance | \$480.00 |
| Other Expense: | | |
| TOTAL EXPENSES: | | \$43,980.00 |
| PROGRAM EXCESS (DEFICI) | Г): | (\$980.00) |

Tumwater Downtown Association Scope of Services - Exhibit A 2023

Tumwater Downtown Association will promote tourism to Tumwater by organizing and hosting the Artesian Festival.

Lodging Tax funds will be used for:

- 4th of July Fireworks Display
- Marketing & Advertising
- Day of event costs children's activities, music, equipment rental, costs & supplies

Rcvd 12/19/22 Processed 1/10/23 Total contract allowable amount is \$20,000 - HMM

INVOICE CITY OF TUMWATER TOURISM/LODGING TAX PROGRAM FUNDING

| CONTACT PERSON:_John Morton | Employer Identification Number:_02-0572938 | | | | | |
|---|---|--|--|--|--|--|
| AGENCY: _Tumwater Downtown Association | DATE: _12/19/2022 | | | | | |
| ADDRESS_1950 Black Lake Blvd SW | PHONE: _360-705-9795 | | | | | |
| _Olympia, WA 98512 | | | | | | |
| Proof of Payment | Must Be Attached | | | | | |
| The agency identified above provided the following s (see RCW 67.28.080). | The agency identified above provided the following services to the City of Tumwater to promote tourism (see RCW 67.28.080). | | | | | |
| Services Provided (Scope of Services/Exhibit A) | Date(s) ProvidedCost (Itemized) | | | | | |
| Fireworks, children's actives | 7/4/2022 43,516.18 | | | | | |

TOTAL AMOUNT REQUESTED: \$___20,000.00___

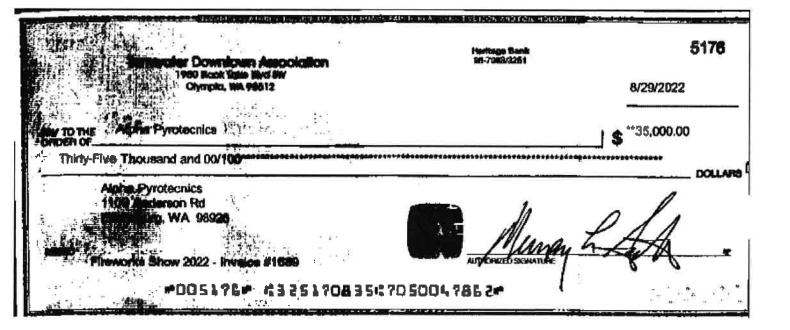
AFFIDAVIT OF VERIFICATION

I, the undersigned, do hereby certify under penalty of perjury that materials have been furnished, the services rendered or the labor performed as described herein (and as outlined in the Scope of Services attached as Exhibit A in the contract document), and that the claim is a just, due and unpaid obligation against the City of Tumwater, and that I am authorized to authenticate and certify said claim.

SIGNATURE

President TITLE

<u>Please mail this invoice to:</u> Hanna M. Miles Executive Department 555 Israel Road SW Tumwater, WA 98501 Phone: (360) 754-4120



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City of Tumwater Lodging Tax Final Report Form

| Organization's Name: <u>Tumwater Downtown Association</u> | | | | | | |
|---|---|--|--|--|--|--|
| Submitted By: John Morton | Date: <u>1/30/2023</u> | | | | | |
| Email Address: <u>John@JohnRMortonCPA.com</u> | Phone: <u>360.705.9795</u> | | | | | |
| This H | Report Covers: | | | | | |
| Activity Name: <u>Tumwater Artesian Festival</u> | | | | | | |
| Activity Type: 🛛 Special Event/Festival | Marketing/Tourism Promotion Agency | | | | | |
| Activity Start Date: 7/04/2022 | Activity End Date: 7/04/2022 | | | | | |
| Γotal Activity Cost: <u>\$44,829.00</u> | | | | | | |
| Total amount of Tumwater lodging tax funds | requested: <u>\$16,350.00</u> | | | | | |
| Total amount of Tumwater lodging tax funds e | expended: \$16,350.00 | | | | | |

 $\frac{1}{\sqrt{2}}$

Total amount of lodging tax funds expended from all jurisdictions: $\underline{\$0.00}$

DEFINITIONS OF METHODOLOGY FOR QUESTIONS BELOW:

This methodology is defined by the Joint Legislative Audit and Review Committee and is used for reporting to the Legislature about the use of lodging tax for each jurisdiction.

- **Direct Count**: Actual count of visitors using methods such as paid admissions or registrations, clicker counts at entry points, vehicle counts or number of chairs filled. A direct count may also include information collected directly from businesses, such as hotels, restaurants or tour guides likely to be affected by an event.
- **Indirect Count**: Estimate based on information related to the number of visitors such as raffle tickets sold, redeemed discount certificates, brochures handed out, police requirements for crowd control or visual estimates.
- **Representative Survey**: Information collected directly from individual visitors / participants. A representative survey is a highly structured data collection tool, based on a defined random sample of participants, and the results can be reliably projected to the entire population attending an event and includes margin of error and confidence level.
- **Informal Survey**: Information collected directly from individual visitors or participants in a non-random manner that is not representative of all visitors or participants. Informal survey results cannot be projected to the entire visitor population and provide a limited indicator of attendance because not all participants had an equal chance of being included in the survey.
- **Structured Estimate**: Estimate produced by computing known information related to the event or location. For example, one jurisdiction estimated attendance by dividing the square footage of the event area by the international building code allowance for persons (3 sq. ft.).
- **Other**: (please describe)

| | Enter the total number of people predicted to attend this activity (this number would have been | PREDICTED: | 14,000 | | | | |
|---|--|------------------------|--------------------|--|--|--|--|
| OVERALL | submitted on your application for funds); the actual number of people who attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 14,000 | | | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Inform | nal Survey | | | | | |
| | EXPLAIN TRACKING METHOD: Gate attenda as they enter the festival | ints and volunteers co | unting attendees | | | | |
| | Enter the total number of people who travelled greater than 50 miles predicted to attend this activity (this number would have been submitted on your | PREDICTED: | 100 | | | | |
| 50+ Miles - Attendance | application for funds); the actual number of people who travelled more than 50 miles to attend this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 100 | | | | |
| | METHODOLOGY (definitions provided above): Inform | * | | | | | |
| | EXPLAIN TRACKING METHOD: Information | | st entries as well | | | | |
| | as conversations from attendees by festival v | volunteers. | | | | | |
| | Enter the total number of people from outside the state and country predicted to attend this activity (this number would have been submitted on your | PREDICTED: | 25 | | | | |
| Out of State / Country - Attendance | application for funds); the actual number of people from outside the state and country who attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 30 | | | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Informal Survey | | | | | | |
| | EXPLAIN TRACKING METHOD: Information is collected from contest entries as well as conversations from attendees by festival volunteers. | | | | | | |
| | - | | | | | | |
| | Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted on your | PREDICTED: | 20 | | | | |
| PAID FOR Overnight Lodging - | application for funds); the actual number of people who paid for overnight lodging and attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 20 | | | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Inform | • | | | | | |
| | EXPLAIN TRACKING METHOD: Information is collected from contest entries as well as conversations from attendees by festival volunteers. | | | | | | |
| | Enter the total number of people predicted to attend this event without paying for overnight lodging in Tumwater (you would have submitted this number on | PREDICTED: | 13,980 | | | | |
| DID NOT PAY FOR OVERNIGHT LODGING - | your application for funds); the actual number of people who attended without paying for overnight lodging; and the method used to determine attendance | ACTUAL (ESTIMATED): | 13,980 | | | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Informal Survey | | | | | | |
| | EXPLAIN TRACKING METHOD: Information as conversations from attendees by festival v | | st entries as well | | | | |
| | Enter total predicted lodging nights in Tumwater (this number would have been submitted on your application for funds); and actual number of paid | PREDICTED: | 20 | | | | |
| PAID LODGING Nights | lodging nights. (One lodging night = one or more persons occupying one room for one night); and the method used to determine attendance | | 20 | | | | |
| | METHODOLOGY (definitions provided above): Inform | • | | | | | |
| | EXPLAIN TRACKING METHOD: Information | | st entries as well | | | | |
| | as conversations from attendees by festival v | oiunteers. | | | | | |

Please describe any other information that demonstrates the impact of increased tourism attributable to the special event, festival, or tourism-related facility.

Being able to hold the festival again was a major plus for the City and surrounding areas. Nobody could have predicted the last two years but not being able to have the festival was a big loss for the community. The tradition that has been built around the City's 4th of July activities is one that is truly a part of the fabric of community. We are extremely proud to be a part of the community and take great pride in providing a family friendly event to celebrate Independence Day.

TUMWATER SPECIFIC QUESTIONS:

Did you experience a higher number of tourists this year? If not, what do you think was a contributing factor?

Our turnout was great even going back to pre-Covid. Disregarding the past two years, we still had our best festival to date.

Did you complete all of the items on your Scope of Services consistent with your application submitted to the Lodging Tax Advisory Committee? If not, which items do you still need to complete? Do you plan on completing those items with your own resources? If so, when?

Yes, all Scopes were completed.

What expenses did you pay using Tumwater Lodging Tax funds?

Festival costs - most directly the cost of the fireworks.

Do you plan to do anything differently next year to expand your event, increase tourism to Tumwater, or increase visitors to your facility?

We are planning to expand our marketing and promotion for The Artesian Festival on multiple platforms, as well as to continue to look for additional opportunities to work with the local community. We will continue to expand our marketing efforts to the surrounding areas to gain greater visibility.

Tumwater Downtown Association Profit & Loss January through December 2022

| | Jan - Dec 22 |
|------------------------------|--------------|
| Income | |
| 4300 · Parking Revenue | 5,808.50 |
| 4500 · Sponsorship Revenue | 39,500.00 |
| Total Income | 45,308.50 |
| Cost of Goods Sold | |
| 5000 · Fireworks | 35,000.00 |
| Total COGS | 35,000.00 |
| Gross Profit | 10,308.50 |
| Expense | |
| 6010 · Marketing & Promotion | 8,200.91 |
| 6050 · Insurance | 408.40 |
| 6100 · Bank Service Charges | 80.00 |
| Total Expense | 8,689.31 |
| Net Income | 1,619.19 |
| | |

Tumwater Downtown Association

Board of Directors

President – John Morton

Vice President – Murray Smith

Secretary – Brett Hardcastle

| Form | 99 | N - | F7 |
|------|----|------------|-----------|

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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.

Open to Public Inspection

OMB No 1545-0047

2022

Α For the 2022 calendar year, or tax year beginning , 2022, and ending В Check if applicable: С D Employer identification number Address change Tumwater Downtown Association 02-0572938 Name change 1950 Black Lake Blvd SW Telephone number Initial return Olympia, WA 98512 360-705-9795 Final return/terminated Amended return F Group Exemption Application pending Number Accounting Method: Other (specify): G X Cash Accrual H Check X if the organization is not Website: required to attach Schedule B I. N/A (Form 990). 527 501(c)(3) Tax-exempt status (check only one) X 501(c) (4) (insert no.) 4947(a)(1) or J Corporation Trust X Association Other: κ Form of organization: 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 Ś 45,309 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..... Contributions, gifts, grants, and similar amounts received 1 1 2 Program service revenue including government fees and contracts..... 2 45. 309 Membership dues and assessments..... 3 3 4 Δ Investment income..... **5a** Gross amount from sale of assets other than inventory..... 5a 5b **b** Less: cost or other basis and sales expenses..... 5c c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a). Gaming and fundraising events: Revenue **a** Gross income from gaming (attach Schedule G if greater than \$15,000) 6a **b** 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) 6b c Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a **b** Less: cost of goods sold..... 7b c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)..... 7c Other revenue (describe in Schedule O)..... 8 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8..... 9 9 45.309 10 Grants and similar amounts paid (list in Schedule O)..... 10 Benefits paid to or for members 11 11 Salaries, other compensation, and employee benefits 12 12 Expenses Professional fees and other payments to independent contractors..... 13 13 14 Occupancy, rent, utilities, and maintenance. 14 Printing, publications, postage, and shipping..... 15 15 Other expenses (describe in Schedule O). 16 16 43,989. Total expenses. Add lines 10 through 16 17 17 43,989. Excess or (deficit) for the year (subtract line 17 from line 9) 18 18 1,320. Net Asse Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 figure reported on prior year's return)..... 19 0. 20 Other changes in net assets or fund balances (explain in Schedule O)..... 20

21

Form 990-EZ (2022)

1,320.

21

Net assets or fund balances at end of year. Combine lines 18 through 20.....

| | 990-EZ (2022) Tumwater Downto | | | 02 | -057 | 2938 Page 2 |
|----------|--|--|--|------------------------|--------|--|
| Par | <u>t II</u> Balance Sheets (see the inst Check if the organization used Sche | ructions for Part II) | estion in this Part II | | | |
| | | dule o to respond to any qu | | (A) Beginning of year | | (B) End of year |
| 22 | Cash, savings, and investments | | | | 22 | 1,320. |
| 23 | Land and buildings. | | | | 23 | |
| 24 25 | Other assets (describe in Schedule O) Total assets. | | | | 24 | 1 200 |
| 25 | Total liabilities (describe in Schedule O) | | | 0 | - | <u> </u> |
| 27 | | | | 0 | • | 1,320. |
| Par | t III Statement of Program Service Ac | complishments (see the inst | ructions for Part III) | V | | Expenses |
| What | Check if the organization used Sc | | question in this Part I | IIX | | uired for section 501 |
| Desc | is the organization's primary exempt purpose? See cribe the organization's program service a sured by expenses. In a clear and concise | ccomplishments for each of i | its three largest prog | ram services, as | | and 501(c)(4) nizations; optional |
| mea | sured by expenses. In a clear and concise efited, and other relevant information for e | e manner, describe the service | ces provided, the nur | nber of persons | for ot | hers.) |
| 28 | 0 0 1 1 1 0 | | | | | |
| | 200200000000000000000000000000000000000 | | | | | |
| | | | | | | |
| 20 | | is amount includes foreign gi | | | 28a | 43,689. |
| 29 | | | | | | |
| | | | | | | |
| | (Grants \$) If th | is amount includes foreign g | rants, check here | | 29a | |
| 30 | | · · · | | | | |
| | | | | | | |
| | | | | | | |
| 21 | (Grants \$) If th Other program services (describe in Sch | is amount includes foreign gi | rants, check here | | 30a | |
| 31 | | is amount includes foreign gi | | | 31a | |
| 32 | | | | | 312 | 43,689. |
| - | t IV List of Officers, Directors, | | | | - | |
| | Check if the organization used Sc | | | | | |
| | (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensati (Forms W-2/1099-MIS/ 1099-NEC) | benefit plans, and def | oyee | (e) Estimated amount of other compensation |
| Toł | nn Morton | • | (if not paid, enter -0-) | compensation | | |
| <u> </u> | esident | 3 | (|). | 0. | 0. |
| | rray_Smith | | | | | |
| | ce President | 3 | (|). | 0. | 0. |
| | am Laneer | | | | | |
| Sec | cretary | 1 | (|). | 0. | 0. |
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| BAA | L | TEEA0812L 0 | 9/28/22 | | | Form 990-EZ (2022) |

| Forn | n 990-EZ (2022) Tumwater Downtown Association 02-057293 | 8 | Ρ | age 3 |
|------|--|--------------|-------------|-------|
| Pa | t 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 | | | |
| 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 | | Yes | No |
| | If "Yes," provide a detailed description of each activity in Schedule O | 33 | | Х |
| 54 | a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. | 34 | | Х |
| 35,2 | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities | 57 | | Λ |
| 000 | (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | Х |
| ł | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | |
| (| 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. | 35c | | х |
| | 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 | 36 | | Х |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0. | | | |
| | Did the organization file Form 1120-POL for this year? | 37b | | Х |
| | 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 | | Х |
| Ł | amount involved. | | | |
| 20 | amount involved | | | |
| | | | | |
| | Initiation fees and capital contributions included on line 9 | | | |
| | | - | | |
| 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A | | | |
| L | section 4911: 0.; section 4912: 0.; section 4955: 0. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess | | | |
| Ľ | 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 | | х |
| | : Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization | 40.0 | | Λ |
| , c | managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| C | I 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 | | Х |
| 41 | List the states with which a copy of this return is filed: None | | | |
| 42a | n The organization's books are in care of: <u>John Morton</u> | 705 | <u>-979</u> | 95 |
| L | | | Yes | No |
| Ľ | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | Х |
| | If "Yes," enter the name of the foreign country: | | | |

| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | |
|--|-----|
| | 42c |
| If "Yes," enter the name of the foreign country: | |

| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here | | | | . 🗆 | N/A |
|----|---|----|-----|-------------|--------|--------|
| | and enter the amount of tax-exempt interest received or accrued during the tax year | 43 | | | | N/A |
| | — | | | | Yes | No |
| 44 | a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. | | | 44a | | Х |
| I | 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 | | Х |
| | c Did the organization receive any payments for indoor tanning services during the year? | | | 44c | | Х |
| | d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule Q a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | | 44d 45a | | X |
| | 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)? I Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions | | | 45b | | X |
| BA | A TEEA0812L 09/28/22 | | For | m 99 |)-EZ (| (2022) |

Х

| Form 990-I | EZ(2022) Tumwater Downtown A | ssociation | | 02-05 | 72938 | Ρ | age 4 |
|--|--|--|---|--|-------------------------------|---------|---------|
| 46 Did tl cand | he organization engage, directly or indirec idates for public office? If "Yes," complete | ctly, in political campa e Schedule C, Part I… | ign activities on behalf c | of or in opposition to | 46 | Yes | No X |
| Part VI | Section 501(c)(3) Organizations All section 501(c)(3) organizatio for lines 50 and 51. Check if the organization used S | s Only ns must answer q | uestions 47-49b and | d 52, and complete | e the table | | |
| comp | ne organization engage in lobbying activities plete Schedule C, Part II | or have a section 501(h |) election in effect during | the tax year? If "Yes," | 47 | Yes | No |
| 49a Did tl b If "Ye 50 Comp | he organization a school as described in se he organization make any transfers to an es," was the related organization a section blete this table for the organization's five high oyees) who each received more than \$100,00 | exempt non-charitable 527 organization? nest compensated emplo | e related organization?. | directors, trustees, and I | 49a 49b | | |
| | (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated other com | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | number of other employees paid over \$1 | | | | | | |
| comp | blete this table for the organization's five high bensation from the organization. If there is (a) Name and business address of each independent co | s none, enter "None." | | ach received more than \$ | 6100,000 of | oncatio | n |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | number of other independent contractors | . . | | | | | |
| comp | he organization complete Schedule A? No bleted Schedule A es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office | | | | Yes | [| No |
| true, correct, a | and complete. Declaration of preparer (other than officer | r) is based on all information of | of which preparer has any knowl | edge. | | | |
| Sign Here | Signature of officer John Morton Type or print name and title | Date | | | | | |
| Paid Preparer | Print/Type preparer's name John R. Morton Firm's name JOHN R. MORTON, | Preparer's signature John R. Mortor CPA, PS | Date | Check if | 20028390 | 7 | |
| Use Only | Firm's address <u>1950 Black Lake</u> OLYMPIA, WA 9853 S discuss this return with the preparer sh | 12 | | Firm's EIN Phone no. (36 | 2083899 50) 705-1 X Yes | 9795 | j No |

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organizationEmployer identification numberTumwater Downtown Association02-0572938

Form 990-EZ, Part I, Line 16 Other Expenses

| Advertising and Promotion | \$ 8,501. |
|---------------------------|---------------|
| Bank Service Charges | 80. |
| Festival Costs | 35,000. |
| Insurance | 408. |
| Total | \$ 43,989. |

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Community outreach and support by providing family oriented activities and

festivals.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

The Tumwater Downtown Association coordinates the efforts for the 4th of July Artesian Festival. It is the largest single day event in the City of Tumwater and is a family oriented fireworks show with food vendors, children's activities and music. It is a no cost event for attendees.

BYLAWS OF TUMWATER DOWNTOWN ASSOCIATION

ARTICLE I <u>PURPOSE</u>

Purpose

The name of this corporation shall be Tumwater Downtown Association.

Tumwater Downtown Association is a non-profit corporation and shall be operated exclusively for charitable purposes.

Tumwater Downtown Association's purpose is to provide family oriented festivities and promote the cultural traditions of the local communities.

ARTICLE II MEETINGS

Annual Meeting

An annual meeting shall be held once each calendar year for the purpose of electing directors and for the transaction of such other business as may properly come before the meeting. The annual meeting shall be held at the time and place designated by the Board of Directors from time to time.

Special Meetings

Special meetings may be requested by the Board of Directors.

Notice

Written notice of all meetings shall be provided under this section or as otherwise required by law. The Notice shall state the place, date, and hour of meeting, and if for a special meeting, the purpose of the meeting. Such notice shall be mailed to all directors of record at least 10 days prior to the meeting.

Quorum

A majority of the directors shall constitute at quorum at a meeting. In the absence of a quorum, a majority of the directors may adjourn the meeting to another time without further notice. If a quorum is represented at an adjourned meeting, any business may be transacted that might have been transacted at the meeting as originally scheduled. The directors present at a meeting represented by a quorum may continue to transact business until adjournment, even if the withdrawal of some directors results in representation of less than a quorum.

Informal Action

Any action required to be taken, or which may be taken, at a meeting may be taken without a meeting and without prior notice if a consent in writing, setting forth the action so taken, is signed by the directors with respect to the subject matter of the vote.

ARTICLE III BOARD OF DIRECTORS

Number of Directors

Tumwater Downtown Association shall have a board of directors consisting of at least 3 and no more than 10 directors. Within these limits, the board may increase or decrease the number of directors serving on the board, including for the purpose of staggering the terms of directors.

Terms

(a) All directors shall be elected to serve a one-year term, however the term may be extended until a successor has been elected.

(b) Directors may serve terms in succession.

(c) The term of office shall be considered to begin January 1 and end December 31 of the second year in office, unless the term is extended until such time as a successor has been elected.

Vacancies

The board of directors may fill vacancies due to the expiration of a director's term of office, resignation, death, or removal of a director or may appoint new directors to fill a previously unfilled board position, subject to the maximum number of directors under these Bylaws.

(a) <u>Unexpected Vacancies</u>. Vacancies in the board of directors due to resignation, death, or removal shall be filled by the board for the balance of the term of the director being replaced.

Removal of Directors

A director may be removed by two-thirds vote of the board of directors then in office, if:

(a) the director is absent and unexcused from two or more meetings of the board of directors in a twelve month period. The board president is empowered to excuse directors from attendance for a reason deemed adequate by the board president. The president shall not have the power to excuse him/herself from the board meeting attendance and in that case, the board vice president shall excuse the president. Or:

(b) for cause or no cause, if before any meeting of the board at which a vote on removal will be made the director in question is given electronic or written notification of the board's

intention to discuss her/his case and is given the opportunity to be heard at a meeting of the board.

Manner of Acting

(a) <u>Quorum</u>. A majority of the directors in office immediately before a meeting shall constitute a quorum for the transaction of business at that meeting of the board. No business shall be considered by the board at any meeting at which a quorum is not present.
(b) <u>Majority Vote</u>. Except as otherwise required by law or by the articles of incorporation, the act of the majority of the directors present at a meeting at which a quorum is present shall be the act of the board.

(C) <u>Hung Board Decisions</u>. On the occasion that directors of the board are unable to make a decision based on a tied number of votes, the president or treasurer in the order of presence shall have the power to swing the vote based on his/her discretion.

(d) <u>Participation</u>. Except as required otherwise by law, the Articles of Incorporation, or these Bylaws, directors may participate in a regular or special meeting through the use of any means of communication by which all directors participating may simultaneously hear each other during the meeting, including in person, internet video meeting or by telephonic conference call.

Compensation for Board Service

Directors shall receive no compensation for carrying out their duties as directors. The board may adopt policies providing for reasonable reimbursement of directors for expenses incurred in conjunction with carrying out board responsibilities, such as travel expenses to attend board meetings.

Compensation for Professional Services by Directors

Directors are not restricted from being remunerated for professional services provided to the corporation. Such remuneration shall be reasonable and fair to the corporation and must be reviewed and approved in accordance with the board Conflict of Interest policy and state law.

ARTICLE IV COMMITTEES

Committees

The board of directors may, by the resolution adopted by a majority of the directors then in office, designate one or more committees, each consisting of one or more directors, to serve at the pleasure of the board. Any committee, to the extent provided in the resolution of the board, shall have all the authority of the board, except that no committee, regardless of board resolution, may:

- (a) take any final action on matters which also requires board members' approval or approval of a majority of all members;
- (b) fill vacancies on the board of directors of in any committee which has the authority of the board;
- (c) amend or repeal Bylaws or adopt new Bylaws;
- (d) amend or repeal any resolution of the board of directors which by its express terms is not so amendable or repealable;
- (e) appoint any other committees of the board of directors or the members of these committees;
- (f) expend corporate funds to support a nominee for director; or
- (g) approve any transaction;
- (i) to which the corporation is a party and one or more directors have a material financial interest; or
- (j) between the corporation and one or more of its directors or between the corporation or any person in which one or more of its directors have a material financial interest.

Informal Action By The Board of Directors

Any action required or permitted to be taken by the board of directors at a meeting may be taken without a meeting if consent in writing, setting forth the action so taken, shall be agreed by the consensus of a quorum. For purposes of this section an e-mail transmission from an e-mail address on record constitutes a valid writing. The intent of this provision is to allow the board of directors to use email to approve actions, as long as a quorum of board members gives consent.

ARTICLE V OFFICERS

Board Officers

The officers of the corporation shall be a board president, vice-president, secretary, and treasurer, all of whom shall be chosen by, and serve at the pleasure of, the board of directors. Each board officer shall have the authority and shall perform the duties set forth in these Bylaws or by resolution of the board or by direction of an officer authorized by the board to prescribe the duties and authority of other officers. The board may also appoint additional vice-presidents and such other officers as it deems expedient for the proper conduct of the business of the corporation, each of whom shall have such authority and shall perform such duties as the board of directors may determine. One person may hold two or more board offices, but no board officer may act in more than one capacity where action of two or more officers is required.

Term of Office

Each officer shall serve a one-year term of office and may serve consecutive terms of office.

Removal and Resignation

The board of directors may remove an officer at any time, with or without cause. Any officer may resign at any time by giving written notice to the corporation without prejudice to the rights, if any, of the corporation under any contract to which the officer is a party. Any resignation shall take effect at the date of the receipt of the notice or at any later time specified in the notice, unless otherwise specified in the notice. The acceptance of the resignation shall not be necessary to make it effective.

Board President

The board president shall be the chief volunteer officer of the corporation. The board president shall lead the board of directors in performing its duties and responsibilities, including, if present, presiding at all meetings of the board of directors, and shall perform all other duties incident to the office or properly required by the board of directors.

Vice President

In the absence or disability of the board president, the ranking vice-president or vicepresident designated by the board of directors shall perform the duties of the board president. When so acting, the vice-president shall have all the powers of and be subject to all the restrictions upon the board president. The vice-president shall have such other powers and perform such other duties prescribed for them by the board of directors or the board president. The vice-president shall normally accede to the office of board president upon the completion of the board president's term of office.

Secretary

The secretary shall keep or cause to be kept a book of minutes of all meetings and actions of directors and committees of directors. The minutes of each meeting shall state the time and place that it was held and such other information as shall be necessary to determine the actions taken and whether the meeting was held in accordance with the law and these Bylaws. The secretary shall cause notice to be given of all meetings of directors and committees as required by the Bylaws. The secretary shall have such other powers and perform such other duties as may be prescribed by the board of directors or the board president. The secretary may appoint, with approval of the board, a director to assist in performance of all or part of the duties of the secretary.

Treasurer

The treasurer shall be the lead director for oversight of the financial condition and affairs of the corporation. The treasurer shall oversee and keep the board informed of the financial condition of the corporation and of audit or financial review results. In conjunction with other directors or officers, the treasurer shall oversee budget preparation and shall ensure that appropriate financial reports, including an account of major transactions and the financial condition of the corporation, are made available to the board of directors on a timely basis

or as may be required by the board of directors. The treasurer shall perform all duties properly required by the board of directors or the board president. The treasurer may appoint, with approval of the board a qualified fiscal agent or member of the staff to assist in performance of all or part of the duties of the treasurer.

Non-Director Officers

The board of directors may designate additional officer positions of the corporation and may appoint and assign duties to other non-director officers of the corporation.

ARTICLE VI CONTRACTS, CHECKS, LOANS, INDEMNIFICATION AND RELATED MATTERS

Contracts and other Writings

Except as otherwise provided by resolution of the board or board policy, all contracts, deeds, leases, mortgages, grants, and other agreements of the corporation shall be executed on its behalf by the treasurer or other persons to whom the corporation has delegated authority to execute such documents in accordance with policies approved by the board.

Checks, Drafts

All checks, drafts, or other orders for payment of money, notes, or other evidence of indebtedness issued in the name of the corporation, shall be signed by such officer or officers, agent or agents, of the corporation and in such manner as shall from time to time be determined by resolution of the board.

Deposits

All funds of the corporation not otherwise employed shall be deposited from time to time to the credit of the corporation in such banks, trust companies, or other depository as the board or a designated committee of the board may select.

Loans

No loans shall be contracted on behalf of the corporation and no evidence of indebtedness shall be issued in its name unless authorized by resolution of the board. Such authority may be general or confined to specific instances.

Indemnification

(a) <u>Mandatory Indemnification</u>. The corporation shall indemnify a director or former director, who was wholly successful, on the merits or otherwise, in the defense of any proceeding to which he or she was a party because he or she is or was a director of the corporation against reasonable expenses incurred by him or her in connection with the proceedings.

(b) <u>Permissible Indemnification</u>. The corporation shall indemnify a director or former director made a party to a proceeding because he or she is or was a director of the corporation, against liability incurred in the proceeding, if the determination to indemnify him or her has been made in the manner prescribed by the law and payment has been authorized in the manner prescribed by law.

(c) <u>Advance for Expenses</u>. Expenses incurred in defending a civil or criminal action, suit or proceeding may be paid by the corporation in advance of the final disposition of such action, suit or proceeding, as authorized by the board of directors in the specific case, upon receipt of (I) a written affirmation from the director, officer, employee or agent of his or her good faith belief that he or she is entitled to indemnification as authorized in this article, and (II) an undertaking by or on behalf of the director, officer, employee or agent to repay such amount, unless it shall ultimately be determined that he or she is entitled to be indemnified by the corporation in these Bylaws.

(d) <u>Indemnification of Officers, Agents and Employees</u>. An officer of the corporation who is not a director is entitled to mandatory indemnification under this article to the same extent as a director. The corporation may also indemnify and advance expenses to an employee or agent of the corporation who is not a director, consistent with Montana Law and public policy, provided that such indemnification, and the scope of such indemnification, is set forth by the general or specific action of the board or by contract.

ARTICLE VII MISCELLANEOUS

Books and Records

The corporation shall keep correct and complete books and records of account and shall keep minutes of the proceedings of all meetings of its board of directors, a record of all actions taken by board of directors without a meeting, and a record of all actions taken by committees of the board. In addition, the corporation shall keep a copy of the corporation's Articles of Incorporation and Bylaws as amended to date.

Fiscal Year

The fiscal year of the corporation shall be from January 1 to December 31 of each year.

Conflict of Interest

The board shall adopt and periodically review a conflict of interest policy to protect the corporation's interest when it is contemplating any transaction or arrangement which may benefit any director, officer, employee, affiliate, or member of a committee with board-delegated powers.

Nondiscrimination Policy

The officers, directors, committee members, employees, and persons served by this corporation shall be selected entirely on a nondiscriminatory basis with respect to age, sex, race, religion, national origin, and sexual orientation. It is the policy of Transcontinental Humanitarian Corp. not to discriminate on the basis of race, creed, ancestry, marital status, gender, sexual orientation, age, physical disability, veteran's status, political service or affiliation, color, religion, or national origin.

Bylaw Amendment

These Bylaws may be amended, altered, repealed, or restated by a vote of the majority of the board of directors then in office at a meeting of the Board, provided, however,

(a) that no amendment shall be made to these Bylaws which would cause the corporation to cease to qualify as an exempt corporation under Section 501 (c)(3) of the Internal Revenue Code of 1986, or the corresponding section of any future Federal tax code; and,

(b) that an amendment does not affect the voting rights of directors. An amendment that does affect the voting rights of directors further requires ratification by a two-thirds (?) vote of a quorum of directors at a Board meeting.

(c) that all amendments be consistent with the Articles of Incorporation.

ARTICLE VIII AMENDMENT OF Articles of Incorporation

Amendment

Any amendment to the Articles of Incorporation may be adopted by approval of two-thirds (2/3) of the board of directors.

ARTICLE IX DISSOLUTION

Dissolution

In the event of the dissolution of the organization, the assets shall be applied and distributed as follows:

(1) All liabilities and obligations of the corporation shall be paid, satisfied and discharged, or adequate provision shall be made therefor;

(2) Assets held by the corporation upon condition requiring return, transfer or conveyance, which condition occurs by reason of the dissolution, shall be returned, transferred or conveyed in accordance with such requirements;

(3) Assets received and held by the corporation subject to limitations permitting their use only for charitable, religious, eleemosynary, benevolent, educational or similar purposes, but not held upon a condition requiring return, transfer or conveyance by reason of the dissolution, shall be transferred or conveyed to one or more domestic or foreign corporations, societies or organizations engaged in activities substantially similar to those of the dissolving corporation, pursuant to a plan of distribution adopted as provided in this chapter;

(4) Other assets, if any, shall be distributed in accordance with the provisions of the articles of incorporation or the bylaws to the extent that the articles of incorporation or bylaws determine the distributive rights of members, or any class or classes of members, or provide for distribution to others;

(5) Any remaining assets may be distributed to such persons, societies, organizations or domestic or foreign corporations, whether for profit or not for profit, as may be specified in a plan of distribution adopted as provided in this chapter.

CERTIFICATE OF ADOPTION OF BYLAWS

I do hereby certify that the above stated Bylaws of Tumwater Downtown Association were approved by the Tumwater Downtown Association's board of directors on January 1, 2015 and constitute a complete copy of the Bylaws of the corporation.

| President . | | |
|-------------|------|--|
| Secretary | | |

Date: _____

NEW APPLICANT

CITY OF TUMWATER LODGING TAX APPLICATION – Entity Certification

| Application Deadline: AUGUST 30, 2023 Attention: City of Tumwate | R | late, or incomplete applications will not be accepted |
|--|---|---|
| | XECUTIVE DEPARTMENT er.wa.us or 555 Israel R | OAD SW, TUMWATER, WA 98501 |
| Organiza | TION/AGENCY INFORM | ATION |
| Fred U. Harris Lodge #70 | <u>91-605</u> | |
| Organization/Agency Name <u>Lester Dickson</u> Contact Name | | al Tax ID Number rand Master/Chair Juneteenth Committe |
| PO Box 5072 Mailing Address | <u>Lacey</u> City | WA98503StateZip |
| 253.592.0760 | | e1@gmail.com Address |
| ☐ Tourism Promotion/Marketing Activities Amount Requested: <u>\$\$10,000.00</u> Brief Description of Tourism Promotion/Mar | _ Total Projec | ☐ Tourism-Related Facilities t / Event Budget: <u>\$\$20,000.00</u> Festivals, or Tourism-Related Facilities: |
| <u>Celebration of Federal and State regonized event k</u> * <i>If an Event/Festival, complete the following.</i> | | ual Event for <u>41</u> number of years |
| Juneteenth Festival Name of Event/Festival | Regional Athletic Complex Location June 17, 2023 | x June 15, 2024 Date of Event/Festival |
| Event/Festival Website (if different than above) | If an existing event, last | year's date of event |
| | CERTIFICATION | |
| I hereby state on behalf of <u>Fred U.Harris Lodge #7</u> Organi | 0 zation/Agency Name | that the: |
| Applicant is: Nonprofit The applicant has, or can obtain, general liability insurance aggregate for personal injury, bodily injury and property dan The applicant has on file with the City, or is submitting one c I understand that this is an application for a contract with the a reimbursement basis, and a signed Lodging Tax Invoice is The applicant has accounting/record-keeping systems which inspection by the City of Tumwater or its agents; and C) is m I understand that the City of Tumwater will conduct public d City of Tumwater and its Lodging Tax Advisory Committee I hereby certify that the information contained in this certification of activities and financial status of the organization submitting | nage. opy, of their current articles of inco City of Tumwater, which, if award submitted including proof of paym in A) show the purposes for which (maintained for at least 6 years follow iscussions regarding recommendati e. tion and application for funding wi g this application. | rporation and by-laws. ed, will only be paid after the service(s) is rendered - on ent documentation. City of Tumwater funds have been spent; B) is open to ing the end of contract. ons for funding to any agency making application to the th the City of Tumwater is a true and accurate statement |
| Lester Dickson | <u>//S//</u> | <u>8/30/2023</u> |
| Name and Title | <u>//S//</u> Signature (e-signatu | ure or original) Date |

1. What is the purpose of your special event, festival, or tourism-related facility?

In celebration of a federal and state recognized holiday,

2. a. For what specific tourism-generating activities will City of Tumwater lodging tax funds be used? Complete and submit the Lodging Tax Budget Form specific to your special event, festival, or tourism related facility. (The Budget Form is also available online at <u>www.ci.tumwater.wa.us/LodgingTax</u>.)

Juneteenth celeberates freedom from slavery of marginally recognized racial group at the time, that occurred almost a century after the American War of Independence from Britist rule

- b. If a returning applicant, identify any major changes in the event or organization since the last funding cycle.
- 3. Describe the resources available for the proposed tourism-generating activities? Please include the total number of volunteers and volunteer hours that exist for your special event, festival, or tourism-related facility.

Members of the Masonic Organization are the main volunteers, while other include, youth groups of the Masonic body and of the North Thurston School District.

4. Do other cities or governmental entities in the county fund your special event, festival, or tourism-related facility? If so, which jurisdictions and how much were you funded from each jurisdiction last year?

City of Lacey

5. Do you intend to apply for lodging tax funds from other jurisdictions this year? If so, which jurisdictions? Please explain how you will use Turnwater's funds separately from other lodging tax funds you may receive?

City of Lacey. Lodging funds from the City of Tumwater will be used to promote the City of Tumwater as a partner in this event and to encourage participants to explore the City of Tumwater

6. The request of funds from Tumwater will fund what percentage of your total budget for the proposed special event, festival, or tourism-related facility?

50%

7. Describe the tourism promotion impact on the economy from your special event, festival, or tourism-related facility within the City of Tumwater, specifically on the lodging and food service sectors.

While this event is an event that has gained greater recognition within the last three years, it has growth potential and present opportunites to promot the Citiy of Tumwater, its historical relevance, its public accomadation, its eateries, and busineses.

8. How broad-based will the tourism promotion benefit be geographically and economically?

Attendees to this event include distences as far awahile as Protland and Seattle. Resources bought and used at the event will be from businesess in the City of Tumwater.

- 9. How will receiving lodging tax funds result in an increase in the number of people traveling for business or pleasure to Tumwater?
- 10. For the special event, festival or tourism-related facility, identify the estimated number of participants who will attend in each of the following categories:

| a) | Overall attendance | 1800 |
|----|---|---------|
| b) | Staying for the day only <i>and</i> traveling more than fifty miles or more one way from their place of residence or business | 200 |
| c) | Number of participants in any of the above categories who will attend from out-of-state (includes other countries) | 20 |
| d) | Staying overnight in paid accommodations away from their place of residence or business | 5 |
| e) | Staying overnight in unpaid accommodations (e.g. with friends and family) <i>and</i> traveling fifty miles or more one way from their place of residence or business | 15 |
| f) | Total number of paid lodging nights generated in Tumwater | unknown |

g) Describe what methods you will use to determine attendance and to distinguish among the different visitor categories listed above.

Differnet methods are being explored. Due to the recent recognition of the event, new measurement tools are being explored. Funding from the Tumwater Lodg Tax fund will assist in developing this method.

11. If you are awarded a contract, you must be prepared to report to the City the economic benefit from tourists attending your event/facility. Describe how you will document the economic impact from your event/facility; specifically the information requested in question 10. **Submit a sample tracking form, if available.**

The recent recognition of the event has not fully relized the impact of the event upon the area and methods are being develop to assist in data gathering for future planning.

12. Describe how you will promote overnight stays in Tumwater lodging establishments?

By promoting Tumwater as a partner city of the festival and encouraging attenddes to explore eateries and events within the city.

13. Describe how you will promote Tumwater and other attractions in the Tumwater area to entice tourists to extend their visit beyond attendance to your special event, festival, or tourism-related facility.

Social media post leading up to the event will feature current events available in the city of Tumwater.

14. What tourism outcome should the City expect if your proposal is only partially funded? Please be specific. *For example: how do you intend to alternatively fund your program / which services will not happen?*

If the event is not fully funded the promotion of the event may be scaled down. Additionall, attendees may suffer lower expectation thereby limiting future attendance.

15. List other organizations that you are partnered with for this special event, festival, or tourism-related facility.

None

16. List any other measurements that demonstrate the impact of increased tourism attributable to your special event, festival, or tourism-related facility. Include any other thoughts that may encourage the Lodging Tax Advisory Committee/Tumwater City Council to use lodging tax funds to support this application.

Juneteenth is an avent that has been celebrated by Fred U. Harris Lodge #70 for over forty (40) years prior to Juneteenth being recognized as a federal and state holiday. The lodge has sponsored the event out of the lodge general funds during this period. This event has always been free to the public and included trqaditional food commenorating the event.

Within the last two years since the legal recognition of the event, attendance has grown from 500-600 per event to over 1500 at last year's event, with attendees from the Cities of Lacey, Tumwater, Olympia, Tacoma, Seattle, and Portland.

Fred U. Harris Lodge #70, a Masonic Lodge, has held its meetings and special events in the City Tumater for over two decades.

Lodging Tax Applicant:

Lodging Tax Budget Form

nt: Fred U. Harris Lodge #70

Specific to your Tourism-Related Facility, Tourism Promotion Activity, Special Event, or Festival, list the amount and status of funding for all sources from which you have already or intend to receive funds. Please include in-kind donations and funds received from admission fees if applicable.

PROJECTED REVENUE:

| Sou | ırce | Amount |
|---|-------------|-------------|
| Sponsorships: | | |
| Admission: | | |
| Reserves: | | |
| Donations/Contributions: | | |
| Grants: | | |
| Program Service Fees: | | |
| In-kind Donations: | | |
| Gift Shop: | | |
| Vendor Fees: | | |
| Fundraising Activities: | | |
| City of Lacey Lodging Tax: | | \$10,000.00 |
| City of Olympia Lodging Tax: | | |
| City of Tumwater Lodging Tax: | | \$10,000.00 |
| Thurston County Lodging Tax: | | |
| Other Sources of Revenue: (please specify) | | |
| Other Source: | | |
| Other Source: | | |
| Other Source: | | |
| TOTAL REVENUE: | | \$20,000.00 |
| PROJECTED EXPENSES: | | |
| Personnel : (salaries and benefits) | | |
| Administration: (utilities, phone, etc | .) | |
| Marketing and Promotion: | , | \$3,000.00 |
| Professional / Consultant Fees: | | |
| Equipment: | | \$5,000.00 |
| Facility / Event Venue Rental: | | |
| Travel: (please specify) | | |
| All Other Expenses: (please specify) | Food/ | \$9,000.00 |
| Other Expense: | | |
| Other Expense: | | |
| Other Expense: | | |
| TOTAL EXPENSES: | | \$17,000.00 |
| PROGRAM EXCESS (DEFICIT | ſ) : | \$3,000.00 |



FRED U. HARRIS LODGE No. 70

Free and Accepted Masons, PHA Post Office Box 5072 Lacey, WA. 98503



JUNETEENTH FESTIVAL

Profit and Loss Summary

June 17, 2023

| Beginning Balance: | \$10,615.71 |
|--------------------|-------------|
| Expenses: | \$9,142.73 |
| Ending Balance: | \$1,472.98 |



FRED U. HARRIS LODGE No. 70

Free and Accepted Masons, PHA Post Office Box 5072 Lacey, WA. 98503



Board of Directors

January 2023 – December 2023

President:

Melvin Butler 360-819-2202

1st Vice President:

Reggie Davis 206-701-4526

2nd Vice President:

Horrim Jackson 253-973-1287

Secretary:

James Poole 360-491-4027

Treasurer:

Jeramiah Evans 253-905-0470



The Most Worshipful Prince Hall Grand Lodge

Organized Seattle, Wash. April 13th, 1903

Free and Accepted Masons

Incorporated 1906

of the State of Washington and the Jurisdiction Thereunto Belonging



Marrant of Constitution ANCIENT CRAFT MASONRY

To All and Every:

the by-laws of this Lodge.

Our Right Worshipful and Loving Brethren: We, CARLTON B. TUCKER, Grand Master of Masons, CHARLES D. STUBBLEFIELD Deputy Grand Master, BILLY V. MORRIS, Senior Grand Warden, KENNETH SWANIGAN, Junior Grand Warden, of the Most Worshipful Prince Hall Grand Lodge of Free and Accepted Masons of the State of Washington and the Jurisdiction thereunto belonging, SEND GREETING— Know ye, that at the Regular Annual Communication of this Grand Lodge, holden in the City of

, on 15th day of JULY , in the year of our Lord One Thousand OLYMPIA Nine Hundred and 81 and in the year of Masonry 5981; In accordance with our Book of Constitution and of the Old Constitution established under the auspices of Prince Hall and descendants therefrom, as of date, September 29th, 1784, at which time a Warrant was granted Prince Hall, Boston Smith, Thomas Sanderson and several other brethren, residing in Boston, New England, North America, by the Most Ancient and Honorable Society of Free and Accepted Masons of England, and which Masonry has been legally and regularly transmitted to us, and in conformity with resolutions adopted upon day and date as first written above, that a Charter was granted to FRED U. HARRIS Lodge, Free and Accepted Masons, located at the City of on the Registry of this Grand Lodge, as found at page /8 of Grand Lodge Registry, and that Worshipful Brother OLYMPIA CLARENCE TAYLOR is appointed, authorized and empowered to act as the first Worshipful Master, that our Worthy Brother WILLARD DEROUEN, is appointed to be its first Senior CLARENCE TAYLOR Warden, and that our Worthy Brother HERNON MOSLEY is appointed to be its first Junior Warden, of a Lodge of Master Masons, to be by virtue hereof, constituted, dedicated, and held in perpetuity to the uses and purposes of free and accepted Masonry, under the style and title of FRED U. HARRIS Lodge, F. & A. M., No. 70, at the City of OLYMPIA State of WASHINGTON and we authorize and empower our well beloved Brethren, with the consent and assistance of a majority of the members of said Lodge, to elect and install their successors, in the manner provided by law. To confer the three symbolic degrees of Ancient Craft Masonry, and the members of this Worshipful Lodge, to have and to hold this Charter forever, as its ark of the Covenants, and to perform such other offices and duties as are anciently inhered to a Lodge of Master Masons. And as is provided in the Book of Constitution of this Most Worshipful Prince Hall Grand Lodge and

In Testimony Thereof, witness the hand of the Grand Master of Masons. The seal of our Grand Lodge, attested by the Grand Secretary at the City of SEATTLE, Washington. In the United States of America this 15^{4} day of JULY, in the year of our Lord 1981, and in the year of Masonry 5981

Bond

Grand Master of Masons, In and For the Most W Free and Accented Masons of the Sector

CITY OF TUMWATER LODGING TAX APPLICATION – Entity Certification

| LODGING TAX APPLICATION – Entity Certification | | | | |
|---|---|---|-----------------------|--------------------------|
| APPLICATION DEADLINE:AUGUST 30, 2023, 12PM/NOON-Postmarks, late, or incomplete applications will not be acceptedATTENTION:CITY OF TUMWATERHANNA MILES – EXECUTIVE DEPARTMENTADDRESS/DELIVER:hmiles@ci.tumwater.wa.usOR 555 ISRAEL ROAD SW, TUMWATER, WA 98501 | | | | |
| Organizat | FION/AGENCY | INFORMATION | 1 | |
| Capital Lakefair, Inc. Organization/Agency Name Chris E Rea | | 23-7131672 Federal Tax Office Manag | | |
| Contact Name | | Title | | |
| PO Box 2569 Mailing Address | | <u>Olympia</u> City | WA State | 98507 Zip |
| 360.943.7344www.lakefair.orgPhoneWebsite | <u>g</u> | office@lakefai Email Addre | - | |
| ☐ Tourism Promotion/Marketing Activities Amount Requested: <u>\$6,000</u> Brief Description of Tourism Promotion/Mark | То | tal Project / Eve | nt Budget: _§ | |
| Capital Lakefair is Thurston County's largest annua for our neighbors in South Sound and beyond. We raise funds and provide scholarships to area studen | al 5-day Summer f also give opportu | estival, providing | family-friend | ly activities and events |
| *If an Event/Festival, complete the following: | □ New Event | 🖾 Annual Ev | ent for <u>66</u> nui | nber of years |
| Capital Lakefair | Heritage Park | | | 7-21, 2024 |
| Name of Event/Festival | Location | | Date of E | vent/Festival |
| same | July 12-16, 202 | | | |
| Event/Festival Website (if different than above) | If an existing e | vent, last year's | date of event | |
| | CERTIFICATIO | N | | |
| I hereby state on behalf of <u>Capital Lakefair, Inc.</u> Organiz | I hereby state on behalf of <u>Capital Lakefair, Inc.</u> that the: Organization/Agency Name | | | |

Applicant is: 🖂 Nonprofit

For Profit

Public Agency

- The applicant has, or can obtain, general liability insurance covering no less than \$2,000,000 combined single limit per occurrence and \$2,000,000 aggregate for personal injury, bodily injury and property damage.
- The applicant has on file with the City, or is submitting one copy, of their current articles of incorporation and by-laws.
- I understand that this is an application for a contract with the City of Tumwater, which, if awarded, will only be paid after the service(s) is rendered on a reimbursement basis, and a signed Lodging Tax Invoice is submitted including proof of payment documentation.
- The applicant has accounting/record-keeping systems which A) show the purposes for which City of Tumwater funds have been spent; B) is open to inspection by the City of Tumwater or its agents; and C) is maintained for at least 6 years following the end of contract.
- I understand that the City of Tumwater will conduct public discussions regarding recommendations for funding to any agency making application to the City of Tumwater and its Lodging Tax Advisory Committee.
- I hereby certify that the information contained in this certification and application for funding with the City of Tumwater is a true and accurate statement of activities and financial status of the organization submitting this application.
- I hereby certify that the person signing this application is duly authorized to execute this document on behalf of the applicant entity.

| Chris E Rea, | Office Manager |
|--------------|----------------|
| | |

Name and Title

see separate sheet for signature

Signature (e-signature or original)

8.29.2023 Date

CITY OF TUMWATER LODGING TAX APPLICATION – Entity Certification

| APPLICATION DEADLINE: | AUGUST 30, 2023, 12PM/NOON Postmarks, late, or incomplete applications will not be accepted |
|------------------------------|---|
| ATTENTION: | CITY OF TUMWATER |
| | HANNA MILES – EXECUTIVE DEPARTMENT |
| Address/Deliver: | hmiles@ci.tumwater.wa.us OR 555 ISRAEL ROAD SW, TUMWATER, WA 98501 |

ORGANIZATION/AGENCY INFORMATION

| Capital Lakefair, Inc. | | 23-7131672 | | |
|--|---|---|---|---|
| Organization/Agency Name | | | ID Number | |
| Chris-E Rea | | Office Mana | ger | |
| Contact Name | | Title | | |
| PO Box 2569 | | Olympia | WA | 98507 |
| Mailing Address | | City | State | Zip |
| 360.943.7344 www.lakefair.or | ·g | office@lakefa | air.org | |
| Phone Website | • | Email Addr | ess | |
| Tourism Promotion/Marketing Activities | ⊠ Events/Festiv | vals* | 🗆 Tourism-Re | elated Facilities |
| Amount Requested: <u>\$6,000</u> | To | tal Project / Ev | ent Budget: _ | \$250,000 |
| Brief Description of Tourism Promotion/Mar | keting Activities, | Events/Festiva | als, or Tourisn | n-Related Facilities: |
| Capital Lakefair is Thurston County's largest annu for our neighbors in South Sound and beyond. We raise funds and provide scholarships to area studer | e also give opportui nts. | nities for many 1 | 10n-profit comm | nunity organizations to |
| *If an Event/Festival, complete the following | : I New Event | Annual E | vent for <u>66</u> nu | |
| Capital Lakefair | Heritage Park | | | 7-21, 2024 |
| Name of Event/Festival | Location | | Date of E | vent/Festival |
| same | July 12-16, 202 | | a data of avant | |
| Event/Festival Website (if different than above) | If an existing e | venit, last year | s date of even | |
| | CERTIFICATIO | ON | | |
| I hereby state on behalf of Capital Lakefair, Inc. | | | | that the: |
| | ization/Agency Na | | | |
| Applicant is: 🛛 Nonprofit | ☐ For Profit | | Public Agen | |
| The applicant has, or can obtain, general liability insurance aggregate for personal injury, bodily injury and property dat The applicant has on file with the City, or is submitting one I understand that this is an application for a contract with the a reimbursement basis, and a signed Lodging Tax Invoice is The applicant has accounting/record-keeping systems whice inspection by the City of Tumwater or its agents; and C) is r I understand that the City of Tumwater will conduct public of City of Tumwater and its Lodging Tax Advisory Committee I hereby certify that the information contained in this certifice of activities and financial status of the organization submittii I hereby certify that the person signing this application is du | mage. copy, of their current are city of Turnwater, wh s submitted including pr th A) show the purpose maintained for at least 6 discussions regarding re se. cation and application fo ng this application. | ticles of incorporation ich, if awarded, will oof of payment doc s for which City of years following the commendations for r funding with the C | on and by-laws. only be paid after t umentation. Tumwater funds ha end of contract. funding to any ager City of Tumwater is | he service(s) is rendered - on ave been spent; B) is open to ncy making application to the a true and accurate statement |
| | | | | |

1. What is the purpose of your special event, festival, or tourism-related facility?

Capital Lakefair's mission is to promote and host a family-friendly 5-day annual community festival that celebrates Thurston County and provides an opportunity for non-profit organizations and scholarship program recipients to benefit from the festival.

 a. For what specific tourism-generating activities will City of Tumwater lodging tax funds be used? Complete and submit the Lodging Tax Budget Form specific to your special event, festival, or tourism related facility. (The Budget Form is also available online at <u>www.ci.tumwater.wa.us/LodgingTax</u>.)

We will be promoting Tumwater on all of our festival travels and the funds would go towards the hotels, gas, car rentals, food, etc. The funds will also be used to decorate our float for the 2024 theme, still unknown. While the float is in the parade, an announcer at each parade will read a description giving Tumwater, Lacey, and Olympia top kudos as great support of Lakefair. Everywhere we travel to has visitors from those places come to our event which extends to the Tumwater area.

b. If a returning applicant, identify any major changes in the event or organization since the last funding cycle.

We are still rebuilding from the pandemic era when we didn't have our festival and lost a lot of volunteers.

3. Describe the resources available for the proposed tourism-generating activities? Please include the total number of volunteers and volunteer hours that exist for your special event, festival, or tourism-related facility.

The Lakefair float is transported by volunteers to more than 15 parades each year to locations around the Pacific Northwest. It incorporates signage and elements that promote the cities of Tumwater, Olympia, and Lacey. We also include verbiage in parade scripts supplied to announcers along the parade route and TV announcers for larger events such as Seattle Seafair, Portland Rose Festival, and the Spokane Lilac Festival.

Lakefair Week draws visitors, vendors, musicians, and other festival organizations, from all around the PNW and beyond to experience Thurston County, participate in the parade, sell goods, and much more.

We currently have approximately 20 voting members who contribute over three thousnd volunteer hours each year, in addition to other organizations, groups, and friends who assist with float operations and the festival.

4. Do other cities or governmental entities in the county fund your special event, festival, or tourism-related facility? If so, which jurisdictions and how much were you funded from each jurisdiction last year?

Yes, we've been awarded funds of 10k from Lacey LTAC, 25k from Olympia LTAC which was later pulled, and a \$34,500 grant from WFEA, as well as smaller groups such as the Olympia Yacht Club (\$500) and small business owners such as Hannah's (\$450).

5. Do you intend to apply for lodging tax funds from other jurisdictions this year? If so, which jurisdictions? Please explain how you will use Turnwater's funds separately from other lodging tax funds you may receive?

Yes, we've applied to Lacey LTAC asking for funds to help cover marketing costs, and insurance, as well as helping to pay for some of our float operations (repairs). The amount we've requested from Lacey does not cover but a pittance of our float operational costs. We plan to apply to Olympia LTAC in September and will be asking for funds to help cover the cost of facilities operations which includes Lakefair week logistics at

Heritage Park, and the cost of the venue fees, which are substantial. After we finish applying for LTAC dollars from the three cities, we plan to find and apply for other grants.

6. The request of funds from Tumwater will fund what percentage of your total budget for the proposed special event, festival, or tourism-related facility?

2.4%

7. Describe the tourism promotion impact on the economy from your special event, festival, or tourism-related facility within the City of Tumwater, specifically on the lodging and food service sectors.

We've estimated that Capital Lakefair brings Tumwater about \$10,000 in lodging, food, gas, etc.

8. How broad-based will the tourism promotion benefit be geographically and economically?

Our tourism promotion focuses on the South Sound, Thurston County, specifically Tumwater, Olympia, and Lacey. As for economically, we generate about \$500,000 for the local economy.

9. How will receiving lodging tax funds result in an increase in the number of people traveling for business or pleasure to Tumwater?

The Tumwater lodging tax funds would support our marketing, float travel promotion to our area.

10. For the special event, festival or tourism-related facility, identify the estimated number of participants who will attend in each of the following categories:

| a) | Overall attendance | 150k |
|----|---|------|
| b) | Staying for the day only <i>and</i> traveling more than fifty miles or more one way from their place of residence or business | 5k |
| c) | Number of participants in any of the above categories who will attend from out-of-state (includes other countries) | 500 |
| d) | Staying overnight in paid accommodations away from their place of residence or business | 250 |
| e) | Staying overnight in unpaid accommodations (e.g. with friends and family) <i>and</i> traveling fifty miles or more one way from their place of residence or business | 750 |
| f) | Total number of paid lodging nights generated in Tumwater | 20 |

g) Describe what methods you will use to determine attendance and to distinguish among the different visitor categories listed above.

Capital Lakefair has multiple ways of measuring our attendance for our event. We talk to attendees at each festival we take our float to, as well as our own event. We get numbers from all of our vendors and the carnival sales. We monitor our website and social media closely. Every couple of years we have a survey

CITY OF TUMWATER LODGING TAX APPLICATION – Funding Criteria

asking for attendee opinions, both good and bad. We get attendance estimates from various organizations such as InterCity Transit, the State Patrol, the Olympia Police Department, Washington State DES, local vendors, gatekeepers, and carnival food/ticket sales. All of this information give us a good estimate of our festival attendance as well as a good idea of what is working well and what we can do to make Capital Lakefair an even better experience.

11. If you are awarded a contract, you must be prepared to report to the City the economic benefit from tourists attending your event/facility. Describe how you will document the economic impact from your event/facility; specifically the information requested in question 10. **Submit a sample tracking form, if available.**

We are updating relevant applications for our vendor, parade, and entertainment applications online because we know that many of them are from out of town and will need lodging at local hotels. We will list Tumwater as a great place to stay while they are here.We also plan to add questions to the applications/entries to get better information on where attendees plan to stay, where they are from, how far they are traveling, etc. We will do a more current online survey to try to get the same type of information while at the same time, promoting Tumwater businesses. We don't have a tracking form, but I'm new here and plan to establish one by the end of this year.

12. Describe how you will promote overnight stays in Tumwater lodging establishments?

In response to our travel to promote our area, the majority of festivals that we attend return the favor by attending our festival, therefore bringing visitors from Washington, Oregon, and even another country, Canada. These visitors will not only need lodging but will spend funds on food, gas, etc. while they are here in town. In addition to other festival visitors, past residents of our local community return home to enjoy the tradition of Lakefair. Capital Lakefair brings high traffic to our area and when lodging isn't available (or affordable) in the immediate surrounding area of Lakefair, it creates a need for lodging in neighboring communities such as Tumwater, WA. The need extends to Tumwater businesses, restaurants, gas stations, and retail stores. Visitors include other festival organizations, vendors, past residents, and newcomers.

Lakefair promotes Tumwater as one of our top supporters on our logo, our social media, our website, local articles about us, our own annual program, and on the applications that vendors and entertainers from all over have to fill out in order to be accepted into Lakefair events. We would be willing to partner with any Tumwater lodging establishment(s) of your choice and include them in all of our promotional materials.

13. Describe how you will promote Tumwater and other attractions in the Tumwater area to entice tourists to extend their visit beyond attendance to your special event, festival, or tourism-related facility.

Again, we will promote Tumwater on our social media, our website, local articles, annual program, local radio, and all applications on our website for vendors, musicians, parade goers, etc. In addition to promoting your businesses, we also plan to promote some of Tumwater's best recreational areas such as the Brewery Park at Tumwater Falls, the old breweries, new breweries, the classic Eagan's, and the Olympic Flight Museum.

14. What tourism outcome should the City expect if your proposal is only partially funded? Please be specific. *For example: how do you intend to alternatively fund your program / which services will not happen?*

Unfortunately, due to denied fundings we were previously awarded, we've already experienced having to cut event costs for our fireworks show, our parade, and fewer carnival rides. We fully intend to fund our event and plan to start getting sponsorships earlier now that we have an office staff person again. We will plan to

CITY OF TUMWATER LODGING TAX APPLICATION – Funding Criteria

have all events and won't cut until near the festival itself after we get our financial numbers down. We did do as we said we would last year and added the Car Show back this year, teaming up with 'All Kids Win', a charity of our choice.

15. List other organizations that you are partnered with for this special event, festival, or tourism-related facility.

We've partnered with non-profit & profit food vendors include: Zonta Club of Olympia, Olympia Host Lions, Steven's Racing, Olympia Robotics Federation, STEM, Thurston County Republicans, Thurston County Democrats, Pacific Ohana Foundation, Uptown Grill, Fast n Fresh Foods, Hungarian Kitchen, Smash'N Burgers, Limeberry, Campers Coffee, and Eagles Club

Other organizations we work with for include Washington State DES, the State Patrol, the Olympia Police Department, KGY/KAYO, MIXX, OlyArts, ThurstonTalk, JOLT, Avanti High School, All Kids Win, Red Wind Casino, Providence Swedish, Bay Equity, Garden Gourte, Eagles Aerie 21, T-Mobile, Lumio, InterCity Transit, Heritage Bank, Olympia Federal, Print NW, Sta-Built Construction, JackNuts, IBEW 76, Color Graphics, VFW 318, and more.

16. List any other measurements that demonstrate the impact of increased tourism attributable to your special event, festival, or tourism-related facility. Include any other thoughts that may encourage the Lodging Tax Advisory Committee/Tumwater City Council to use lodging tax funds to support this application.

Capital Lakefair creates a need for increased services during our 5-day festival. Lodging near the event are usually full and/or too costly which creates an opportunity to send visitors to Tumwater for their lodging, restaurants, businesses. Many visitors spread out to the Tumwater area for these needs. We've been unable to track visitors that show where people go, but we intend to include questions in our applications and entry forms that will be mandatory to help answer questions such as this. We would love for you to provide information about your businesses that will help us use it to promote the City of Tumwater on our website, social media, etc.

Lodging Tax Budget Form

Lodging Tax Applicant:

Capital Lakefair Specific to your Tourism-Related Facility, Tourism Promotion Activity, Special Event, or Festival, list the amount and status of funding for all sources from which you have already or intend to receive funds. Please include in-kind donations and funds received from admission fees if applicable.

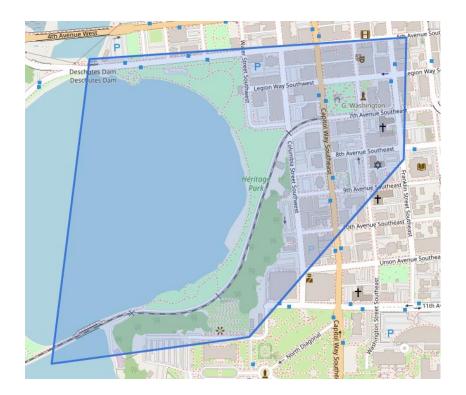
PROJECTED REVENUE:

| So | urce | Amount | |
|---|---|--------------|--|
| Sponsorships: | | \$16,750.00 | |
| Admission: | | \$0.00 | |
| Reserves: | | \$0.00 | |
| Donations/Contributions: | | \$450.00 | |
| Grants: | | \$35,000.00 | |
| Program Service Fees: | | \$0.00 | |
| In-kind Donations: | | \$4,500.00 | |
| Gift Shop: | | \$1,700.00 | |
| Vendor Fees: | | \$39,419.45 | |
| Fundraising Activities: | | \$2,980.00 | |
| City of Lacey Lodging Tax: | | \$10,000.00 | |
| City of Olympia Lodging Tax: | | \$0.00 | |
| City of Tumwater Lodging Tax: | | \$0.00 | |
| Thurston County Lodging Tax: | | \$0.00 | |
| Other Sources of Revenue: (please specify) | Carnival | \$166,590.31 | |
| Other Source: | Equipment Rental | \$1,500.00 | |
| Other Source: | Scholarships | \$6,800.00 | |
| Other Source: | | | |
| TOTAL REVENUE: | | \$285,689.76 | |
| PROJECTED EXPENSES: | | | |
| Personnel: (salaries and benefits) | | \$26,460.00 | |
| Administration: (utilities, phone, etc | a.) | \$7,074.26 | |
| Marketing and Promotion: | | \$16,346.0 | |
| Professional / Consultant Fees: | | \$11,138.9 | |
| Equipment: | | \$38,780.22 | |
| Facility / Event Venue Rental: | _ | \$51,760 | |
| Travel: (please specify) | Hotels, Gas, Food, Car Rentals, Float | \$21,525.91 | |
| All Other Expenses: (please specify) | Events: Fireworks & Stage | \$34,597.00 | |
| Other Expense: | Insurance | \$8,159.47 | |
| Other Expense: | Scholarship Program | \$16,500.00 | |
| Other Expense: | Rent, Storage, Property Tax, Facilities | \$54,227.59 | |
| TOTAL EXPENSES: | | \$286,570.22 | |
| PROGRAM EXCESS (DEFICI' | Г): | (\$880.46) | |



2023 Capital Lakefair Visitor Data Summary

This summary has been prepared for the exclusive use and benefit of the addressee(s) and solely for the purpose for which it is provided. Unless Experience Olympia & Beyond provides express written consent, no part of this report should be reproduced, distributed or communicated to any third party. We do not accept any liability if this report is used for an alternative purpose from which it is intended nor liability to any third party.



Point of Interest (POI) Polygon Map:

Time Period:

July 12-16, 2023

Unique Visitor Estimates

| | <u>Estimated</u> Visitors* | Percent Share |
|--|-------------------------------|---------------|
| Total (local & out of area) | 15,861 | |
| | | |
| In-State | 14,576 | 91.9% |
| Out-of-State | 1,285 | 8.1% |
| | | |
| Local | 13,960 | 88.0% |
| Out-of-area (50+ miles away) | 1,901 | 12.0% |
| | | |
| Out of Area Visitors | | |
| Out of area visitors spending at least 1 | | |
| night in Thurston County | 1,403 | 73.8% |
| Of out-of-area visitors staying in Paid | | |
| Accommodations | 171 | 9.0% |
| Room Nights (based on 2.6 party size)** | 66 | 3.5% |

Source: Datafy

*Estimated Visitors is based on the total number of unique visitor mobile devices tracked during a specific time period and estimated to reflect 6–15% of actual visitors. Therefore, we are including the percent share of visitors by type.

** Source: 2022 Experience Olympia & Beyond Sentiment Study

Top 3 Out of Area Origin Markets (50+ miles away) of area or event

| City % of Unique Visitors | |
|---------------------------|------|
| Lufkin, TX | 6.6% |
| Vancouver, WA | 3.5% |
| Seattle, WA | 3.5% |

Source: Datafy

Thurston County Lodging Statistics

| Dates | Occupancy Rate | Average Daily Rate | Revenue Per Available Room |
|---------------|-------------------|--------------------|-------------------------------|
| July 12, 2023 | 81.9% | \$164.61 | \$134.81 |
| July 13, 2023 | 79.7% | \$161.96 | \$129.00 |
| July 14, 2023 | 89.1% | \$189.29 | \$168.73 |
| July 15, 2023 | 92.0% | \$208.69 | \$192.07 |
| July 16, 2023 | 69.0% | \$157.32 | \$108.56 |
| Average | 82.3% | \$176.37 | \$146.63 |

Source: Smith Travel Research





PO Box 2569 • Olympia, Washington 98507 • Phone 360.943.7344

Capital Lakefair: Exhibit A 2023

Scope and Sequence: Tumwater Lodging Dollars

For 66 years, Capital Lakefair has been a Thurston County tradition since the first event back in 1957. Over the years Lakefair has raised millions of dollars for local non-profit food vendors and more than \$400,000 in scholarships for young women from area high schools. While we were not able to hold Lakefair in 2020 and 2021, we were definitely back in 2022, with an amazing year.

With the support of the City of Tumwater lodging dollars. Capital Lakefair will use the funds to help offset the following:

Float operations: \$16,000 (est. includes the actual cost for fuel, lodging/overnight stays if necessary)

Marketing: \$5,000 (est. includes float signage, printed materials, promotional pins, online advertising)

Insurance: \$19,000 (est. includes coverage for float travel, Lakefair Week, community events) Facilities: \$32,000+ (est. of rent, vehicle cold storage, electric, phones/internet) Fencing: \$3,300 (est. for Lakefair Week setup)

The Capital Lakefair Float and Crew travel to 14-16 or more parades throughout the Pacific Northwest annually. The float engages with communities across Washington, Oregon, and British Columbia. The float will include signage promoting Capital Lakefair, event dates, and the cities of Lacey, Olympia, and Tumwater.

A script and/or description is provided to all parade organizers to be used by announcers, both live and on TV/Streamed, and for additional media coverage and promotion where applicable. It will read:

Capital Lakefair is held the third weekend in July and represents the communities of Lacey, Olympia, and Tumwater. Riding on the float is (list of rider names). For more information visit <u>https://www.lakefair.org/</u> or find us on <u>https://www.facebook.com/CapitalLakefair</u>, or <u>https://www.instagram.com/lakefair/</u>

Karen Adams-Griggs President Karen@lakefair.org

> www.lakefair.org Celebrating Community Spirit

INVOICE CITY OF TUMWATER TOURISM/LODGING TAX PROGRAM FUNDING

| CONTACT PERSON:_George Sharp | Employer Identification Number:_23-7131672 |
|-------------------------------------|--|
| AGENCY: _Capital Lakefair | DATE: _6/21/2022 |
| ADDRESS_P.O. Box 2568 Olympia 98507 | PHONE: _360-878-3835 |
| | EMAIL: _george@lakefair.org |

Proof of Payment Must Be Attached

The agency identified above provided the following services to the City of Tumwater to promote tourism (see RCW 67.28.080).

| Services Provided (Scope of Services/Exhibit A) | Date(s) Provided | Cost (Itemized) |
|---|------------------|-----------------|
| Please see attached spreadsheet and receipts | April-June 2022 | \$3,600 |

TOTAL AMOUNT REQUESTED: \$____3,600_____

AFFIDAVIT OF VERIFICATION

I, the undersigned, do hereby certify under penalty of perjury that materials have been furnished, the services rendered or the labor performed as described herein (and as outlined in the Scope of Services attached as Exhibit A in the contract document), and that the claim is a just, due and unpaid obligation against the City of Tumwater, and that I am authorized to authenticate and certify said claim.

SIGNATURE

Board of Director TITLE

<u>Please mail this invoice to:</u> Hanna M. Miles Executive Department 555 Israel Road SW Tumwater, WA 98501 Phone: (360) 754-4120

| Capital Lakefair Tumwater LTAC Reimbursement Request June 2022 | | | |
|--|----|----------|--|
| Item | Т | mount | |
| Apple Blossom Festival Enterprise Rental Car | \$ | 258.48 | |
| Apple Blossom Coast Hotel-President Room 232 | \$ | 284.26 | |
| Apple Blossom Coast Hotel- Royalty Room 637 | \$ | 142.13 | |
| Apple Blossom Coast Hotel-Float Crew Room 529 | \$ | 284.26 | |
| Hyak Festival Inn at the Quay Hotel - President | \$ | 449.76 | |
| Lilac Festival Enterprise Rental | \$ | 325.79 | |
| Lilac Festival Hotel - Double Tree Chaperone 507 | \$ | 182.25 | |
| Lilac Festival Hotel-Double Tree Royalty Room 505 | \$ | 194.24 | |
| Lilac Festival Double Tree Hotel-Float Crew Room 433 | \$ | 364.50 | |
| Portland Rose Festival Parade-President Room 203 | \$ | 218.90 | |
| Portland Rose Festival Parade-Float Crew Room 201 | \$ | 193.90 | |
| Portland Rose Festival Parade-Float Crew Room 301 | \$ | 218.90 | |
| Portland Rose Festival Parade-Chaperone Room 202 | \$ | 257.88 | |
| Portland Rose Festival Parade-Royalty Room 212 | \$ | 242.62 | |
| Total spent | \$ | 3,617.87 | |
| Reimbursement Request | \$ | 3,600.00 | |



CAPITAL LAKEFAIR

PO Box 2569 • Olympia, Washington 98507 • Phone 360.943.7344

Capital Lakefair: Exhibit A 2022

Scope and Sequence: Tumwater Lodging Dollars

For 65 years, Capital Lakefair has been a Thurston County tradition since the first event back in 1957. Over the years Lakefair has raised millions of dollars for local non-profit food vendors and more than \$400,000 in scholarships for young women from area high schools. While we were not able to hold Lakefair in 2020 and 2021, we're getting an early start on planning for an even bigger and better event for the 2022 season.

With the support of the City of Tumwater lodging dollars. Capital Lakefair will use the funds to help offset the following:

Float operations: \$16,000 (est. includes the actual cost for fuel, lodging/overnight stays if necessary)

Marketing: \$5,000 (est. includes float signage, printed materials, promotional pins, online advertising)

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A script and/or description is provided to all parade organizers to be used by announcers, both live and on TV/Streamed, and for additional media coverage and promotion where applicable. It will read:

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Karen Adams-Griggs 2nd Vice President Karen@lakefair.org

> www.lakefair.org Celebrating Community Spirit



June 21, 2022



Hanna M. Miles City of Tumwater Executive Department 555 Israel road SW Tumwater

Dear Hanna,

Thank you for allowing us to turn in receipts for expenses incurred in advance of Capital Lakefair. Please find attached the invoice for \$3,600 along with spreadsheet of all expenses and receipts for each. The receipts total \$3,617.87 This covers the Lakefair Float and Representatives traveling to Washington State Apple Blossom Festival, Spokane Lilac Festival and Portland Rose Festival Starlight Parade.

Lakefair is on track to be held July 13-17, 2022.

Please let me know if you have any questions.

Sincerely,

George Sharp Capital Lakefair Board Member

From:George SharpTo:Hanna MilesSubject:Re: InvoiceDate:Monday, June 27, 2022 11:31:51 AM

Hi Hanna, Thanks for your email. The rental car falls under the scope of work of Float Operations and was for Travel to other Festivals for the Royalty Court and Chaperones. Please let me know if you agree with that expense as part of the scope. Sincerely, George Sharp

George Capital Lakefair, Inc. Board Member 360-878-3835 george@lakefair.org

On Mon, Jun 27, 2022 at 11:03 AM Hanna Miles <<u>HMiles@ci.tumwater.wa.us</u>> wrote:

Hi George,

Can you explain how the rental car applies to the Scope?

If you have any questions, please give me a call at (360) 754-4120. Thank you.

Hanna M. Miles, MMC | (she/her)

Executive Asst./Deputy City Clerk

City of Tumwater | Executive Department

555 Israel Road SW | Tumwater, WA 98501

(360) 754-4120 Ext. 2011

hmiles@ci.tumwater.wa.us | www.ci.tumwater.wa.us



Rental Agreement Summary RA#: 6D1P3W Renter: CHRISTINE MCNAMARA Billing Cycle: 24-HOUR

Dates & Times

Friday, May 6, 2022 9:35 AM Start Charges: Friday, May 6, 2022 9:35 AM

Sunday, May 8, 2022 9:00 AM

2400 CARRIAGE LOOP SW OLYMPIA, WA 98502 (360) 956-3714

Location

Anticipated Return

Pick up

2400 CARRIAGE LOOP SW OLYMPIA, WA 98502 (360) 956-3714

🔁 Vehicle

| License: OH JOH1051 |
|---------------------|
| Vehicle: 7VYKN4 |
| ODO:12046 Fuel:FULL |
| |

Vehicle Condition:

No Damage Documented

Summary of Charges

Estimated Renter Charges

| 5000.000 B | 8 | | | |
|--|------------------|-----------|--|--|
| Charges | Price/Unit | Total | | |
| TIME & DISTANCE 5/6/22-5/8/22 | \$120.00 / Day | \$240.00 | | |
| NO CHARGE DISTANCE 5/6/22-5/8/22 | \$0.00 / Mile | \$0.00 | | |
| DAILY RATE: | \$120.00 / Day | | | |
| HOURLY RATE: | \$37.00 / Hour | | | |
| DISCOUNT(7%) | 7% | (\$16.80) | | |
| REFUELING CHARGE | \$6.69 / Gallons | \$0.00 | | |
| 0.1.1.0 | | | | |

Optional Protections Accepted

No optional protections accepted.

Optional Protections Declined

| RAP | @ \$5.99 / Day | \$0.00 |
|---|-----------------|--------|
| PAI/PEC | @ \$6.00 / Day | \$0.00 |
| DW/CDW OPTIONAL | @ \$28.99 / Day | \$0.00 |
| SUPPLEMENTAL LIABILITY PROTECTION 2 | @ \$12.81 / Day | \$0.00 |

Renter Acknowledgement of Accepted and Declined Protections

I acknowledge that I have accepted or declined protections as indicated above.



Taxes and Fees

| MASTERCARD *****8239 | Auth | (\$458.48) |
|---------------------------------|--------------|------------|
| Payments: | | |
| Total Estimated Charge: | | \$258.48 |
| SALES TAX (9.4%) | 9.4% | \$21.07 |
| VEHICLE LICENSE FEE RECOVERY | \$0.49 / Day | \$0.98 |
| WA STATE RENTAL TAX (5.9%) | 5.9% | \$13.23 |

Renter Acknowledgement of Charges

I acknowledge that I have reviewed and agree to all Estimated Renter Charges and fees listed on Summary of Charges and further agree to pay for final charges in accordance with the Additional Terms and Conditions of this Contract.



Owner: EAN HOLDINGS, LLC

Additional Drivers

No Additional Drivers are authorized to drive the vehicle with the exception of the drivers listed below. (Additional driver names listed here if applicable)

Please keep this Rental Agreement Summary with you in the vehicle during the rental.

Local Addenda

NOTICE: OUR CONTRACT OFFERS, FOR AN ADDITIONAL CHARGE, A DAMAGE WAIVER (WHICH MAY ALSO **BE KNOWN AS LOSS DAMAGE WAIVER OR COLLISION DAMAGE WAIVER); TO COVER YOUR RESPONSIBILITY FOR** DAMAGE TO THE VEHICLE. BEFORE **DECIDING WHETHER OR NOT TO** PURCHASE THE DAMAGE WAIVER, YOU MAY WISH TO DETERMINE WHETHER YOUR OWN VEHICLE INSURANCE AFFORDS YOU COVERAGE FOR DAMAGE TO THE RENTAL VEHICLE AND THE AMOUNT OF THE DEDUCTIBLE UNDER YOUR OWN INSURANCE COVERAGE. THE PURCHASE OF DAMAGE WAIVER IS NOT MANDATORY AND MAY BE WAIVED.

By signing below, Renter agrees to Owner's collection of information about Renter's use

of Vehicle and Texting & Calling terms. See paragraphs with the headings Text & Call and Owner's Collection and Use of Vehicle Data: Renter's Use of Vehicles Navigation and Infotainment Systems and Vehicle Manufacturer Apps in the Terms and Conditions.

RENTER ACKNOWLEDGEMENT OF LOCAL ADDENDA

H TERMS AND CONDITIONS

Click to view Additional Terms and Conditions

FORM# 45WAHC-JK_UC22

RENTER ACKNOWLEDGEMENT OF THE ENTIRE CONTRACT

I, THE "RENTER" BY SIGNING BELOW, HAVE READ AND AGREE TO THE TERMS AND CONDITIONS IN THE ADDITIONAL TERMS AND CONDITIONS, WHICH ARE INCORPORATED BY REFERENCE AS IF FULLY SET FORTH HEREIN, AND THE RENTAL AGREEMENT SUMMARY (COLLECTIVELY, THE ADDITIONAL TERMS AND CONDITIONS AND THE RENTAL AGREEMENT SUMMARY ARE THE "CONTRACT"). BY SIGNING BELOW, I AM AUTHORIZING OWNER TO CHARGE TO THE CREDIT CARD(S) AND/OR DEBIT CARD(S) THAT I HAVE PROVIDED TO OWNER ALL AMOUNTS OWED BY ME UNDER THIS CONTRACT FOR ADVANCE DEPOSITS, INCREMENTAL AUTHORIZATIONS/DEPOSITS, AND OR ANY OTHER AMOUNTS OWED BY ME, AS WELL AS PAYMENTS REFUSED BY A THIRD PARTY TO WHOM BILLING WAS DIRECTED. I ALSO AUTHORIZE OWNER TO RE-INITIATE ANY CHARGE TO MY CARD(S) THAT IS DISHONORED FOR ANY REASON. I CERTIFY THAT THE DRIVER'S LICENSE(S) PRESENTED IS CURRENTLY VALID AND IS NOT SUSPENDED, EXPIRED, **REVOKED, CANCELLED OR SURRENDERED. I FURTHER** ACKNOWLEDGE AND CONSENT TO THE TERMS AND CONDITIONS SET FORTH IN THE PARAGRAPH WITH THE HEADING "DISPUTE RESOLUTION PROVISION- MANDATORY ARBITRATION AGREEMENT" IN THE ADDITIONAL TERMS AND CONDITIONS. BY SIGNING BELOW RENTER AGREES TO OWNER'S COLLECTION OF INFORMATION ABOUT **RENTER'S USE OF VEHICLE AND TEXTING & CALLING** TERMS. SEE PARAGRAPHS WITH THE HEADINGS TEXT & CALL AND OWNER'S COLLECTION AND USE OF VEHICLE DATA: RENTER'S USE OF VEHICLES NAVIGATION AND INFOTAINMENT SYSTEMS AND VEHICLE MANUFACTURER APPS IN THE ADDITIONAL TERMS AND CONDITIONS.



6D1P3W

Additional Terms and Conditions of the Contract electronically accepted by the Renter

5/6/22 at 9:45 AM



201 N. Wenatchee Avenue, Wenatchee, WA 98801 Phone: (509) 662-1234 FAX: (509) 662-0782 www.wenatcheecenter.com Email: FOM@wenatcheecenter.com

Predident Winatcher apple Blossom

Invoice

Julie fair C.C.

2028 Westlake Dr SE Lacey WA 98503

Ken Ringerieg

Invoice date5/8/2022Invoice number329568Our referenceCWC-F227238 /A

| Guest | Ken Ringerieg | Arrival 5 | /6/2022 Departure | 5/8/2022 | Room | 0232 |
|----------|--------------------------|-----------|-------------------|----------|------|-----------|
| Date | Description | Quanti | ty Unit Price | | Тс | otal (\$) |
| 5/6/2022 | ROOM CHARGE | 1 | 125.00 | | | 25.00 |
| 5/6/2022 | ROOM OCCUPANCY TAX | 1 | 5.00 | | | 5.00 |
| 5/6/2022 | ROOM TAX | 1 | 10.13 | | | 10.13 |
| 5/6/2022 | TOURISM ASSESSMENT FEE | 1 | 2.00 | | | 2.00 |
| 5/7/2022 | ROOM CHARGE | 1 | 125.00 | | 1 | 25.00 |
| 5/7/2022 | ROOM OCCUPANCY TAX | 1 | 5.00 | | | 5.00 |
| 5/7/2022 | ROOM TAX . | 1 | 10.13 | | | 10.13 |
| 5/7/2022 | TOURISM ASSESSMENT FEE | 1 | 2.00 | | | 2.00 |
| | | | Total in | voice | 2 | 284.26 |
| 5/8/2022 | MC ****1756 Auth: 00678C | CB | | | -2 | 284.26 |
| | | | Total Pa | aid | -2 | 284.26 |
| | | | Total Du | le | | 0.00 |

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X

For reservations: www.coasthotels.com or 1-800-663-1144



201 N. Wenatchee Avenue, Wenatchee, WA 98801 Phone: (509) 662-1234 FAX: (509) 662-0782 www.wenatcheecenter.com Email: FOM@wenatcheecenter.com

Christine McNamara

1703 Crosby Ct SW Olympia WA 98512

enatcher apple Blossom e

Invoice date5/7/2022Invoice number329504Our referenceCWC-F227237 /A

| Guest | Christine McNamara | Arrival 5/6/2022 | 2 Departure 5/7/2022 | Room 0637 |
|----------|--------------------------|-------------------------|----------------------|------------|
| Date | Description | Quantity | Unit Price | Total (\$) |
| 5/6/2022 | ROOM CHARGE | 1 | 125.00 | 125.00 |
| 5/6/2022 | ROOM OCCUPANCY TAX | 1 | 5.00 | 5.00 |
| 5/6/2022 | ROOM TAX | 1 | 10.13 | 10.13 |
| 5/6/2022 | TOURISM ASSESSMENT FEE | 1 | 2.00 | 2.00 |
| | | | Total invoice | 142.13 |
| 5/7/2022 | MC ****8239 Auth: 00681Z | SC | | -142.13 |
| | | | Total Paid | -142.13 |
| | | | Total Due | 0.00 |

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X

For reservations: www.coasthotels.com or 1-800-663-1144



201 N. Wenatchee Avenue, Wenatchee, WA 98801 Phone: (509) 662-1234 FAX: (509) 662-0782 www.wenatcheecenter.com Email: FOM@wenatcheecenter.com

Float Crew Email: FOM@wenatcheecenter.com Wenatchee Apple Blossom

Richards, Keith

Invoice

| Invoice date | 5/8/2022 |
|----------------|----------------|
| Invoice number | 329600 |
| Our reference | CWC-F227235 /A |

| Guest | Richards, Keith | Arrival 5/6/2 | 022 Departure 5/8/20 | 22 Room 0529 |
|----------|--------------------------|---------------|----------------------|--------------|
| Date | Description | Quantity | Unit Price | Total (\$) |
| 5/6/2022 | ROOM CHARGE | 1 | 125.00 | 125.00 |
| 5/6/2022 | ROOM OCCUPANCY TAX | 1 | 5.00 | 5.00 |
| 5/6/2022 | ROOM TAX | 1 | 10.13 | 10.13 |
| 5/6/2022 | TOURISM ASSESSMENT FEE | 1 | 2.00 | 2.00 |
| 5/7/2022 | ROOM CHARGE | 1 | 125.00 | 125.00 |
| 5/7/2022 | ROOM OCCUPANCY TAX | 1 | 5.00 | 5.00 |
| 5/7/2022 | ROOM TAX | 1 | 10.13 | 10.13 |
| 5/7/2022 | TOURISM ASSESSMENT FEE | 1 | 2.00 | 2.00 |
| | | | Total invoice | 284.26 |
| 5/8/2022 | MC ****8239 Auth: 00873Z | SC | | -284.26 |
| | | | Total Paid | -284.26 |
| | | | Total Due | 0.00 |

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X

For reservations: www.coasthotels.com or 1-800-663-1144

Inn at the Quay

900 Quayside Drive New Westminster, British Columbia V3M 6G1 Phone: 604-520-1776 Email: info@innatthequay.com

President Hyak

Guest Folio

Arrival Date: 27 May 2022 Departure Date: 29 May 2022

Room Type: 1 King Bed-King

Folio: 353190-0

Room: 315 CC Number: *********1756

Reg # 84970 2444

Group/Corporation:

United States

Ken Ringering

Capital Lake Fair Olympia, WA

50

.a. t

.

Hyack Festival Assoc. Hospitality Group

5.00 % \$318.00

| Date | Folio | Reference | | A | mount | Tax | Total |
|-------------|-------|--------------------|---------------|---------|---------|---------|-----------|
| 27 May 2022 | 1 | Group S Rate | | \$ | 159.00 | \$25.44 | \$184.44 |
| 27 May 2022 | 1 | Underground Parkir | Ig | | \$11.00 | \$3.19 | \$14.19 |
| 27 May 2022 | 1 | Pet Fee | | | \$50.00 | \$2.50 | \$52.50 |
| 28 May 2022 | 1 | Group S Rate | | \$ | 159.00 | \$25.44 | \$184.44 |
| 28 May 2022 | 1 | Underground Parkir | g | | \$11.00 | \$3.19 | \$14.19 |
| 29 May 2022 | 1 | Payment: MC | | \$- | 449.76 | \$0.00 | \$-449.76 |
| | | | Room Charges | \$3 | 318.00 | \$50.88 | \$368.88 |
| | | | Other Charges | | \$72.00 | \$8.88 | \$80.88 |
| | | | Credits | \$-4 | 449.76 | \$0.00 | \$-449.76 |
| | | | Balance | | | | \$0.00 |
| | | | | | | | |
| MRDT | | 3.00 % | \$318.00 | \$9.54 | | | |
| Parking Tax | | 24.00 % | \$22.00 | \$5.28 | | | |
| GST | | 5.00 % | \$72.00 | \$3.60 | | | |
| Hotel Tax | | 8.00 % | \$318.00 | \$25.44 | | | |

\$15.90

Room GST

nterprise

Rental Agreement Summary RA#: 6J8NV2 Renter: STACY SHARP Billing Cycle: 24-HOUR

Dates & TimesImage: Constraint of the second se

🖻 Vehicle

| Vehicle Condition: | |
|--|---------------------|
| Ріскир: 05/20/2022 @ 4:22 РМ | ODO:36414 Fuel:FULL |
| VIN: 2C4RC3GG7MR549094 | Vehicle: 7VBVQQ |
| 2021 CHRY PACI LMTA \$BLUE | License: FL EVJX23 |

Driver Quarter Panel Dent: Scratch:

Summary of Charges

\$ Estimated Renter Charges

| Charges | Price/Unit | Total |
|--|------------------|----------|
| TIME & DISTANCE 5/20/22-5/22/22 | \$140.79 / Day | \$281.58 |
| NO CHARGE DISTANCE 5/20/22-5/22/22 | \$0.00 / Mile | \$0.00 |
| DAILY RATE: | \$140.79 / Day | |
| HOURLY RATE: | \$46.93 / Hour | |
| REFUELING CHARGE | \$6.89 / Gallons | \$0.00 |
| | | |

Optional Protections Accepted

No optional protections accepted.

Optional Protections Declined

| SUPPLEMENTAL LIABILITY | @ \$12.81 / Day | \$0.00 |
|---------------------------------|-----------------|--------|
| PROTECTION 2 DW/CDW OPTIONAL | @ \$28.99 / Day | \$0.00 |
| RAP | @ \$5.99 / Day | \$0.00 |
| PAI/PEC | @ \$6.00 / Day | \$0.00 |

Renter Acknowledgement of Accepted and Declined Protections I acknowledge that I have accepted or declined protections as indicated above.

SpokAne LALAC Frestion

Taxes and Fees

| VEHICLE LICENSE FEE RECOVERY | \$0.49 / Day | \$0.98 |
|---------------------------------|------------------------------|------------|
| WA STATE RENTAL TAX (5.9%) | 5.9% | \$16.67 |
| SALES TAX (9.4%) | 9.4% | \$26.56 |
| Total Estimated Charge: | and the second second second | \$325.79 |
| Payments: | | |
| MASTERCARD *****2207 | Auth | (\$525.79) |

Renter Acknowledgement of Charges

I acknowledge that I have reviewed and agree to all Estimated Renter Charges and fees listed on Summary of Charges and further agree to pay for final charges in accordance with the Additional Terms and Conditions of this Contract.



Owner: EAN HOLDINGS, LLC

Additional Drivers

No Additional Drivers are authorized to drive the vehicle with the exception of the drivers listed below. (Additional driver names listed here if applicable)

Please keep this Rental Agreement Summary with you in the vehicle during the rental.

Local Addenda

NOTICE: OUR CONTRACT OFFERS, FOR AN ADDITIONAL CHARGE, A **DAMAGE WAIVER (WHICH MAY ALSO BE KNOWN AS LOSS DAMAGE WAIVER OR COLLISION DAMAGE WAIVER); TO COVER YOUR RESPONSIBILITY FOR** DAMAGE TO THE VEHICLE. BEFORE **DECIDING WHETHER OR NOT TO** PURCHASE THE DAMAGE WAIVER, YOU MAY WISH TO DETERMINE WHETHER YOUR OWN VEHICLE INSURANCE **AFFORDS YOU COVERAGE FOR DAMAGE** TO THE RENTAL VEHICLE AND THE AMOUNT OF THE DEDUCTIBLE UNDER YOUR OWN INSURANCE COVERAGE. THE PURCHASE OF DAMAGE WAIVER IS NOT MANDATORY AND MAY BE WAIVED.

By signing below, Renter agrees to Owner's collection of information about Renter's use

of Vehicle and Texting & Calling terms. See paragraphs with the headings Text & Call and Owner's Collection and Use of Vehicle Data: Renter's Use of Vehicles Navigation and Infotainment Systems and Vehicle Manufacturer Apps in the Terms and Conditions.

RENTER ACKNOWLEDGEMENT OF LOCAL ADDENDA

HTERMS AND CONDITIONS

Click to view Additional Terms and Conditions

FORM# 45WAHC-JK_UC22

RENTER ACKNOWLEDGEMENT OF THE ENTIRE CONTRACT

I, THE "RENTER" BY SIGNING BELOW, HAVE READ AND AGREE TO THE TERMS AND CONDITIONS IN THE ADDITIONAL TERMS AND CONDITIONS, WHICH ARE INCORPORATED BY REFERENCE AS IF FULLY SET FORTH HEREIN, AND THE RENTAL AGREEMENT SUMMARY (COLLECTIVELY, THE ADDITIONAL TERMS AND CONDITIONS AND THE RENTAL AGREEMENT SUMMARY ARE THE "CONTRACT"). BY SIGNING BELOW, I AM AUTHORIZING OWNER TO CHARGE TO THE CREDIT CARD(S) AND/OR DEBIT CARD(S) THAT I HAVE PROVIDED TO OWNER ALL AMOUNTS OWED BY ME UNDER THIS CONTRACT FOR ADVANCE DEPOSITS, INCREMENTAL AUTHORIZATIONS/DEPOSITS, AND OR ANY OTHER AMOUNTS OWED BY ME, AS WELL AS PAYMENTS REFUSED BY A THIRD PARTY TO WHOM BILLING WAS DIRECTED. I ALSO AUTHORIZE OWNER TO RE-INITIATE ANY CHARGE TO MY CARD(S) THAT IS DISHONORED FOR ANY REASON. I CERTIFY THAT THE DRIVER'S LICENSE(S) PRESENTED IS CURRENTLY VALID AND IS NOT SUSPENDED, EXPIRED, **REVOKED, CANCELLED OR SURRENDERED. I FURTHER** ACKNOWLEDGE AND CONSENT TO THE TERMS AND CONDITIONS SET FORTH IN THE PARAGRAPH WITH THE HEADING "DISPUTE RESOLUTION PROVISION · MANDATORY ARBITRATION AGREEMENT" IN THE ADDITIONAL TERMS AND CONDITIONS. BY SIGNING BELOW RENTER AGREES TO OWNER'S COLLECTION OF INFORMATION ABOUT **RENTER'S USE OF VEHICLE AND TEXTING & CALLING** TERMS. SEE PARAGRAPHS WITH THE HEADINGS TEXT & CALL AND OWNER'S COLLECTION AND USE OF VEHICLE DATA: RENTER'S USE OF VEHICLES NAVIGATION AND INFOTAINMENT SYSTEMS AND VEHICLE MANUFACTURER APPS IN THE ADDITIONAL TERMS AND CONDITIONS.

Additional Terms and Conditions of the Contract electronically accepted on 5/20/22 at 4:28 PM

6J8NV2



Adams-Griggs, Karen

PO BOX 2669

OLYMPIA WA 98507 UNITED STATES OF AMERICA

United States of America TELEPHONE 509-455-9600 • FAX 509-455-6285 Reservations www.doubletree.com or 1-800-222-TREE Room No: 507/NQ2 Arrival Date: 5/21/2022 3:13:00 PM Departure Date: 5/22/2022 8:00:00 AM Adult/Child: 2/0 Cashier ID: PARISD Room Rate: 159.00 AL: HH # VAT # Folio No/Che 1616716 A

322 N. SPOKANE FALLS COURT SPOKANE, WA 99201

TAX #: Confirmation Number: 83489815

DOUBLETREE HOTEL SPOKANE 5/22/2022 8:00:00 AM

| DATE | REF NO | DESCRIPTION | CHARGES |
|-----------|---------|-----------------------------|------------|
| 5/21/2022 | 8470437 | GUEST ROOM | \$159.00 |
| 5/21/2022 | 8470437 | STATE SALES TAX | \$10.34 |
| 5/21/2022 | 8470437 | LOCAL CITY/COUNTY SALES TAX | \$3.66 |
| 5/21/2022 | 8470437 | LODGING TAX | \$5.25 |
| 5/21/2022 | 8470437 | COUNTY TPA | \$4.00 |
| 5/22/2022 | 8470776 | MC *1797 | (\$182.25) |
| | | **BALANCE** | \$0.00 |

| CREDIT CARD DETAIL | | | | |
|--------------------|----------|-------------|-------|--|
| APPR CODE | 02195C | MERCHANT ID | 66274 | |
| CARD NUMBER | MC *1797 | EXP DATE | 09/23 | |
| TRANSACTION ID | 8470776 | TRANS TYPE | Sale | |

| | | | 322 N. SPOKANE FALLS COURT |
|----------------------|--|---------------|---|
| | E | | SPOKANE, WA 99201 |
| | DOUBLETREE by Hilton | | United States of America |
| | 0 | | TELEPHONE 509-455-9600 • FAX 509-455-6285 |
| | VAWE | | Reservations |
| | CPOK MIL- | | www.doubletree.com or 1-800-222-TREE |
| Adams-Griggs, Karen | SPOKAWL SPOKAWL L'HAC, UNI-ROOM- KOGALLY ROOM- ROYALLY | Room No: | 505/NQ2 |
| | L'105 144 | Arrival Date: | 5/21/2022 3:10:00 PM |
| PO BOX 2669 | L- UP | Departure Dat | te: 5/22/2022 |
| | ROY | Adult/Child: | 2/0 |
| OLYMPIA WA 98507 | N - | Cashier ID: | NBUSS |
| UNITED STATES OF AME | RICA | Room Rate: | 159.00 |
| | | AL: | |
| | | HH # | |
| | | VAT # | |
| | | Folio No/Che | 1616715 A |

TAX #: Confirmation Number: 83489815

DOUBLETREE HOTEL SPOKANE 5/22/2022 3:57:00 AM

| DATE | REF NO | DESCRIPTION | CHARGES |
|-----------|---------|-----------------------------|----------|
| 5/21/2022 | 8470434 | SELF PARKING | \$11.00 |
| 5/21/2022 | 8470434 | SALES TAX - MISCELLANEOUS | \$0.99 |
| 5/21/2022 | 8470435 | GUEST ROOM | \$159.00 |
| 5/21/2022 | 8470435 | STATE SALES TAX | \$10.34 |
| 5/21/2022 | 8470435 | LOCAL CITY/COUNTY SALES TAX | \$3.66 |
| 5/21/2022 | 8470435 | LODGING TAX | \$5.25 |
| 5/21/2022 | 8470435 | COUNTY TPA | \$4.00 |
| | | WILL BE SETTLED TO MC*1797 | \$194.24 |
| | | EFFECTIVE BALANCE OF | \$0.00 |



322 N. SPOKANE FALLS COURT SPOKANE, WA 99201 United States of America TELEPHONE 509-455-9600 • FAX 509-455-6285

Richards, Keith

PO BOX 2569

OLYMPIA WA 98507 UNITED STATES OF AMERICA



Reservations www.doubletree.com or 1-800-222-TREE 433/NQ2 Room No: Arrival Date: 5/20/2022 6:19:00 PM Departure Date: 5/22/2022 7:45:00 AM Adult/Child: 1/0 Cashier ID: PARISD Room Rate: 159.00 AL: HH # 1511505727 BLUE VAT # Folio No/Che 1616714 A

TAX #: Confirmation Number: 87940023

DOUBLETREE HOTEL SPOKANE 5/22/2022 7:45:00 AM

| DATE | REF NO | DESCRIPTION | CHARGES |
|-----------|---------|-----------------------------|------------|
| 5/20/2022 | 8469551 | SELF PARKING | \$11.00 |
| 5/20/2022 | 8469551 | SALES TAX - MISCELLANEOUS | \$0.99 |
| 5/20/2022 | 8469552 | GUEST ROOM | \$159.00 |
| 5/20/2022 | 8469552 | STATE SALES TAX | \$10.34 |
| 5/20/2022 | 8469552 | LOCAL CITY/COUNTY SALES TAX | \$3.66 |
| 5/20/2022 | 8469552 | LODGING TAX | \$5.25 |
| 5/20/2022 | 8469552 | COUNTY TPA | \$4.00 |
| 5/21/2022 | 8470424 | SELF PARKING | \$11.00 |
| 5/21/2022 | 8470424 | SALES TAX - MISCELLANEOUS | \$0.99 |
| 5/21/2022 | 8470425 | GUEST ROOM | \$159.00 |
| 5/21/2022 | 8470425 | STATE SALES TAX | \$10.34 |
| 5/21/2022 | 8470425 | LOCAL CITY/COUNTY SALES TAX | \$3.66 |
| 5/21/2022 | 8470425 | LODGING TAX | \$5.25 |
| 5/21/2022 | 8470425 | COUNTY TPA | \$4.00 |
| 5/22/2022 | 8470768 | MC *1756 | (\$364.50) |
| 5/22/2022 | 8470769 | MC *1756 | (\$23.98) |
| | | **BALANCE** | \$0.00 |

Hilton Honors(R) stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 6,500+ hotels and resorts in 119 countries, please visit Honors.com

| CREDIT CARD DETAIL | | | |
|--------------------|----------|-------------|-------|
| APPR CODE | 02065C | MERCHANT ID | 66274 |
| CARD NUMBER | MC *1756 | EXP DATE | 11/25 |
| TRANSACTION ID | 8470768 | TRANS TYPE | Sale |



Kenneth Ringering 2028 West Lake Drive SE Lacey, WA 98503 USA

president Portland Rose FestivaL

| Folio # | 533821 | |
|--------------------------------|---|--|
| Arrival Departure Nights | Saturday Jun 4, 2022 Sunday Jun 5, 2022 1 | |
| People Room Type Room # | 2 0 0 0 STANDARD QUEEN 203 | |

| Charge Summary | | | | |
|-------------------|----------------------|--|--|--|
| Total Charges | \$192.16 | | | |
| Taxes Payments | \$26.74 -\$218.90 | | | |
| Total Due | \$0.00 | | | |

| Date | Description | Price | Oty | Extended Cost | Tax | <u>TID</u> | <u>Total</u> <u>Charge</u> | Balance |
|------------|----------------------|---------|-----|------------------|-------|------------|-------------------------------|----------|
| Sat 6/4/22 | Nightly Chg Room 203 | 167.16 | 1 | 167.16 | 21.73 | 5.01 | 193.90 | 193.90 I |
| Sat 6/4/22 | Garage Parking | 25.00 | 1 | 25.00 | 0.00 | 0.00 | 25.00 | 218.90 I |
| Sun 6/5/22 | Guest Payment MC | -218.90 | 1 | -218.90 | 0.00 | 0.00 | -218.90 | 0.00 I |

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The Mark Spencer Hotel ~ 409 SW 11th Avenue. Portland, OR. 97205 ~ (503) 224-3293 ~

Folio Printed On: Sun, 6/5/22 11:51AM



George Sharp 3022 Langridge Loop NW Olympia, WA 98507 USA

Float Crew Starlight Parade Portland Rose Festival

| Folio # | 533823 | |
|--------------------------------|---|--|
| Arrival Departure Nights | Saturday Jun 4, 2022 Sunday Jun 5, 2022 1 | |
| People Room Type Room # | 2 0 0 0 STANDARD QUEEN 201 | |

| Charge Sun | nmary |
|-------------------|---------------------|
| Total Charges | \$167.16 \$26.74 |
| Taxes Payments | -\$193.90 |
| Total Due | \$0.00 |

| | | <u>Total</u> |
|---|------------|-----------------|
| Sat 6/4/22 Nightly Chg Room 201 167.16 1 167.16 21.73 5.01 193.90 1 | <u>ate</u> | Charge Balance |
| | at 6/4/22 | 193.90 193.90 I |
| Sun 6/5/22 Guest Payment MC -193.90 1 -193.90 0.00 0.00 -193.90 | un 6/5/22 | -193.90 0.00 I |

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Folio Printed On: Sun, 6/5/22 5:47AM

Page# 1





Karen Adams-Griggs 1630 Woodland Creek Street NE Olympia, WA 98516 USA

| Float Crew |
|------------------------|
| Portland Rose Festival |
| Twilight Parade |

| Folio # | 533822 |
|-------------------------------|--|
| Arrival Departure | Saturday Jun 4, 2022 Sunday Jun 5, 2022 |
| Nights | 1 |
| People Room Type Room # | 2 0 0 0 STANDARD QUEEN 301 |
| Group | Expedia, Inc. |

| Charge Sun | nmary |
|---------------|-----------|
| Total Charges | \$192.16 |
| Taxes | \$26.74 |
| Payments | -\$218.90 |
| Total Due | \$0.00 |
| | |

| Date | Description | Price | <u>Qty</u> | <u>Extended</u> <u>Cost</u> | Tax | <u>TID</u> | <u>Total</u> <u>Charge</u> | Balance | |
|------------|----------------------|---------|------------|--------------------------------|-------|------------|-------------------------------|---------|---|
| Sat 6/4/22 | Nightly Chg Room 301 | 167.16 | 1 | 167.16 | 21.73 | 5.01 | 193.90 | 193.90 | Ι |
| Sat 6/4/22 | Garage Parking | 25.00 | 1 | 25.00 | 0.00 | 0.00 | 25.00 | 218.90 | Ι |
| Sun 6/5/22 | Guest Payment MC | -218.90 | 1 | -218.90 | 0.00 | 0.00 | -218.90 | 0.00 | Ι |

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Folio Printed On: Sun, 6/5/22 7:44AM



Teresa Bond 2925 Fir St SE Olympia, WA 98501 USA

Royalty Chaptrone Portland Rose Parade Twilight

| Folio # | 533819 |
|-----------|----------------------|
| Arrival | Saturday Jun 4, 2022 |
| Departure | Sunday Jun 5, 2022 |
| Nights | 1 |
| People | 2 0 0 0 |
| Room Type | DELUXE DOUBLE QUEEN |
| Room # | 202 |

| \$225.76 |
|-----------|
| \$32.12 |
| -\$257.88 |
| \$0.00 |
| |

| Date | Description | Price | <u>Otv</u> | <u>Extended</u> <u>Cost</u> | Tax | TID | <u>Total</u> <u>Charge</u> | Balance | |
|------------|----------------------|---------|------------|--------------------------------|-------|------|-------------------------------|---------|---|
| Sat 6/4/22 | Nightly Chg Room 202 | 200.76 | . 1 | 200.76 | 26.10 | 6.02 | 232.88 | 232.88 | Ι |
| Sat 6/4/22 | Garage Parking | 25.00 | 1 | 25.00 | ō.00 | 0.00 | 25.00 | 257.88 | Ι |
| Sun 6/5/22 | Guest Payment MC | -257.88 | 1 | -257.88 | 0.00 | 0.00 | -257.88 | 0.00 | Ι |

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Robin Robertson

Olympia, WA 98507

USA Royalty Portland Rose Festival

| Folio # | 533820 |
|-----------|----------------------|
| Arrival | Saturday Jun 4, 2022 |
| Departure | Sunday Jun 5, 2022 |
| Nights | 1 |
| People | 3 0 0 0 |
| Room Type | DELUXE DOUBLE QUEEN |
| Room # | 212 |

| Charge Sun | nmary |
|----------------------|-----------|
| Total Charges | \$209.16 |
| Taxes | \$33.46 |
| Payments | -\$242.62 |
| Total Due | \$0.00 |
| | |

| Date | Description | Price | <u>Otv</u> | <u>Extended</u> <u>Cost</u> | Tax | TID | <u>Total</u> <u>Charge</u> | Balance | |
|------------|----------------------|---------|------------|--------------------------------|-------|------|-------------------------------|----------|---|
| Sat 6/4/22 | Nightly Chg Room 212 | 209.16 | 1 | 209.16 | 27.19 | 6.27 | 242.62 | 242.62 I | [|
| Sun 6/5/22 | Guest Payment MC | -242.62 | 1 | -242.62 | 0.00 | 0.00 | -242.62 | 0.00 I | [|

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City of Tumwater Lodging Tax Final Report Form

| Organization's Name: <u>Capital Lakefair, Inc.</u> | | |
|--|--|-------------|
| Submitted By: <u>Chris E Rea</u> | Date: <u>8/28/2023</u> | |
| Email Address: <u>office@lakefair.org</u> | Phone: <u>360.943.</u> | <u>7344</u> |
| This R | eport Covers: | |
| Activity Name: <u>Capital Lakefair</u> | | |
| Activity Type: 🛛 Special Event/Festival | Marketing/TourismFacilPromotion Agency | ity |
| Activity Start Date: 7/12/2023 | Activity End Date: 7/16/2023 | |
| Total Activity Cost: \$250.00 | | |

Total amount of Tumwater lodging tax funds requested: \$6,000.00

Total amount of Tumwater lodging tax funds expended: <u>\$0.00</u>

Total amount of lodging tax funds expended from all jurisdictions: \$10,000.00

DEFINITIONS OF METHODOLOGY FOR QUESTIONS BELOW:

This methodology is defined by the Joint Legislative Audit and Review Committee and is used for reporting to the Legislature about the use of lodging tax for each jurisdiction.

- **Direct Count**: Actual count of visitors using methods such as paid admissions or registrations, clicker counts at entry points, vehicle counts or number of chairs filled. A direct count may also include information collected directly from businesses, such as hotels, restaurants or tour guides likely to be affected by an event.
- **Indirect Count**: Estimate based on information related to the number of visitors such as raffle tickets sold, redeemed discount certificates, brochures handed out, police requirements for crowd control or visual estimates.
- **Representative Survey**: Information collected directly from individual visitors / participants. A representative survey is a highly structured data collection tool, based on a defined random sample of participants, and the results can be reliably projected to the entire population attending an event and includes margin of error and confidence level.
- **Informal Survey**: Information collected directly from individual visitors or participants in a non-random manner that is not representative of all visitors or participants. Informal survey results cannot be projected to the entire visitor population and provide a limited indicator of attendance because not all participants had an equal chance of being included in the survey.
- **Structured Estimate**: Estimate produced by computing known information related to the event or location. For example, one jurisdiction estimated attendance by dividing the square footage of the event area by the international building code allowance for persons (3 sq. ft.).
- **Other**: (please describe)

| | Enter the total number of people predicted to attend this activity (this number would have been submitted | PREDICTED: | 185,000 | | | | | |
|------------------------------|--|--|--|--|--|--|--|--|
| | on your application for funds); the actual number of people who attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 105,000 | | | | | |
| | METHODOLOGY (definitions provided above): Other | | | | | | | |
| OVERALL ATTENDANCE | EXPLAIN TRACKING METHOD: Multiple meth the square footage of the festival and the size estimation of the crowds. We did some sample not enough people turned in the surveys for a estimates from InterCity Transit, the Olympi State Patrol, Washington State DES, vendor | of the crowds you can e surveys at the inform ccurate information. V a Police Department, t | get a strong nation booth, but Ve also get the Washington | | | | | |
| | Enter the total number of people who travelled greater than 50 miles predicted to attend this activity (this number would have been submitted on your application for funda), the actual number of people | PREDICTED: | 5,000 | | | | | |
| | application for funds); the actual number of people who travelled more than 50 miles to attend this activity; and the method used to determine attendance | | 1,000 | | | | | |
| 50+ Miles - Attendance | METHODOLOGY (definitions provided above): Other EXPLAIN TRACKING METHOD: Multiple methodologies were used. Parade entries are a good source for out-of-town tracking. The Seattle All-School Band alone had 100 students, which are all from out of the 50-mile range, and with that comes 2 buses, chaperones, and parents. Our out-of-town travel to festivals resulted in a return visit from festivals such as Wenatchee, Spokane, Seattle, Leavenworth, etc. They brought many chaperones, drivers, parents, and royalty courts, giving you another 100 visitors, so those are a direct counts factor. | | | | | | | |
| | Enter the total number of people from outside the state and country predicted to attend this activity (this number would have been submitted on your | ³ PREDICTED: | 1,000 | | | | | |
| OUT OF STATE / | application for funds); the actual number of people from outside the state and country who attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 200 | | | | | |
| COUNTRY - | METHODOLOGY (definitions provided above): Other | | | | | | | |
| ATTENDANCE | EXPLAIN TRACKING METHOD: Multiple methodologies were used. Due to our own travels far and wide, both Hyack and Penticton organizers out of Canada came to our festival from across the border as well as our Rosarian visitors from the Portland, Oregon area. | | | | | | | |
| | Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted on your | PREDICTED: | 20 | | | | | |
| PAID FOR | application for funds); the actual number of people who paid for overnight lodging and attended this activity; and the method used to determine attendance | | | | | | | |
| OVERNIGHT | METHODOLOGY (definitions provided above): Other | | | | | | | |
| LODGING - Attendance | EXPLAIN TRACKING METHOD: Multiple meth | | | | | | | |
| ATTENDANCE | arts and crafts vendors to Tumwater to stay i | | - | | | | | |
| | Tumwater information it to the application for purposes, but the overflow always heads towa Tumwater hotels to our website for Lakefair | ards Tumwater. We als | so linked | | | | | |
| DID NOT PAY FOR OVERNIGHT | Enter the total number of people predicted to attend this event without paying for overnight lodging in Tumwater (you would have submitted this number on | P_{r} Predicted: | 5,000 | | | | | |
| LODGING - ATTENDANCE | your application for funds); the actual number of people who attended without paying for overnight lodging; and the method used to determine attendance | t ACTUAL (ESTIMATED): | 5,000 | | | | | |
| | METHODOLOGY (definitions provided above): Other | | | | | | | |

| | EXPLAIN TRACKING METHOD: Multiple methodologies were used. One being an indirect count, based on the square footage of the park, and the size of the crowds, the two unpredictable events are Saturday and Sunday as the parade and fireworks crowds expand beyond the radius of the park. Most of the attendees from this category are past residents who come back for the great tradition of Lakefair and stay with friends and family. | | | | | | | |
|------------------------|--|------------|-----|--|--|--|--|--|
| | Enter total predicted lodging nights in Tumwater (this number would have been submitted on your application for funds); and actual number of paid | PREDICTED: | 250 | | | | | |
| | lodging nights. (One lodging night = one or more persons occupying one room for one night); and the method used to determine attendance | | 250 | | | | | |
| PAID LODGING NIGHTS | METHODOLOGY (definitions provided above): Other EXPLAIN TRACKING METHOD: Multiple methodologies were used. Again, we sent arts and craft vendors to Tumwater to stay in hotels there and we will be adding it to the application next year to help with tracking purposes, but the overflow always heads towards Tumwater. We also linked Tumwater hotels to our website for out of town vendors, etc. Our predicted number for this category was originally based on all three cities, not just Tumwater as the original questions from last year's application did not say to specifically give numbers just for Tumwater. Only 10e specifically asked in reference to Tumwater. | | | | | | | |

Please describe any other information that demonstrates the impact of increased tourism attributable to the special event, festival, or tourism-related facility.

Increased tourism results in the need for more lodging, eating, etc. in the surrounding area of the event vs just staying in the Olympia proper area, especially downtown. Tumwater offers more affordable lodging than the Olympia downtown area and has excellent places to eat and tour (Deschutes Park, Rose Garden, the classic Eagan's site, Olympic Flight Museum, and the old Brewery sites are some examples of extra things to do in the area during Lakefair).

Capital Lakefair has been around for 66 years, and 2022 was the largest crowd ever associated with Lakefair. People were ready to get out and enjoy the festival, the biggest night was the historic firework show, which filled the park and a large radius surrounding the park. We had the largest arts and crafts ever as compared to the last several years, and several were from out of town that books in local hotels.

For 2023, we had more non-profit food vendors than ever before, as well as in the arts & crafts vendor area. Sadly, the parade seemed to have fewer entries and carnival attendee numbers were lower, which we can only attribute to inflation and costs to ride, our social media posts were clear on this. Same with the non-food vendors. Prices were higher than ever. We attribute the low attendance to our parade on the very hot 95-degree weather we had that day.

TUMWATER SPECIFIC QUESTIONS:

Did you experience a higher number of tourists this year? If not, what do you think was a contributing factor?

No. One contributing factor was the 95-degree hot weather on Saturday when our numbers dipped greatly from our Monday-Friday and Sunday numbers. Another contributing factor that was made clear on our social media was the costs related to Lakefair events that affected attendance. Our social media members complained a great deal about the cost of carnival rides and vendor food costs, which are both out of our control.

While 2022 had a high turnout, we've had lower numbers from before the pandemic in every area of our event (parade, carnival, fireworks, food vendors, arts & crafts vendors, and the entertainment main

stage). The after-effect of the pandemic has also profoundly affected our volunteer numbers and members of Lakefair. The pandemic rebound has been hard on us, but we will press on as best we can. We were quite happy to see that Lakefair was voted as the #1 event by our community in the 'Best of South Sound' voting, so we know we are doing a good thing and plan to continue.

Did you complete all of the items on your Scope of Work consistent with your application submitted to the Lodging Tax Advisory Committee? If not, which items do you still need to complete? Do you plan on completing those items with your own resources? If so, when?

We did spend all the amounts of money that we provided on the scope and sequence document but none of it came from Tumwater Lodging tax dollars. We had to use our other resources. We were awarded \$3,600 from the City of Tumwater LTAC but that was later denied due to a perceived discrimination issue that arose on social media. We came to the March meeting with a full presentation on how our scholarship ambassador program criteria works but we weren't allowed to present our case. That being said, we are working now to better our policies and procedures in order to prevent another situation such as we experienced in January 2023, specifically with our scholarship ambassador program application criteria.

We were able to attend and promote our Tumwater, Lacey, and Olympia area at least 15 other festivals (in-state, out-of-state, and out-of-the-country). In turn, most of those festival organizers attended our event and used local resources.

Do you plan to do anything differently next year to expand your event, increase tourism to Tumwater, or increase visitors to your facility?

Yes, with more time and finally having a paid staff person to run the office, we plan to start earlier on promoting 2024 Lakefair, acquiring new and past sponsorships and donations, and working on our brand to show what Lakefair is truly about. We would love to be voted #1 festival by our community in the 'Best of South Sound' again for 2023. In relation to Tumwater specifically, we intend to change our wording in our website applications to make it more clear that Tumwater is a great place to stay and eat, that people shouldn't limit themselves to Olympia proper or other surrounding areas for these needs, and that with your support Tumwater has been essential to our success.

Please consider us for Tumwater Lodging Tax dollars for the 2024 Capital Lakefair! We need and appreciate your support!

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

| Jnder section 501(c), 527, 0 | 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.

Open to Public

| Depar | tment o | f the Treasury | Do not en | ter social security | numbers on this for | m as it may b | e made | e public. | | Open to Public | |
|-------------------------|--|------------------------|--|----------------------------------|---------------------------------|---------------------------------------|----------------|----------------|----------------|-----------------------------|--|
| | | nue Service | | | 990 for instructions | | | | | Inspection | |
| A | For th | e 2021 calendar | year, or tax year begin | ning | 10-0 | 01, 2021 ,ar | nd endi | ng | 0 | 9-30,2022 | |
| B | Check if | applicable: | C Name of organizatiorCA | PITAL LAKEFA | IR INC | | | | D Emp | loyer identification number | |
| <u> </u> | Address | change | Doing business as | | | | | | 23-7131672 | | |
| <u> </u> | lame cl | hange | Number and street (or P. | O. box if mail is not delive | red to street address) | | Room/sui | ite | E Tele | phone number | |
| <u> </u> | nitial re | turn | PO BOX 2569 | | | | | | | (360)943-7344 | |
| <u> </u> | Final return/terminated City or town, state or province, country, and ZIP or foreign postal code | | | | | | | G Gros | ss receipts | | |
| | Amende | d return | OLYMPIA, WA 98 | 3507 | | | | | \$ | 359,461 | |
| | Applicat | ion pending | F Name and address of pri | ncipal officer: | | | | H(a) Is this a | group returr | for subordinates? Yes X No | |
| | | | | | | | | H(b) Are all | subordina | tes included? Yes No | |
| <u> </u> | ax-exe | mpt status: X 50 | 01(c)(3) 501(c) (|) < (insert no.) | 4947(a)(1) or | 527 | | lf "No," | attach a l | ist. See instructions | |
| <mark>٦ ۱</mark> | Vebsite | e: ► WWW.: | LAKEFAIR.ORG | | | | | H(c) Group | exemptior | number | |
| | | organization: 🗴 C | orporation 🗌 Trust 🗌 Ass | ociation Other ► | | L Year of formatio | n: 19 5 | 57 M | State of le | gal domicile: WA | |
| Pa | rt I | Summary | | | | | | | | | |
| | 1 | Briefly describe | e the organization's miss | ion or most significa | nt activities: <u>TO</u> | PROMOTE, H | RECOG | NIZE AN | D MAI | NTAIN A POSITIVE | |
| | | BUSINESS H | RELATIONSHIP, YE | AR ROUND, BE | TWEEN COMMUNIT | TIES AND C | ORGAN | IZATION | S THR | OUGHOUT THE SOUTH | |
| nce | | SOUND REGI | ION OF PUGET SOU | ND; TO ACT A | S A PROFESSION | NAL GOODWI | LL A | MBASSAD | OR OF | GANIZATION BOTH | |
| Activities & Governance | | DURING THE | E CAPITAL LAKEFA | IR FESTIVAL | CELEBRATION | | | | | | |
| Nel | 2 | Check this box | ► if the organization | n discontinued its op | erations or disposed | of more than 2 | .5% of i | ts net asse | ets. | | |
| ğ | 3 | Number of voti | ing members of the gove | rning body (Part VI | line 1a) | | | | . 3 | 8 | |
| کہ ہ | 4 | Number of inde | ependent voting member | s of the governing b | ody (Part VI, line 1b) | | | | . 4 | 8 | |
| itie | 5 | Total number o | of individuals employed ir | n calendar year 202 ⁻ | 1 (Part V, line 2a) | | | | . 5 | 0 | |
| ćţ | 6 | Total number of | of volunteers (estimate if | necessary) | | | | | . 6 | | |
| Ă | 7a | Total unrelated | business revenue from | Part VIII, column (C |), line 12 | | | | . 7a | 0 | |
| | k | Net unrelated l | business taxable income | from Form 990-T, F | Part I, line 11 | | | | . 7b | 0 | |
| | | | | , | , | | | Prior Year | 1 | Current Year | |
| | 8 | Contributions a | and grants (Part VIII, line | 1h) | | | | 35 | 5,734 | 359,440 | |
| e | 9 | | ce revenue (Part VIII, line | | | | | | | 0 | |
| ent | 10 | 0 | ent income (Part VIII, column (A), lines 3, 4, and 7d) | | | | | 53 | 21 | | |
| Revenue | 11 | | | | | | | L,481 | 0 | | |
| - | 12 | | add lines 8 through 11 (| | | | | | 7,268 | 359,461 | |
| | 13 | | nilar amounts paid (Part I | • | | | | | 4,500 | 0 | |
| | 14 | | | . , | , | · · · · · · · · · · · · · · · · · · · | | | | 0 | |
| | 15 | | compensation, employee | | | | | 10 |),572 | 0 | |
| es | 16a | | Indraising fees (Part IX, o | • | . , | • | | | | 0 | |
| ens | | | ng expenses (Part IX, co | | | 0 | | | | | |
| Expenses | 17 | | s (Part IX, column (A), lir | | | | | | | 210,377 | |
| - | 18 | | s. Add lines 13-17 (must | | | | | | 5,834 0,906 | 210,377 | |
| | 19 | • | expenses. Subtract line | • | ., , | | | | 3,638 | | |
| _ 9 | | | | | | | - | nning of Curr | | End of Year | |
| Net Assets or | 20 | Total assets (F | Part X, line 16) | | • • • • • • • • • • • | | | - | L,282 | 216,603 | |
| Asse | 21 | • | (Part X, line 26) | | | | | 5. | , | | |
| Net | 22 | | und balances. Subtract | | | | | 51 | 1,282 | 216,603 | |
| | rt II | Signature | | | | | | | | | |
| | | | re that I have examined this retu | rn, including accompanyir | g schedules and statement | s, and to the best o | of my know | vledge and be | lief, it is | | |
| true, | correct | , and complete. Declar | ration of preparer (other than off | icer) is based on all inform | nation of which preparer has | any knowledge. | | | | | |
| | | KAREN | ADAMS-GRIGGS | | | | | | | | |
| Sig | n | Signature d | | | | | | | Da | ate | |
| Her | | KAREN | ADAMS-GRIGGS, P | RESIDENT | | | | | | | |
| | - | | nt name and title | | | | | | | | |
| | | Print/Type prepa | | Preparer's signature | | Date | | Check | X if | PTIN | |
| Pai | d | Cynthia 1 | | | | 08-30-202 | 23 | self-em | — | P00893750 | |
| | a pare | - | | y Right Acco | unting | 00 00-202 | | irm's EIN | | 100033730 | |
| | On | | | tin Way E | ~~~~ <u>~</u> | | | hone no. | | | |
| 200 | | | COLD MAL | cru naj 1 | | | F | | | | |

For Paperwork Reduction Act Notice, see the separate instructions.

No

| Form | n 990 (2021) CAPITAL LAKEFAIR INC 23-72 | 131672 | Page 2 |
|------|--|--------------|-------------------|
| Pa | Int III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | x |
| 1 | Briefly describe the organization's mission: TO PROMOTE, RECOGNIZE AND MAINTAIN A POSITIVE BUSINESS RELATIONSHIP, YEAR ROUND, E COMMUNITIES AND ORGANIZATIONS THROUGHOUT THE SOUTH SOUND REGION OF PUGET SOUND; TO PROFESSIONAL GOODWILL AMBASSADOR ORGANIZATION BOTH DURING THE CAPITAL LAKEFAIR FES |) ACT AS | A |
| 2 | CELEBRATION Did the organization undertake any significant program services during the year which were not listed on the | | |
| Z | prior Form 990 or 990-EZ? | Yes <u>x</u> |] No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. | Yes 🗴 |] No |
| 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 \$ 128,284 including grants of \$) (Revenue \$) (Revenu | |) |
| | ORGANIZATIONS AND ACTS AS A PROFESSIONAL GOODWILL AMBASSADOR FOR THE GREATER OLYMP YEAR-ROUND | PIA AREA | · |
| | | | |
| 4b | (Code:) (Expenses \$8,460 including grants of \$) (Revenue \$) WE GRANTED SCHOLARSHIP MONEY FOR HIGHER EDUCATION TO EIGHT YOUNG LADIES FROM AREA HIGHLIGHTING THEIR ACADEMIC, ARTISTIC TALENTS, AND COMMUNITY SPIRIT. | SCHOOLS |) |
| | | | |
| | | | |
| 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 136,744 | | |
| EEA | | Form | 990 (2021) |

| | n 990 (2021) CAPITAL LAKEFAIR INC 23-71 | 3167 | 2 | P | age 3 |
|------|---|--------|------|-----|-------|
| Pa | rt 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 | | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | •• – | 2 | | 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 | •• | 3 | | x |
| 4 | Section 501(c)(3) organizations. 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 | · · | 4 | | x |
| 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | · · | 5 | | 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 | · · - | 6 | | 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? <i>If "Yes," complete Schedule D, Part II</i> | · · | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | | |
| • | complete Schedule D, Part III | · · - | 8 | | 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 | | | | v |
| 40 | debt negotiation services? If "Yes," complete Schedule D, Part IV | ••+ | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | 40 | | |
| 11 | or in quasi endowments? If "Yes," complete Schedule D, Part V | ••- | 10 | | 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i> | | | | |
| а | complete Schedule D, Part VI | 1 | I1a | v | |
| ŀ | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more | · · | 110 | х | |
| L. | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 1 | l1b | | x |
| | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more | · · | | | |
| Ľ | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 1 | l1c | | v |
| | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | · · | | | x |
| Ľ | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 1 | l1d | | x |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | | l 1e | | 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 | 1 | I1f | | x |
| 12a | | · · ⊢ | | | |
| 120 | Schedule D, Parts XI and XII | 1 | I2a | | x |
| b | | · · - | 20 | | |
| D. | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 1 | 12b | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | 13 | | x |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | 14a | | x |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | · · - | | | |
| 2 | 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 | | 14b | | 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. | | 15 | | 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 | | 16 | | 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 | | 17 | | 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 | | 18 | | 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 | | 19 | | x |
| 20 a | | | 20a | | x |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | 20b | | |
| 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 | | 21 | | x |
| | | | | | |

| | 990 (2021) CAPITAL LAKEFAIR INC 23-7131 | 572 | Р | Page 4 |
|-------------|---|-------|-----|----------|
| Pa | rt IV Checklist of Required Schedules (continued) | | 1 | |
| | | r | 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 | 22 | | 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 | 222 | | |
| 24a | employees? If "Yes," complete Schedule J | 23 | | x |
| 24 a | \$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. | 24a | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | ~ |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 240 | | |
| • | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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 | 25a | | x |
| 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 | 25b | | x |
| 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 or any of these persons? If "Yes," complete Schedule L, Part II | 26 | | 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 | 27 | | 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): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | x |
| b | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | 00- | | |
| | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 20 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 29 | | x |
| 30 | conservation contributions? If "Yes," complete Schedule M | 30 | | v |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 30 | | x x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," | 51 | | ~ |
| 02 | complete Schedule N, Part II | 32 | | 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. | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | ĺ |
| | or IV, and Part V, line 1 | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 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 | 35b | | |
| 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 | 36 | | x |
| 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 | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | | | |
| | 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | x | <u> </u> |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | • • • | | |
| 1- | Enter the number reported in Roy 2 of Form 1006. Enter 0, if not conflictly | | Yes | No |
| 1a ⊾ | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 0 Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1b 0 | - | | |
| b c | Did the organization comply with backup withholding rules for reportable payments to vendors and | - | | |
| G | | 1c | | |
| | reportable gaming (gambling) winnings to prize winners? | | | <u> </u> |

| Form | 990 (2021) CAPITAL LAKEFAIR INC 23-713 | L672 | F | Page 5 |
|--------|--|-------|-----|--------|
| Pa | rt 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 returm 2a | 0 | | |
| 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 | | |
| 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? | | | x |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?. | | | |
| 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 | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | . 00 | | |
| 'a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| a | and services provided to the payor? | . 7a | | v |
| h | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | x |
| b | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | . 70 | - | |
| С | | 70 | | |
| لم | • | . 7c | | x |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 70 | - | |
| e r | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | - | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | - | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | - | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | . 7h | | x |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| ~ | sponsoring organization have excess business holdings at any time during the year? | . 8 | | x |
| 9 | Sponsoring organizations maintaining donor advised funds. | 0- | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | | x |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | . 9b | | x |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | _ | | |
| D | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | _ | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders | _ | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. 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 | _ | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | 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 | _ | | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | _ | 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. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | . 17 | | |
| | If "Yes," complete Form 6069. | | | |

| Forr | m 990 (2021) CAPITAL LAKEFAIR INC 23-713 | 31672 | | Р | age 6 |
|------------------|---|---------|-----|-----|-------|
| Pa | art 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 in Schedule O. See instru | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | . x |
| Sec | ction A. Governing Body and Management | | | | |
| | | | _ | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 8 | | | |
| | 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. | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 8 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | 2 | | v |
| 3 | any other officer, director, trustee, or key employee? | ••• | 2 | | x |
| 5 | supervision of officers, directors, or 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 |
| 7a | 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 | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | | |
| | the year by the following: | | | | |
| а | The governing body? | 8 | Ba | х | |
| b | Each committee with authority to act on behalf of the governing body? | | ßb | х | |
| 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 Q | | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | |
| | | | _ | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10 | 0a | | x |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | 1 | 0b | | |
| 11a | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | - | x | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | ••• | | ~ | |
| 12a | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13.</i> | . 1 | 2a | x | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | 2b | x | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | | |
| | describe in Schedule O how this was done. | 1 | 2c | x | |
| 13 | Did the organization have a written whistleblower policy? | | 3 | х | |
| 14 | Did the organization have a written document retention and destruction policy? | 🔤 | 4 | х | |
| 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? | | | | |
| а | The organization's CEO, Executive Director, or top management official | | 5a | | х |
| b | Other officers or key employees of the organization | 1 | 5b | | x |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | | |
| | with a taxable entity during the year? | 1 | 6a | | 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 | | Ch | | |
| Sec | organization's exempt status with respect to such arrangements? | [10 | 6b | | |
| <u>360</u> 17 | List the states with which a copy of this Form 990 is required to be filed | | | | |
| 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 I Upon request Other (<i>explain on Schedule O</i>) | | | | |
| 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. | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | |
| | CRAIG HOLT (360)943-7344, PO BOX 2569, OLYMPIA, WA 98507 | | | | |

| Form 990 (202 | 1) CAPITAL LAKEFAIR INC | 23-7131672 | Page 7 |
|------------------|---|------------------|---------|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Com | pensated Employe | es, 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 | | |
| 1a Complete t | his table for all persons required to be listed. Report compensation for the calendar year ending with or w | vithin the | |
| organization's t | ax 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

| | | | | | (C) | | | | | |
|---------------------------------------|---|-----------------------------------|-----------------------|----------------|--------------|-----------------------------------|--------|---|---|---|
| (A) Name and title | (B) Average hours per week | box, offic | unles: er and | eck m s per | son is | nan one s both an /trustee) | 1 | (D) Reportable compensation from the organization (W-2/ | (E) Reportable compensation from related organizations W-2/ | (F) Estimated amount of other compensation from the |
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | 1099-MISC/ 1099-NEC) | 1099-NEC/ 1099-NEC | organization and related organizations |
| (1) CHRISTINE_MCNAMARA SECRETARY | | | | x | | | | 0 | 0 | 0 |
| (2) KAREN ADAMS-GRIGGS PRESIDENT | | | | x | | | | 0 | 0 | 0 |
| (3) STACY SHARP 1ST VICE PRESIDENT | | | | x | | | | 0 | 0 | 0 |
| (4) RD RICHARDS | | | | x | | | | 0 | 0 | 0 |
| (5) | | | | | | | | | | |
| <u>(6)</u> | | | | | | | | | | |
| <u>(7)</u> | | | | | | | | | | |
| <u>(8)</u> | | | | | | | | | | |
| (9) | | | | | | | | | | |
| <u>(10)</u> | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | – |

| Part | VII Section A. Officers, Directors, Trustee | es, Key Emp | loyees | s, an | d Hi | ghe | est Co | mpe | ensated Employe | es (continued) | | | |
|--------|--|---|---|-----------------------|---------|--------------|---------------------------------|--------|---|---|-------|---|-----|
| | (A) Name and title | (B) Average hours | Average (do not check more than one box, unless person is both an | | | | | 1 | (D) Reportable compensation from the | (E) Reportable compensation from related | | (F) Estimated amo of other compensatio | |
| | | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2 1099-MISC/ 1099-NEC) | / org | from the janization ed organiz | and |
| 15) | | | | | | | | | | | | | |
| 16) | | | | | | | | | | | | | |
| 17) | | | | | | | | | | | | | |
| 18) | | | | | | | | | | | | | |
| 19) | | | | | | | | | | | | | |
| 20) | | | | | | | | | | | | | |
| 21) | | | | | | | | | | | | | |
| 22) | | | | | | | | | | | | | |
| 23) | | | | | | | | | | | | | |
| 24) | | | | | | | | | | | | | |
| 25) | | | | | | | | | | | | | |
| | Subtotal | ion A . | | | | | ••• | • • | | | | | |
| d 2 | Total (add lines 1b and 1c) Total number of individuals (including but not limit | | | | | | | | 0 ore than \$100,000 | | 0 | | 0 |
| | reportable compensation from the organization | | | | , | | | | | | | × | |
| 3 | Did the organization list any former officer, direc | | • | | | | - | | • | | | Yes | No |
| 4 | employee on line 1a? If "Yes," complete Schedul For any individual listed on line 1a, is the sum of re organization and related organizations greater th | eportable cor | npensa | ation | and | othe | er com | pen | sation from the | | . 3 | | x |
| 5 | <i>individual</i> | | | | | | | | | | . 4 | | x |
| | for services rendered to the organization? If "Yes | • | | - | | | - | | | | . 5 | | x |
| 1 | on B. Independent Contractors Complete this table for your five highest compensa | ted independ | lent co | ntrac | tore | that | receiv | hav. | more than \$100.00 | 10 of | | | |
| | compensation from the organization. Report comp | | | | | | | | | | ar. | | |
| | (A) | | | | | | | | (B) | | (C |) | |
| | Name and business addres | SS | | | | | | | Description of servic | es | Compe | nsation | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| Form 9 | <u> </u> | | AL LAKE | FAIR I | NC | | | | 23-71316 | 72 Page 9 |
|---|----------|--|---------------|-------------|-------------|-------------|-------------------------------------|--|--------------------------------------|---|
| Part | VIII | Statement of Rev | enue | | | | | | | |
| | | Check if Schedule O co | ontains a res | sponse or | note to any | line in thi | s Part VIII (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| | 1a | Federated campaigns . | | . 1 | a | | | | | |
| <i>ø</i> | b | Membership dues | | . 1 | b | | | | | |
| unts | С | Fundraising events | | . 10 | c | | | | | |
| , Gi | d | Related organizations . | | . 10 | d | | | | | |
| Gifts Iar A | е | | | . 10 | e 11 | 1,600 | | | | |
| ns, Simi | f | All other contributions, gift | - | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | and similar amounts not in | | ove 11 | 34 | 7,840 | | | | |
| d fi | g | | | 1 | - C | | | | | |
| and | h | lines 1a-1f | | | g \$ | | 359,440 | | | |
| | - " | Total. Add lines 1a-11 | | • • • • | Busines | | 359,440 | | | |
| | 2a | | | | | 3 000e | | | | |
| ice | b | | | | | | | | | |
| Serv Due | c | | | | | | | | | |
| Program Service Revenue | d | | | | | | | | | |
| ogra Re | е | | | | | | | | | |
| Pro- | f | All other program service r | revenue. | | | | | | | |
| | g | Total. Add lines 2a-2f . | | | | ••• | | | | |
| | 3 | Investment income (includi | | | | | | | | |
| | | other similar amounts) | | | | F | 21 | 21 | | |
| | 4 | Income from investment of | • | | | F | | | | |
| | 5 | Royalties | | (i) Real | | | | | | |
| | 62 | Gross rents | | (I) Real | (ii) Pers | sonai | | | | |
| | | Less: rental expenses | | | | | | | | |
| | | Rental income or (loss) | 6c | | | | | | | |
| | | Net rental income or (loss) | •••• | | | . 🕨 | | | | |
| | 7a | Gross amount from | (i) \$ | Securities | (ii) Otl | her | | | | |
| | | sales of assets | | | | | | | | |
| | | other than inventory | 7a | | | | | | | |
| | b | Less: cost or other basis | | | | | | | | |
| anı | | and sales expenses | | | | | | | | |
| evel | | Gain or (loss) | | | | | | | | |
| Other Revenue | | Net gain or (loss) Gross income from fundrai | | · · · · · · | · · · · · · | . ► | | | | |
| Othe | oa | events (not including \$ | - | | | | | | | |
| 0 | | of contributions reported o | | | | | | | | |
| | | 1c). See Part IV, line 18 | | 8 | Ba | | | | | |
| | b | Less: direct expenses . | | | 3b | | | | | |
| | c | Net income or (loss) from f | fundraising | events | | . ► | | | | |
| | 9a | Gross income from gaming | - | | | | | | | |
| | | activities, See Part IV, line | | | 9a | | | | | |
| | | Less: direct expenses . | | | 9b | | | | | |
| | | Net income or (loss) from g | | vities . | •••• | . ► | | | | |
| | 10a | Gross sales of inventory, le | | | 0.0 | | | | | |
| | h | returns and allowances . Less: cost of goods sold | | | 0a 0b | | | | | |
| | | Net income or (loss) from s | | | | . ► | | | | |
| | | | | • • • • | Busines | | | | | |
| ŝ | 11a | | | | | | | | | |
| nou ne | b | | | | | | | | | |
| ella | c | | | | | | | | | |
| Miscellanous Revenue | d | All other revenue | | | | | | | | |
| 2 | е | Total. Add lines 11a-11d | | | | | | | | |
| | 12 | Total revenue. See instru | ctions . | | | | 359,461 | 21 | 0 | 0 |

Part IX

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 | | | [|
|----|--|--------------------------|------------------------------------|---|---------------------------------------|
| | not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) 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 | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 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 | | | | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| с | Accounting | | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 . | | | | |
| 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 | 11,736 | | 11,736 | |
| 13 | Office expenses | 61,897 | | 61,897 | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | | | | |
| 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.) | | | | |
| а | ROYALTY EXPENSE | 8,460 | 8,460 | | |
| b | COMMUNITY OUTREACH | 128,284 | 128,284 | | |
| C | | | | | |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 210,377 | 136,744 | 73,633 | 0 |
| 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 ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |

| Part | t X | Balance Sheet | | | |
|-----------------------------|----------|---|--------------------------|----------|------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | | ••• | |
| | | | (A) Regioning of year | | (B) |
| | 4 | Cash - non-interest-bearing | Beginning of year | 1 | End of year |
| | 1 | 5 | 32,573 | 2 | 197,894 |
| | | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 4 | |
| | 4 5 | Loans and other receivables from any current or former officer, director, | | 4 | |
| | 5 | | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 | controlled entity or family member of any of these persons | | 5 | |
| | 0 | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| its | | · · · · · · · · · · · · · · · · · · · | | 8 | |
| Assets | 8 | Inventories for sale or use | | 0 9 | |
| ∢ | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | h | basis. Complete Part VI of Schedule D 10a 78,157 | 10 500 | 10- | 10 500 |
| | b | Less: accumulated depreciation | 18,709 | | 18,709 |
| | 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 | =1 000 | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses | 51,282 | 16 | 216,603 |
| | 17 | Grants payable | | 17 18 | |
| | 18 | | | 10 | |
| | 19 | Deferred revenue | | 20 | |
| | 20 | · · · · · · · · · · · · · · · · · · · | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| ies | 22 | Loans and other payables to any current or former officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 35% | | - 22 | |
| Lia | ~~~ | 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 | | 25 | |
| | | | • | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 0 | 26 | 0 |
| | | Organizations that follow FASB ASC 958, check here | | | |
| es | 07 | and complete lines 27, 28, 32, and 33. | | 07 | |
| anc | 27 | Net assets without donor restrictions | | 27 | |
| Bal | 28 | Net assets with donor restrictions | | 28 | |
| pd | | Organizations that do not follow FASB ASC 958, check here | | | |
| μ | 20 | and complete lines 29 through 33. | | 20 | |
| s ol | 29 20 | Capital stock or trust principal, or current funds | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated income, or other funds | 51,282 | | 216,603 |
| Net | 32 | Total net assets or fund balances | 51,282 | | 216,603 |
| | 33 | Total liabilities and net assets/fund balances | 51,282 | 33 | 216,603 |
| EEA | | | | | Form 990 (2021) |

EEA

Form 990 (2021)

CAPITAL LAKEFAIR INC

23-7131672

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| Form | 990 (2021) CAPITAL LAKEFAIR INC 2 | 3-713167 | 2 | Pa | age 12 |
|------|---|-----------|------|--------------|---------------|
| Pa | rt 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 | | 359, | ,461 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 210, | ,377 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 149, | ,084 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 51, | ,282 |
| 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 | | 16, | ,237 |
| 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 | | 216, | ,603 |
| Pa | rt 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: X Cash Octrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on | | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | x |
| | 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: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | x |
| | 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: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | 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? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | |
| | Schedule O. | | | | |
| 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? | | 3a | | |
| 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 | <u></u> . | 3b | | |
| EEA | | | Form | 990 (| 2021) |

| SCHEDULE | Α |
|------------|---|
| (Form 990) | |

Public Charity Status and Public Support

| OMB No. 1545-004 | 7 |
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| 2024 | |

| Opportunit • Attach to Form 390 or Form 390-EZ Opportunit Name of the organization | (| | Complete if the o | rganization is a section | 2021 | | | | | |
|--|---------|------------------------------|--|---|--|---------------------------|---------------------------|--------------------------|--------------------|--|
| Name of the organization Image of the organization Image of the organization Image of the organization CADITAL LAKEPARE INC 23-7131672 23-7131672 Part I Reason for Public Charity Status. (All organizations must complete this part). See instructions. 33-7131672 I Acture, convention of durches, or association of durches described in section 1700b/(1)A(N). A school described in section 1700b/(1)A(N). I Acture, convention of durches, or association of durches described in section 170(b)(1)A(N). A neganization operated in conjunction with a hospital described in section 170(b)(1)A(N). I Acture is a same, city, and state: See instructions in a governmental unit described in section 170(b)(1)A(N). I A neganization operated for the benefit of a college or university owned or operated in section 170(b)(1)A(N). I A neganization operated for the benefit of a college or university or an agovernmental unit described in section 170(b)(1)A(N). I A neganization operated in section 170(b)(1)A(N). Accumunity trait described in section 170(b)(1)A(N). I A neganization operated in section 170(b)(1)A(N). Complete Part II.) I A neganization operated in section 170(b)(1)A(N). Complete Part II.) I A neganization operated in section 170(b)(1)A(N). <td colspan="3"></td> <td>Attac</td> <td colspan="6">Attach to Form 990 or Form 990-EZ.</td> | | | | Attac | Attach to Form 990 or Form 990-EZ. | | | | | |
| CAPTENL: LAKEFALR ENC 23-7131672 Part Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The againzation is not a private foundation because it is: (For lines 1 through 12, check orly one box.) 1 1 A church, convention of churches, or association of churches described in section 1700(b)(1/A)(ii). 1 2 A schold described in section 1700(b)(1/A)(ii). (Atabh Schold described in section 1700(b)(1/A)(ii). 1 3 A horganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 1700(b)(1/A)(v). 1 4 A federal, state. or local government or governmental unit described in section 1700(b)(1/A)(v). 1 5 A federal, state. or local government or governmental unit described in section 1700(b)(1/A)(v). 1 6 A federal, state. or local government or governmental unit described in section 1700(b)(1/A)(v). 1 7 An organization the normally receives a subsport form a governmental unit or form the general public described in section 1700(b)(1/A)(v). 1 8 A comparization fragmitter of gain again | Interna | al Revenue Service | • Got | to www.irs.gov/Fo | orm990 for instructions | and the I | atest info | rmation. | Inspection | |
| Part II Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not prive foundation because it (Fr films 1 from (500) (10,000 net box)) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). 2 A school described in section 170(b)(1)(A)(ii). (Ataxin Schedule E (Form 90).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospitals mee, div, and state: 5 An organization operated in conjunction with a hospital described in section 170(b)(1)(A)(i). 6 A not granization department of governmental unit described in section 170(b)(1)(A)(v). 7 An organization discribed in section 170(b)(1)(A)(v). 7 An organization discribed in section 170(b)(1)(A)(v). 8 A community trust described in section 170(b)(1)(A)(V). 9 A neganization discribed in section 170(b)(1)(A)(V). 9 A community trust described in section 170(b)(1)(A)(V). 9 A neganization discribed in section 170(b)(1)(A)(V). 9 A neganization discributation sequence to 100(V)(A)(A) (Complete Part II). 9 A community trust described in section 170(b)(1)(A)(V). 10 An organization dindividuo because bits bits | Name | of the organizati | on | | | | | Employer identificati | on number | |
| The organization is not a private foundation because It is: (For lines 1 through 12, check only one box) A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A hospital created research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: B do organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). A no reganization operated government organization described in section 170(b)(1)(A)(v). A no reganization operated of the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). A no reganization of the normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) A no reganization of reganization described in section 170(b)(1)(A)(V). (Complete Part II.) A no reganization 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 cortributions, membership fees, and gross receipts from activities related on the scenes tabable income (ess section 550(a)(4). A norganization organization administrate durinest described in section 500(a)(2). A norganization organization administrate durinest described in section 500(a)(2). A norganization organization administrate durinest described in section 500(a)(2). A norganization organization administrate durinest described in action 500(a)(2). A norganization organization administrate durinest described in connection with its supported org | | | | | | | | | | |
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| or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 IA no reganization 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 taxabile 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)(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, 121, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization (s) typically to giving the supporting organization operated in connection with its supported organization(s), typically to giving control or management of the supporting organization operated in connection with its supported organization(s). Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) the supported organization(s). You must complete Part IV, Sections A and C. c Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) the supported organization (s) the supporting organization operated in connection with its supported organization(s) that in a trype II Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not funct | 8 | 🗌 A communi | ty trust described in se | ction 170(b)(1)(A) | (vi). (Complete Part II.) | | | | | |
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| 10 X An organization that normally receives: (1) more than 33 1/3% of its support from constructions, 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 unclated business table income (less section 501(a); normatice and gross acquired by the organization after June 30, 1975. See section 500(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for publics aftery. See section 509(a)(2). 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 supporting organization supervised or controlled by its supported organization(s), typically by giving the supporting organization supervised or controlled in connection with its supporting organization (s), by having control or management of the supporting organization vested in the same persors that control or manage the supported organization(s). 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) the prevent organization operated in connection with its supported organization(s) the 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 functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with supported organization(s) that is not functional | | or university | y or a non-land-grant co | llege of agriculture | (see instructions). Enter | the name, | city, and st | tate of the college or | | |
| receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its 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 publics aftery. See section 509(a)(2). 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)(2). 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 supporting organization super to regularly appoint or elect a majority of the directors or trustees of the 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 non-functionally integrated. A supporting organization operated in connection with its supported organization(s) the prove the supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) the twist staticy and distribution requirement and an attentiveness requirement (see instructions). You must complete Part I | | university: | | | | | | | | |
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| (described on lines 1-10 above (see instructions)) listed in your governing document? support (see instructions) other support (see instructions) (A) // // // // // (B) // // // // // (C) // // // // // | g | Provide the fo | llowing information abo | ut the supported or | ganization(s). | | | | L | |
| (A) (B) (C) (| | (i) Name of supporte | d organization | (ii) EIN | (described on lines 1-10 | listed in you | Ir governing | support (see | other support (see | |
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| (B) (C) (C) <th></th> <th></th> <th></th> <th></th> <th></th> <th>165</th> <th>NO</th> <th></th> <th></th> | | | | | | 165 | NO | | | |
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(E)

| Schedu | e A (Form 990) 2021 CAPITAL LAR | | | | | 23-7131672 | <u> </u> |
|--------|---|-----------------|------------------|------------------|-------------------|------------------|------------------|
| Part | | | | | | | |
| | (Complete only if you checked th | e box on line | e 5, 7, or 8 of | Part I or if the | e organizatior | n failed to qual | ify under |
| | Part III. If the organization fails to | o qualify und | er the tests lis | sted below, pl | ease complet | te Part III.) | |
| | on A. Public Support | | 1 | 1 | 1 | 1 | |
| Calen | dar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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. | | | | | | |
| | on B. Total Support | | | | | | |
| | dar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 | | | | | | |
| 5 | activities, whether or not the business | | | | | | |
| | is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or | | | | | | |
| 10 | 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. | (coo instructiv | | | | 12 | |
| 12 | First 5 years. If the Form 990 is for the or | | | | | |)/2) |
| 15 | - | - | | | - | | |
| Socti | organization, check this box and stop her on C. Computation of Public Suppor | | | | • • • • • • • • • | | •••• |
| 14 | Public support percentage for 2021 (line 6 | | | 11 column (f)) | | 14 | % |
| 15 | Public support percentage from 2020 Sch | | | | | 15 | % |
| 16a | 33 1/3% support test - 2021. If the organ | | | | | - | |
| TUa | box and stop here. The organization qual | | | | | | |
| b | 33 1/3% support test - 2020. If the organ | | | - | | | |
| D | this box and stop here. The organization | | | | | | _ |
| 170 | | - | | - | | | |
| 17a | 10%-facts-and-circumstances test - 202 | - | | | | | |
| | 10% or more, and if the organization mee | | | | | | |
| | Part VI how the organization meets the fa | | | - | - | | _ |
| | organization | | | | | | |
| b | 10%-facts-and-circumstances test - 202 | - | | | | | |
| | 15 is 10% or more, and if the organization | | | | | - | |
| | in Part VI how the organization meets the | | | - | - | | · |
| | organization | | | | | | _ |
| 18 | Private foundation. If the organization di | d not check a | box on line 13, | 16a, 16b, 17a | i, or 17b, check | this box and s | ee _ |
| | instructions | | | | | | ト 📋 |

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to gualify 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) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 82,282 57,970 19,165 35,734 25,500 220,651 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 2,219,678 259,634 16,573 33,961 2,529,846 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 **Total.** Add lines 1 through 5 2,301,960 317,604 35,738 35,734 59,461 2,750,497 7a Amounts included on lines 1, 2, and 3 received from disgualified persons **b** Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from 2,750,497 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 35,734 59,461 2,301,960 317,604 35,738 2,750,497 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b С 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 125 316 (3, 164)2,714 (9) Total support. (Add lines 9, 10c, 11, 13 2,302,085 317,920 32,574 38,448 59,461 2,750,488 14 First 5 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 Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 100.00 % 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 99.95 % Section D. Computation of Investment Income Percentage 0.00 % 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 0.00 % 19a 33 1/3% support tests - 2021. 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 - 2020. 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 . . .

Page 4

No

Yes

1

2

3a

CAPITAL LAKEFAIR INC Part IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. b Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination С under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? С 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. С Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule

| Schedul | A (Form 990) 2021 CAPITAL LAKEFAIR INC 23-7131672 | | F | age 5 |
|---------|--|--------|--------|---------|
| Part | V Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and | 44- | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI . | 110 | | |
| Section | on B. Type I Supporting Organizations | 11c | | |
| 0000 | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | 100 | |
| - | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Section | on C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Section | on D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | • | | |
| - | organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i> | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in line 2, above, did the organization's supported organizations have | _ | | |
| • | a significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Section | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see | insti | ructio | ons). |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct | tions) | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 2- | | |
| ь | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's | | | |
| | involvement, one or more of the organization's supported organization(s) would have been engaged in? If | | | |
| | "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> | 20 | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| а | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | Ja | | |
| ~ | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
| EEA | Schedul | | orm 99 | 0) 2021 |
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| | on Nov. 20, 1970 <i>(expl</i> is must complete Secti (A) Prior Year | |
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7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

EEA

Schedule A (Form 990) 2021

CAPITAL LAKEFAIR INC

Schedule A (Form 990) 2021

23-7131672

Page 6

| Schedu | e A (Form 990) 2021 CAPITAL LAKEFAIR INC | | 23-713 | 1672 Page 7 |
|--------|---|---|----------------------|----------------------------|
| Part | V Type III Non-Functionally Integrated 509(a)(3 | 3) Supporting Organi | izations (continued) | |
| Secti | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish e | xempt purposes | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exer | mpt purposes of support | ed | |
| | organizations, in excess of income from activity | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpo | | | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | provide details in Part | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | 6 | |
| | Total annual distributions. Add lines 1 through 6. | | 7 | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | | |
| | (provide details in Part VI). See instructions. | | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | 10 | |
| 0 | | (i) | (ii) | (iii) Distributedate |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions | Distributable |
| | Distributeble emount for 2024 from Castion C. line C. | | Pre-2021 | Amount for 2021 |
| 2 | Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 | | | |
| 2 | (reasonable cause required - <i>explain in Part VI</i>). See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | |
| a | From 2016 | | | |
| a | From 2017 | | | |
| | From 2018 | | | |
| d | From 2019 | | | |
| e | From 2020 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2021 distributable amount | | | |
| i | Carryover from 2016 not applied (see instructions) | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2021 from | | | |
| | Section D, line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2021 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2017 | | | |
| b | Excess from 2018 | | | |
| | Excess from 2019 | | | |
| d | Excess from 2020 | | | |
| e | Excess from 2021 | | | |
| EEA | | | | Schedule A (Form 990) 2021 |

| | Frage Page Page Page Page Page Page Page P |
|---------|---|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part |
| | III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section |
| | B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b |
| | 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E |
| | lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
| | ines 2, 3, and 6. Also complete this part for any additional mormation. (See instructions.) |
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SCHEDULE D (Form 990)

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.

| OMB | No. | 1545-0047 |
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| 2021 |
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| Open to Public |
| Inspection |

Department of the Treasury Internal Revenue Service

| Internal | Revenue Service | ► Go to www.irs.gov/Form9 | 90 for instructions and | | | Inspection | |
|----------|---------------------|--|-------------------------------|---------------------------|----------------------|------------------|----------|
| Name o | f the organization | | | Emj | oloyer identificatio | n number | |
| CAPIT | AL LAKEFAII | | | | 23-7131672 | | |
| Par | | zations Maintaining Donor Advised I | | | nts. | | |
| | Comple | te if the organization answered "Yes" o | on Form 990, Part IV, li | ine 6. | | | |
| | | | (a) Donor advise | ed funds | (b) Funds and | d other accounts | |
| 1 | Total number at | end of year | | | | | |
| 2 | Aggregate value | e of contributions to (during year) | | | | | |
| 3 | Aggregate value | e of grants from (during year) | | | | | |
| 4 | Aggregate value | e at end of year | | | | | |
| 5 | Did the organiza | ation inform all donors and donor advisors in | writing that the assets hele | d in donor advised | | | |
| | funds are the or | ganization's property, subject to the organiza | ation's exclusive legal cont | trol? | | Yes | No |
| 6 | Did the organiza | ation inform all grantees, donors, and donor a | dvisors in writing that gran | nt funds can be used | | | |
| | only for charitab | le purposes and not for the benefit of the dor | nor or donor advisor, or for | any other purpose | | | |
| | | missible private benefit? | | | | Yes | No |
| Part | II Conse | rvation Easements. | | | | | |
| | Comple | te if the organization answered "Yes" o | on Form 990, Part IV, li | ine 7. | | | |
| 1 | Purpose(s) of co | onservation easements held by the organizat | ion (check all that apply). | | | | |
| | Preservation | of land for public use (for example, recreation | on or education) | Preservation of a histo | rically important la | and area | |
| | Protection of | natural habitat | | Preservation of a certi | fied historic struct | ure | |
| | Preservation | of open space | | | | | |
| 2 | Complete lines 2 | 2a through 2d if the organization held a qualif | ied conservation contribut | tion in the form of a cor | nservation | | |
| | easement on the | e last day of the tax year. | | | Held at th | ne End of the | Tax Year |
| а | Total number of | conservation easements \ldots | | | 2a | | |
| b | Total acreage re | estricted by conservation easements | | ••••• | 2b | | |
| С | Number of cons | ervation easements on a certified historic str | ucture included in (a) | | 2c | | |
| d | Number of cons | ervation easements included in (c) acquired | after 7/25/06, and not on | а | | | |
| | historic structure | listed in the National Register | | ••••• | 2d | | |
| 3 | Number of cons | ervation easements modified, transferred, re | leased, extinguished, or te | erminated by the orgar | nization during the | | |
| | tax year ► | | | | | | |
| 4 | Number of state | s where property subject to conservation ea | sement is located | ▶ | | | |
| 5 | Does the organi | zation have a written policy regarding the pe | riodic monitoring, inspectio | on, handling of | | | |
| | violations, and e | enforcement of the conservation easements it | holds? | | | Yes | No |
| 6 | Staff and volunte | eer hours devoted to monitoring, inspecting, h | nandling of violations, and | enforcing conservation | n easements durir | ig the year | |
| | ▶ | | | | | | |
| 7 | Amount of expe | nses incurred in monitoring, inspecting, hand | ling of violations, and enfo | orcing conservation eas | sements during th | e year | |
| | ▶ \$ | | | | | | |
| 8 | Does each cons | servation easement reported on line 2(d) abo | ve satisfy the requirement | ts of section 170(h)(4)(| B)(i) | _ | _ |
| | | (h)(4)(B)(ii)? | | | | Yes | No |
| 9 | In Part XIII, des | cribe how the organization reports conservat | ion easements in its rever | nue and expense stater | ment and | | |
| | balance sheet, a | and include, if applicable, the text of the footno | ote to the organization's fi | nancial statements that | describes the | | |
| | | ccounting for conservation easements. | <u> </u> | | | | |
| Part | | izations Maintaining Collections | | | er Similar As | sets. | |
| | | te if the organization answered "Yes" of | | | | | |
| 1a | If the organization | on elected, as permitted under FASB ASC 98 | 58, not to report in its reve | enue statement and bal | ance sheet works | | |
| | | treasures, or other similar assets held for pul | | | nce of public | | |
| | service, provide | in Part XIII the text of the footnote to its fina | ncial statements that desc | ribes these items. | | | |
| b | - | on elected, as permitted under FASB ASC 9 | | | | | |
| | art, historical tre | asures, or other similar assets held for public | exhibition, education, or | research in furtherance | e of public service | , | |
| | • | wing amounts relating to these items: | | | | | |
| | (i) Revenue ind | cluded on Form 990, Part VIII, line 1 | | | | | |
| | (ii) Assets inclu | ded in Form 990, Part X | | | · · . ► \$ | | |
| 2 | If the organization | on received or held works of art, historical tre | asures, or other similar as | ssets for financial gain, | provide the | | |
| | following amour | nts required to be reported under FASB ASC | 958 relating to these iten | ns: | | | |
| а | Revenue include | ed on Form 990, Part VIII, line 1 | | | ▶\$ | | |
| b | Assets included | in Form 990, Part X | <u></u> | • • • • • • • • • • • • | ▶\$ | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

| Schedule | D (Form 990) 2021 CAPITAL LAKEFA | | | | | | 23-713 | | | age 2 |
|----------|---|-----------------------|-------------|---------------|------------------|--------------|----------------------|------------------|-----------|--------------|
| Part | III Organizations Maintaining | Collections of | Art, Hi | storical | Treasures, | , or Ot | her Similar A | ssets (c | ontini | ued) |
| 3 | Using the organization's acquisition, access | ion, and other record | ds, check | any of the f | ollowing that r | nake sig | nificant use of its | | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | | d | Loan c | or exchange p | rograms | 5 | | | |
| b | Scholarly research | | е | | 0 1 | - | | | | |
| c | Preservation for future generations | | • | | | | | | | |
| 4 | Provide a description of the organization's c | ollections and expla | in how th | ov furthor th | e organizatio | n'e ovor | nt numose in Pa | rt | | |
| - | XIII. | | | | | | | it. | | |
| F | During the year, did the organization solicit or receive donations of art, historical treasures, or other similar | | | | | | | | | |
| 5 | | | | | | | | | | Na |
| Der | assets to be sold to raise funds rather than | | part of th | e organizat | ion's collection | n <u>.</u> | | Ye | s 🗌 | No |
| Part | | - | | | Dent IV (Base | 0 | | | F | |
| | Complete if the organization | answered res | on Fo | m 990, F | Part IV, line | 9, or i | eponed an ar | nount on | FOU | 1 |
| | 990, Part X, line 21. | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | | - | | | | | _ | _ | |
| | included on Form 990, Part X? | | | | | | | 🗌 Ye | s | No |
| b | If "Yes," explain the arrangement in Part XII | I and complete the f | ollowing t | able: | | | | | | |
| | | | | | | | Ai | mount | | |
| С | Beginning balance | | | | | . 10 | : | | | |
| d | Additions during the year | | | | | . 10 | | | | |
| е | Distributions during the year | | | | | . 1e | | | | |
| f | Ending balance | | | | | . 1f | | | | |
| 2a | Did the organization include an amount on F | orm 990, Part X, line | e 21, for e | scrow or cu | ustodial accou | Int liabilit | v? | . 🗌 Ye | s 🗌 | No |
| b | If "Yes," explain the arrangement in Part XII | | | | | | - | | | |
| Part | | | | | 1 | | | | | |
| | Complete if the organization | answered "Yes | " on Fo | rm 990 F | Part IV_line | 10 | | | | |
| | | (a) Current year | | Prior year | (c) Two years | | (d) Three years back | | r years b | ack |
| 1a | Beginning of year balance | (a) Guitein year | | nor year | (c) Two years | 5 DUCK | (u) Three years back | | r years b | ack |
| | | | | | | | | | | |
| b | | | | | | | | | | |
| С | Net investment earnings, gains, and | | | | | | | | | |
| | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities and | | | | | | | | | |
| | programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end baland | ce (line 1g | g, column (a | a)) held as: | | | | | |
| а | Board designated or quasi-endowment | ▶ | % | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| С | Term endowment % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | ould equal 100%. | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiz | zation that | t are held a | nd administere | ed for the | e | | | |
| | organization by: | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organiz | | | | | | | | | |
| 4 | Describe in Part XIII the intended uses of th | | | | | | | | | |
| Part | | | | | | | | | | |
| . art | Complete if the organization | | " on Fo | rm 990 F | Part IV lin≏ | 11a 9 | See Form 990 | Part X | line 1 | 0 |
| | Description of property | (a) Cost or oth | | | or other basis | | Accumulated | (d) Boo | | 5. |
| | Description of property | (investm | | | (other) | • • • | epreciation | (u) bot | ik value | |
| - 1- | Land | | / | | ····/ | u. | | | | |
| 1a ⊾ | | | | - | | | | | | |
| b | | | | _ | | | | | | |
| C | Leasehold improvements | | | | | | | | | |
| d | | •• | | _ | 78,157 | | 59,448 | | 18, | 709 |
| <u>e</u> | Other | | | | | | | | | |
| Total. | Add lines 1a through 1e. (Column (d) must e | equal Form 990, Pa | rt X, colu | mn (B), line | e 10c.) | | | | 18, | 709 |

EEA

Page 3

| | (a) Description of security or category (including name of security) | | (b) Book value | | . , | Method of valuation: end-of-year market value |
|---|---|--|-----------------|--------------|-----------------|--|
|) Financial | derivatives | | | | | |
| , , | eld equity interests | | | | | |
| Other | | | | | | |
| (A) | | | | | | |
| (B) (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| (<u> </u> | | | | | | |
| (G) | | | | | | |
| (H) | | | | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line | e 12.) ► | | | | |
| Part VIII | Investments - Program Related. | red "Vee" on Fer | | line 11e Se | o Form | 000 Dort V line 1 |
| | Complete if the organization answe | red res on Fon | | | | |
| | (a) Description of investment | | (b) Book value | | | Method of valuation: end-of-year market value |
| (1) | | | | | | |
| (2) | | | | | | |
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| (9) | | | | | | |
| | on (b) must equal Form 990 Part X col. (B) line | ≥ 13) | | | | |
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| Part IX (1) (2) | Other Assets. Complete if the organization answe | ered "Yes" on For | n 990, Part IV, | line 11d. Se | e Form | |
| (1) (2) (3) | Other Assets. Complete if the organization answe | ered "Yes" on For | n 990, Part IV, | line 11d. Se | e Form | |
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| Schedule | | 3-7131672 | Page 4 |
|----------|--|------------|--------|
| Part | | Return. | |
| | 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: | | |
| а | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | | |
| С | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| С | Add lines 4a and 4b | 4c | |
| | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). | 5 | |
| Part | | er Return. | |
| | 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: | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments 2b | | |
| C | Other losses | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIII.) | | |
| С | Add lines 4a and 4b | 4c | |
| 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 O (Form 990)

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 Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

23-7131672

Department of the Treasury Internal Revenue Service Name of the organization

CAPITAL LAKEFAIR INC

01. Form 990 governing body review (Part VI, line 11)

A COPY OF THE RETURN WAS PROVIDED TO THE ORGANIZATIONFOR REVIEW.

02. Conflict of interest policy compliance (Part VI, line 12c)

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY IN PLACE.

03. Governing documents, etc, available to public (Part VI, line 19)

DOCUMENTS ARE AVAILABLE UPON REQUEST

04. Part III, response or note to any other line in Part III

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

CAPITAL LAKEFAIR'S MISSION IS TO CELEBRATE OUR COMMUNITY YEAR-ROUND THROUGH ACTIVE

INVOLVEMENT, A SCHOLARSHIP PROGRAM FOR AREA YOUTH, AND AN ANNUAL SUMMER FESTIVAL. FORM

990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

GENERALLY, LAKEFAIR HOSTS A 5-DAY COMMUNITY FESTIVAL WHICH INCLUDES FOOD BOOTHS, ARTS &

CRAFTS BOOTHS, PARADE, LIVE ENTERTAINMENT, CARNIVAL, CAR SHOW, AND A GRAND FINALE

FIREWORKS DISPLAY. THE FESTIVAL ALSO INCLUDES SPECIAL EVENTS GEARED TOWARD YOUTHS AND

SENIORS. LOCAL NOT-FOR PROFIT ORGANIZATIONS ARE INVITED TO PARTICIPATE AND RAISE MONEY

THROUGH THE SALE OF FOOD AND DRINK. THERE IS NO ENTRANCE FEE FOR GUESTS TO ATTEND THE

FESTIVAL. THIS FESTIVAL WAS CANCELED FOR THE CURRENT YEAR AS A RESULT OF COVID-19

PROTOCOLS. HOWEVER, MANY EXPENSE WERE ALREADY INCURRED. FORM 990-EZ, PART III, LINE 30 -

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

| Schedule O (Form 990) 2021 | Page 2 |
|--|--------------------------------|
| Name of the organization | Employer identification number |
| CAPITAL LAKEFAIR INC | 23-7131672 |
| LAKEFAIR IS A MEMBER OF NORTHWEST FESTIVAL HOSTING GROUP, AN ORGANIZATION | COMPRISED OF |
| OTHER NON-PROFIT FESTIVALS ACROSS WASHINGTON, OREGON, AND BRITISH COLUMBIA | A. THE CURRENT |
| COURT (SCHOLARSHIP RECIPIENTS), VOLUNTEERS, AND OUR FLOAT TRAVEL TO MOST (| OF THESE EVENTS |
| ACTING AS GOODWILL AMBASSADORS FOR OUR COMMUNITY. | |
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BY-LAWS OF CAPITAL LAKEFAIR:

ARTICLE I

ORGANIZATION, COMPOSITION, AND GENERAL POWERS

SECTION 1: NAME AND GEOGRAPHIC AREA:

- A. The name of the organization is Capital Lakefair, Incorporated, here-in after known as Lakefair.
- B. The geographic area of Lakefair includes Thurston County.

SECTION 2: PURPOSE:

The purpose of Lakefair shall be:

- A. To provide several days of recreation, fun, and fellowship the third week in July.
- B. To bring attention to our beautiful Capitol Lake as an important recreation area.
- C. To ensure that the Lakefair Float(s) participate in as many community festivals as economically feasible within the parameters of maximum exposure per event.
- D. To provide educational opportunities through annual Scholarships to our royalty court.
- E. Produce and promote educational and scientific events for Children (Kid's Day).

SECTION 3: ENDORSEMENTS:

Neither Capitalarian or Lakefair employees, in official capacity as such, shall approve, sponsor or endorse, either directly or indirectly, any public or private enterprise operated for profit, any political party or candidate, or any other organization except as specifically approved by Lakefair.

ARTICLE II

MEMBERSHIP

SECTION 1: MEMBERS; GENERAL PROVISIONS

- A. Lakefair membership is open to individuals who will endorse the purposes of Capital Lakefair.
- B. Capitalarians who are active and in good standing are eligible to vote on matters affecting Lakefair.

SECTION 2: CANDIDATE AND TRANSER CANDIDATE CAPITALARIAN GENERAL PROVISIONS

- A. Any person twenty-one years of age or older who desires to become a Capitalarian must first complete an application that must be signed by his or her Sponsoring Capitalarian.
- B. After completing an application, a Candidate Capitalarian must:
 - 1. Actively work on one or more committees for three months, and at that time they would be considered by the Membership & Nominating Committee.
 - 2. Commit to attending not less than three regular meetings during the year. If a Candidate Capitalarian is unable to attend the required number of meetings, this requirement may be fulfilled by additional participation in other official Lakefair activities or services.
 - 3. Capitalarian Candidate must attend at least one out of town festival representing Lakefair either on a packet or as a working member of the Float crew and/or Royalty Committee.

- C. After completing an application, a transfer Candidate Capitalarian (member of another festival) must:
 - 1. Work on one or more committees for not less than three months.
 - 2. Attend not less than three regular meetings in a year.
- D. After serving and providing evidence of meeting the required commitments as a Candidate Capitalarian, or a Transfer Candidate Capitalarian, such persons must be recommended in writing for membership to the Board of Directors by the Sponsor or Chair of a committee on which the Candidate or Transfer has served.
- E. The letter or recommendation from the Sponsor or committee chair should state, in general, the areas in which the Candidate has worked with Lakefair and the reasons why the Sponsor or Chair feels the Candidate would make an acceptable Capitalarian.
- F. Capitalarians are responsible for purchase of their uniform.
- G. Candidate Capitalarian and Transfer Candidates Acceptance.
 - 1. The letter (D above) of recommendation shall be submitted to the Membership and Nominating Committee Chair.
 - 2. The Membership and Nominating Committee, after reviewing the letter, shall submit to the Board of Directors a recommendation regarding each Candidate or Transfer Candidate Capitalarian.
 - 3. The Board of Directors shall, after considering the recommendation of the Membership and Nominating Committee, submit the name or names of Candidates or Transfer Candidates nominated at the next general meeting.
 - 4. Opposition to a Candidate or Transfer Candidate becoming a Capitalarian should take the form of a letter to the President. Such letters of opposition from Capitalarians will be accepted by the President for fifteen days following the date of the meeting at which the nominations were read. If no letters recommending rejection are received, the President shall notify the Candidate's Sponsor that the Candidate has been accepted and will be introduced at the next meeting as a new Capitalarian and will receive the dress blazer, name tag, and Membership Certificate.

SECTION 3: CAPITALARIANS: GENERAL PROVISIONS

- A. A Capitalarian is a person twenty-one years of age or older who, by virtue of his or her work and service to Lakefair, has been accepted as a "Capitalarian".
- B. Capitalarians are encouraged to serve on at least one committee of their choice, and participate in *at least one out-of-town festival*.
- C. Capitalarians shall be distinguishable by wearing identical uniforms during the festival days and other appropriate times or at the request of the President to promote Lakefair. The Lakefair emblem shall always be worn on the left breast pocket and the nameplate shall always be worn on the right lapel of the dress blazer.
- D. A Capitalarian may submit a request for a Leave of Absence to the Board or Directors.
- E. Any Capitalarian who has been inactive for one full year may be requested by the Board of Directors, to come before the Membership and Nominating Committee to determine the Capitalarians future interest in Lakefair. As a result of this meeting the Membership and Nominating Committee shall make a recommendation to the Board of Directors as to the future membership status of this Capitalarian.
- F. A Capitalarian remains a Capitalarian until he or she chooses to resign, become an Honorary Capitalarian, or is removed from Capitalarian status by action of the Board or Directors.

SECTION 4: HONORARY CAPITALARIANS: GENERAL PROVISIONS

- A. A Capitalarian who by virtue of his or her work and service to Lakefair may elect to become an Honorary Capitalarian through the following procedure:
 - 1. Have had ten years continuous service as a Capitalarian.
 - 2. Request Honorary Capitalarian status in writing to the Board of Directors.
- B. An Honorary Capitalarian may return to active status upon submission of a written request to the Membership and Nominating Committee for recommendation to the Board and Membership.

C. An Honorary Capitalarian may attend meetings, take part in discussions, and participate in all activities, but will have no voting privileges. Uniforms for Honorary Capitalarians shall be the same as for Capitalarians.

ARTICLE III

MEETINGS

SECTION 1: ANNUAL MEETING

- A. Lakefair shall hold an annual meeting in September for the purpose of electing Officers, Board of Directors, and adoption of the annual financial resolution, and other business as may be transacted, as appropriate.
- B. Thirty-three percent of the Capitalarians shall constitute a quorum.

SECTION 2: REGULAR MEETINGS

- A. The schedule of regular meetings will be established by the Board or Directors and held each month January through October.
- B. The Capitalarians present shall constitute a quorum for the transaction of business.

SECTION 3: SPECIAL MEETINGS

- A. A Special meeting of Lakefair may be called by the President, or by the Board, or by a written petition to the Board signed by not less than thirty-three percent of the Capitalarians, provided that the purpose of such meeting is set forth in the meeting notice.
- B. Only the business stated in the written notice or call shall be transacted. All rules and procedures at the meeting shall be the same as those for a regular meeting.

SECTION 4: BOARD MEETINGS

- A. Board of Director Meetings will be held each month January through October.
- B. The Board of Directors must meet in a regular or special meeting in order to transact business.
- C. A special meeting of the Board of Directors shall be held, if requested in writing, by a majority of the members of the Board of Directors, or at the call of the President. The Secretary shall issue a written notice stating the time, place, and purpose of the meeting and the business to transacted. Only the business stated in the written notice or call shall be transacted.
- D. A simple majority of the members of the Board of Directors shall constitute a quorum for the transaction of its business.

SECTION 5: GENERAL

- A. The notice of each meeting and the agenda of Lakefair, stating the time and location, shall be provided to every member. The notice of each regular meeting shall be issued at least seven calendar days before the date of the meeting.
- B. The Board will submit any issue for action to the membership.
- C. No new budget items will be voted upon at a regular Lakefair meeting unless previously considered by the Board.
- D. All recommendations by the Board of Directors shall be voted upon by the Capitalarians at a regularly scheduled Lakefair meeting.

E. The Sponsor and the presiding officer shall be responsible for ensuring that Candidate Capitalarians are properly introduced at all meetings.

ARTICLE IV

ELECTIONS

SECTION 1: NOMINATIONS OF OFFICERS, DIRECTORS, AND MEMBERSHIP AND NOMINATING COMMITTEE.

- A. The Membership and Nominating Committee shall select one name for each Officer and open Director Position annually.
- B. The Membership and Nominating Committee shall select one name for a three-year term for a Capitalarian position on the Membership and Nominating Committee annually.
- C. The report of the Membership and nominating Committee shall be submitted to the Board Secretary not later than the First Thursday in August. The report of the Membership and Nominating Committee shall be distributed to Capitalarians no later than September 1st.
- D. Election of Officers and Directors will be held at the Annual Meeting in September. Nominations from the floor will be accepted for open Director positions only.

SECTION 2: ELECTIONS

- A. Ballots shall be prepared for candidates nominated. Those receiving the highest number of votes from all Capitalarians present shall be declared elected.
- B. Newly elected Officers and Directors shall take office at the October meeting.

ARTICLE V

BOARD OF DIRECTORS

SECTION 1: COMPOSITION

The Board of Directors shall consist of:

- A. The officers for their term of office.
- B. Six Board Members.

SECTION 2: TERMS OF OFFICE

- A. Officers' terms shall be for one year.
- B. Directors' terms of office shall be three years. Terms shall be staggered such that one-third of the Directors is serving for one year, one-third serving two years and one-third serving three years.

SECTION 3: VACANCIES

If a vacancy should occur among the Directors, the President shall recommend a Capitalarian to serve as Director until the next annual election meeting and said Capitalarian shall be approved by the Board of Directors, at which time nominations will be made to fill the un-expired term.

SECTION 4: DECISIONS AND MINUTES

- A. Every decision of the Board of Directors shall be by a simple majority vote, unless otherwise required by these By-Laws.
- B. Written minutes of every meeting of the Board of Directors, recording the members in attendance, the matters before the meeting and every action taken shall be kept by the Secretary in the Book of Minutes of Lakefair. The minutes of each meeting shall be signed by the President or other officer who presided at the meeting.
- C. The Secretary shall provide minutes that will include decisions and recommendations to the membership for action at each regular meeting of Lakefair. Minutes will be distributed with the upcoming agenda.

SECTION 5: BOARD SPECIFIC POWERS

The Board shall:

- A. Adopt and present a final Annual Budget to the General Membership at the February General Meeting.
- B. Authorize the transfer of funds within the constraints of the budget and allocate unanticipated revenues.
- C. Employ and direct the Executive Director and any other staff.
- D. Interpret the By-Laws and policies and procedures.

SECTION 6: REMOVAL FROM THE BOARD

Any Board Member who has been absent from two regularly scheduled meetings of the board within a twelvemonth period, unless such absence is specifically excused by the President, may be removed by majority vote of the Board.

ARTICLE VI

OFFICERS

SECTION 1: OFFICER TITLES

The Officers of Lakefair shall consist of President, First Vice President, Second Vice President, Secretary, and Treasurer.

SECTION 2: DUTIES

The officers' duties shall be in accordance with the rules and procedures adopted by the Capitalarians.

SECTION 3: VACANCIES

If a vacancy should occur among the officers, the Membership and Nominating Committee shall select a name to fill the existing office and a special election shall be held within thirty days to fill said vacancy.

ARTICLE VII

COMMITTEES

SECTION 1: COMMITTEE GENERAL AUTHORITY

- A. Committees are authorized to carry out their duties as prescribed by the policies and procedures of Lakefair.
- B. No committee shall exceed its budget amount without prior approval of the Board of Directors.
- C. No committee shall commit Lakefair to any matter without specific prior approval by the Board of Directors.
- D. Any expense over \$50 shall be approved by committee chair, Executive Director or Board, prior to purchase, and supply receipt.

SECTION 2: COMMITTEE CHAIRS

- A. Upon being elected, the President will make appointments of Committee Chairs.
- B. In the event of a vacancy, the President shall appoint a replacement.
- C. All Committee Chairs shall serve for one year.

SECTION 3: STANDING COMMITTEES

- A. Allied Events
- B. Budget & Finance
- C. Car Show
- D. Concessions
- E. Fair Facilities
- F. Family Events
- G. Float
- H. Hospitality
- I. Marketing
- J. Parade
- K. Royalty

SECTION 4: ELECTED COMMITTEES

Membership and Nominating:

- A. The Committee shall consist of four Capitalarians, one of which shall be the immediate Past President.
- B. Terms for the elected Capitalarians shall be for three years and shall be staggered.

SECTION 5: APPOINTED COMMITTEES

- A. Audit The Committee shall consist of not less than three Capitalarians who shall all be appointed by the President.
- B. Policy Review / By-Laws The Committee shall consist of not less than five members including the Chair who will be appointed by the President.
- C. Sunshine
- D. Executive Search & Compensation shall be conducted by the Board of Directors.

SECTION 6: SPECIAL COMMITTEE AUTHORIZATION

A. Special committees may be authorized by the President of Board of Directors and shall be abolished by the authorizing body.

ARTICLE VIII

PERSONNEL

SECTION 1: GENERAL

- A. The Board of Directors may hire such personnel as necessary and assign their duties and salaries.
- B. All personnel matters will be handled by the Board of Directors.

SECTION 2: EXECUTIVE DIRECTOR

- A. The Board shall be authorized to employ an Executive Director who shall be the operating administrator of Lakefair and / or Administrative Coordinator who shall assist in the administration of Lakefair.
- B. The Executive Director shall be responsible to the Board of Directors. The Staff shall be responsible to the Executive Director or President in the absence of an Executive Director.

SECTION 3: OFFICE STAFF

- A. The Board shall be authorized to employ Office Staff who shall assist the Executive Director and / or Office Manager of Lakefair.
- B. The Office Staff shall be responsible to the Executive Director.

ARTICLE IX

GENERAL FINANCES

SECTION 1: FISCAL YEAR

The Fiscal Year of Lakefair shall begin October 1, and end on September 30.

SECTION 2: ANNUAL BUDGET

- A. The Budget and Finance Committee, with the assistance of the Executive Director and Committee Chairs, shall prepare a Budget for presentation to the Board of Directors at the January meeting. The Budget will then be considered and voted upon by the Capitalarians at the February meeting.
- B. The adopted Annual Budget may be adjusted, as necessary, during the fiscal year, by the Capitalarians upon recommendation of the Board of Directors within the constraints of the approved Budget and any unanticipated additional revenues.

ARTICLE X

AMENDMENTS TO BY-LAWS

SECTION 1: GENERAL

A. Written notice and copies of the Proposed Amendments shall be filed with the Board of Directors at least fifteen days before the meeting at which the amendment(s) will be considered.

- B. Written notice and a copy of the Proposed Amendment(s) shall be given to the Capitalarians at least seven days before the meeting at which the amendments(s) will be considered.
- C. The by-laws may be amended at any Regular or Annual Meeting by an affirmative two-thirds vote.



AND FILED HIL 29 1957 VICTOR A. MEYERS SECRETARY OF ATALE BY ASSISTING SUPERTARY OF STATE

ARTICLES OF INCORPORATION

OF

CAPITAL LAKEFAIR, INC.

KNOW ALL MEN BY THESE PRESENTS; That we, the undersigned, residents and citizens of the State of Washington and of the United States of America, do hereby certify that we do, by these presents, associate ourselves together for the purpose of forming a corporation under and by virtue of the laws of the State of Mashington, particularly Chapter 24.08 of the Ravised Code of Washington, and for that purpose do hereby make, subscribe and acknowledge in triplicate the following Articles of Incorporation:

ARTICLU I.

The corporate name of this corporation shall be "Capital Lakefair, Inc." and its principal office and chief place of business shall be c/o Olympia Chamber of Commerce, Olympia, Washington.

ARTICLE II.

This corporation shall have no capital stock and any person who conforms to the terms and by-laws of the corporation may become a member.

ARTICLE III.

The objects for which the corporation is formed are as follows:

(a) To establish annually a festival for the citizens of the area to be centered around Capital Lake located in the City of Olympia, Mashington, with provisions to be made for various kinds of sporting events on and around the lake and in the vicinity, and also for the erection of booths to provide for

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concessions, including vending stands, display exhibits, and commercial devices for pleasure and enjoyment, to be conducted over a period of one day or more, and such other celebrations as is deemed advisable by the directors.

(b) To provide for dramatic presentations, pageants, parades, musical concerts, displays, and other fitting ceremonies and services and activities in which the general public may participate through this corporation and find wholesome enjoyment through the media outlined, and conduct any and all other activities consistent with the purposes outlined herein.

(c) To purchase, buy, have and otherwise acquire, own and hold property, real and personal, such as will permit the carrying out of the general intents and purposes of this organization.

(d) To have all powers and privilenes conferred by law upon corporations of this character.

ARTICLE IV.

This corporation is not founded for pecuniary profit nor for the purpose of carrying on any business, trade, vocation or profession for profit.

ARTICLE V.

The affairs of this corporation shall be managed by a board of five or more trustees which may be changed at any time by the trustees at a regular meeting or at a special meeting called for that purpose, but shall never be less than two. The names of those who shall serve as trustees for the first six months, or until their successors are duly elected and qualified, shall be: Charles Afdem, President; Michael J. Contris, Vice President; Hartly H. Kruger, Secretary-treasurer; Milton Bosell

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and Eldon Marshall, Directors; each of whom is a citizen of the United States and a resident of the State of Washington.

IN WITNESS WHEREOF, we, the said incorporators, have hereunto set our hands and seals this $\gamma \gamma$ day of July, 1957.

a: thes

STATE OF WASHINGTON)) ss. County of Thurston)

This is to certify that on the <u>Y5</u> day of July, 1957, before me the undersigned, a notary public, came Charles Afdem, Michael J. Contris, Hartly H. Kruger, Milton Bosell, and Edon Marshall, the incorporators named, to me known to be the individuals described in and who acknowledged, each for himself, and not one for the other, that he signed said instrument as his free and voluntary act and deed.

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WITNESS my hand and seal this ______day of July, 1957.

ary Public in and for the

of Washington, residing at Olympia

Nº 137537

Articles of Incorporation OF THE

Capital Lakefair, Inc.

Place of business Olympia Time of existence --- years Capital stock, \$ None STATE of WASHINGTON, ss. Filed for record in the office of the Secretary of State July 29, 1957 at 10:00 o'clock A. M. Microfilmed, Roll No. Page Domestic Corporations M. Mayer Secretary of State.

•

| Filed at request of | |
|---------------------------------|------------------|
| Ralph R. Gilby, At | torney |
| 202 First National | Bank Bldg. |
| Olympia, Washingto | n |
| | |
| Filing and recording fee | 2, \$ 5.00 |
| License to June 30, 19 | \$ |
| Certificate mailed AU | |
| | to above address |
| Indexed | Photographed |
| S. F. No. 1108-12-56-5M. 47385. | |

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CITY OF TUMWATER LODGING TAX APPLICATION – Entity Certification

| LODGING TA | X APPLICATION | - Entity Certific | ation | | |
|--|---|---|---|---|--|
| APPLICATION DEADLINE:AUGUST 30, 2023, 12PM/NOON-Postmarks, late, or incomplete applications will not be accepted CITY OF TUMWATER HANNA MILES – EXECUTIVE DEPARTMENTADDRESS/DELIVER:hmiles@ci.tumwater.wa.us OR 555 ISRAEL ROAD SW, TUMWATER, WA 98501 | | | | | |
| ORGANIZ | ATION/AGENCY | INFORMATION | I | | |
| City of Tumwater Organization/Agency Name Ann Cook | | 91-6001520 Federal Tax ID Number Communications Manager | | | |
| Contact Name <u>555 Israel Road SW</u> Mailing Address | | Title <u>Tumwater</u> City | WA State | 98092 Zip | |
| 360-754-4123www.ci.tumwaPhoneWebsite | | <u>acook@ci.tumwater.wa.us</u> Email Address | | | |
| ☑ Tourism Promotion/Marketing Activities Amount Requested: <u>\$25,000</u> Brief Description of Tourism Promotion/Ma <i>*If an Event/Festival, complete the following</i> | To | tal Project / Eve | ent Budget: _ <u>§</u> ls, or Tourisn | n-Related Facilities: | |
| Name of Event/Festival | Location | | Date of E | vent/Festival | |
| Event/Festival Website (if different than above) | If an existing e | vent, last year's | date of event | | |
| | CERTIFICATIO | N | | | |
| I hereby state on behalf of <u>City of Tumwater</u> Organ | nization/Agency Na | ame | | that the: | |
| Applicant is: Nonprofit The applicant has, or can obtain, general liability insurance aggregate for personal injury, bodily injury and property dates the applicant has on file with the City, or is submitting one I understand that this is an application for a contract with the a reimbursement basis, and a signed Lodging Tax Invoice The applicant has accounting/record-keeping systems which inspection by the City of Tumwater or its agents; and C) is I understand that the City of Tumwater will conduct public City of Tumwater and its Lodging Tax Advisory Committee I hereby certify that the information contained in this certifies of activities and financial status of the organization submittee. | amage. e copy, of their current and the City of Tumwater, which is submitted including p ch A) show the purpose maintained for at least 6 discussions regarding re- ee. cation and application for ing this application. | a \$2,000,000 combine ticles of incorporation iich, if awarded, will o roof of payment docur is for which City of T years following the en commendations for fu | and by-laws. only be paid after the mentation. umwater funds ha nd of contract. unding to any agen y of Tumwater is a | occurrence and \$2,000,000 ne service(s) is rendered - on ve been spent; B) is open to cy making application to the a true and accurate statement | |
| Ann Cook, Communications Manager Name and Title | <u>Ann Cook</u> Signature | (e-signature or o | original) | <u>08/28/2023</u> Date | |

CITY OF TUMWATER LODGING TAX APPLICATION – Funding Criteria

1. What is the purpose of your special event, festival, or tourism-related facility?

Marketing a Tumwater as a destination involves crafting a compelling narrative that showcases the unique attributes, attractions, and experiences. Tumwater Craft marketing campaign is targeted to attract visitors interested in unique, locally-made products and experiences. An effective marketing campaign using lodging tax funds (LTAC) can result in increased tourism revenue, economic growth for local businesses, and a heightened sense of community pride.

 a. For what specific tourism-generating activities will City of Tumwater lodging tax funds be used? Complete and submit the Lodging Tax Budget Form specific to your special event, festival, or tourism related facility. (The Budget Form is also available online at <u>www.ci.tumwater.wa.us/LodgingTax</u>.)

LTAC funds will be used for paid and earned media as part of a comprehensive marketing campaign. This multi-faceted approach combines various strategies and channels to effectively promote the City as a destination for all things Craft. All LTAC funds will be spent directly on goods and services-with no overhead.

b. If a returning applicant, identify any major changes in the event or organization since the last funding cycle.

Lingering impacts of COVID-19 have slowed plans for emerging food and beverage industries and opening of the Craft District. There are new businesses in the Tumwater Warehouse District, Craft District, and the City. This proposal expands marketing to support the overall Tumwater Craft initiative.

3. Describe the resources available for the proposed tourism-generating activities? Please include the total number of volunteers and volunteer hours that exist for your special event, festival, or tourism-related facility.

Current resources are limited to available staff time on the Communications Team. Volunteers may be available as needed for promotional activities.

4. Do other cities or governmental entities in the county fund your special event, festival, or tourism-related facility? If so, which jurisdictions and how much were you funded from each jurisdiction last year?

No.

5. Do you intend to apply for lodging tax funds from other jurisdictions this year? If so, which jurisdictions? Please explain how you will use Turnwater's funds separately from other lodging tax funds you may receive?

No.

6. The request of funds from Tumwater will fund what percentage of your total budget for the proposed special event, festival, or tourism-related facility?

100%

7. Describe the tourism promotion impact on the economy from your special event, festival, or tourism-related facility within the City of Tumwater, specifically on the lodging and food service sectors.

Tourism promotion has a significant impact on the local economy of a destination and can contribute to a higher quality of life for local residents by supporting a diverse range of businesses, cultural activities, and community events. Visitors are often interested in purchasing local products as souvenirs. This can boost demand for crafts, food products, and other goods produced by local businesses. Tourism encourages the growth of small businesses. Local artisans, craft makers, farmers, and other entrepreneurs can benefit from increased demand for their products and services.

This is a long-term investment in the revitalization of the City's brewery district and efforts to bring brewing back. As the local craft food and beverage movement grows our brewing legacy make this location the perfect location for events, conferences, and as a tourism destination.

8. How broad-based will the tourism promotion benefit be geographically and economically?

The most successful approach to destination marketing leverages public-private partnerships to promote visits by local and regional tourists.

The primary markets for promotion of Tumwater Craft are visitors from north through Snohomish County and south to Portland, and local area residents.

9. How will receiving lodging tax funds result in an increase in the number of people traveling for business or pleasure to Tumwater?

The Tumwater Craft brand showcases local producers and makers and builds new audiences for local makers. These funds will be used specifically to promote Tumwater as a visitor destination for business or leisure travel.

10. For the special event, festival or tourism-related facility, identify the estimated number of participants who will attend in each of the following categories:

| a) | Overall attendance | 3000 |
|----|---|------|
| b) | Staying for the day only <i>and</i> traveling more than fifty miles or more one way from their place of residence or business | 500 |
| c) | Number of participants in any of the above categories who will attend from out-of-state (includes other countries) | 50 |
| d) | Staying overnight in paid accommodations away from their place of residence or business | 350 |
| e) | Staying overnight in unpaid accommodations (e.g. with friends and family) <i>and</i> traveling fifty miles or more one way from their place of residence or business | 400 |
| f) | Total number of paid lodging nights generated in Tumwater | 350 |

g) Describe what methods you will use to determine attendance and to distinguish among the different visitor categories listed above.

Reach and distribution of paid advertising will be used for placement and compared to actual attendance. Attendance data from events, social media analytics, Google Analytics from the Tumwater Craft and Warehouse District webpages, Facebook page and other digital media channels.

11. If you are awarded a contract, you must be prepared to report to the City the economic benefit from tourists attending your event/facility. Describe how you will document the economic impact from your event/facility; specifically the information requested in question 10. **Submit a sample tracking form, if available.**

Survey data, estimates of number of room stays, and other expenditures in the community from reported attendance at City events and data from the visitor and convention bureau will be used to create a report.

12. Describe how you will promote overnight stays in Tumwater lodging establishments?

With a budget of \$25,000 for destination marketing, the focus will be on cost-effective strategies that maximize reach and impact. Promoting overnight stays in lodging establishments requires a strategic approach that combines various marketing tactics to attract travelers and encourage them to choose Tumwater as their destination.

Leveraging partnerships with Olympia and Beyond, paid advertising and marketing materials will feature unique experiences that extend the visitor stay and promote area lodging.

13. Describe how you will promote Tumwater and other attractions in the Tumwater area to entice tourists to extend their visit beyond attendance to your special event, festival, or tourism-related facility.

Tumwater offers a variety of opportunities for tourism-generating activities due to its natural beauty, historical significance, outdoor recreation and cultural attractions. Activities that extend the visit include Tumwater Falls at Brewery Park, the Deschutes Valley Trail, Tumwater Farmers Market, and Thurston Bountiful Byway. Collaboration with local businesses co-located in the Craft District and the Warehouse District provide opportunities for food and beverage-related events showcasing local eateries, cafes, breweries, distilleries, and cideries. Annual local festivals such as the Artesian Brewfest and the Olympic Airshow provide more opportunities for cooperative marketing.

14. What tourism outcome should the City expect if your proposal is only partially funded? Please be specific. *For example: how do you intend to alternatively fund your program / which services will not happen?*

Changes to the requested funding would reduce paid advertising which is essential to expand marketing efforts and reach new audiences.

15. List other organizations that you are partnered with for this special event, festival, or tourism-related facility.

Olympia Tumwater Foundation, South Puget Sound Community College Brewing & Distilling Program, Craft District, Tumwater Warehouse District

16. List any other measurements that demonstrate the impact of increased tourism attributable to your special event, festival, or tourism-related facility. Include any other thoughts that may encourage the Lodging Tax Advisory Committee/Tumwater City Council to use lodging tax funds to support this application.

Increased brand recognition can be measured in correlation with increased attendance at area attractions like Brewery Park at Tumwater Falls, Tumwater Warehouse District, and the Craft District.

Lodging Tax Applicant:

Lodging Tax Budget Form

nt: Tumwater Craft--City of Tumwater

Specific to your Tourism-Related Facility, Tourism Promotion Activity, Special Event, or Festival, list the amount and status of funding for all sources from which you have already or intend to receive funds. Please include in-kind donations and funds received from admission fees if applicable.

PROJECTED REVENUE:

| Sou | irce | Amount |
|---|--------|-------------|
| Sponsorships: | | \$0.00 |
| Admission: | | \$0.00 |
| Reserves: | \$0.00 | |
| Donations/Contributions: | \$0.00 | |
| Grants: | | \$0.00 |
| Program Service Fees: | | \$0.00 |
| In-kind Donations: | | \$0.00 |
| Gift Shop: | | \$0.00 |
| Vendor Fees: | | \$0.00 |
| Fundraising Activities: | | \$0.00 |
| City of Lacey Lodging Tax: | | \$0.00 |
| City of Olympia Lodging Tax: | | \$0.00 |
| City of Tumwater Lodging Tax: | | \$25,000.00 |
| Thurston County Lodging Tax: | | \$0.00 |
| Other Sources of Revenue: (please specify) | | \$0.00 |
| Other Source: | | \$0.00 |
| Other Source: | | \$0.00 |
| Other Source: | | \$0.00 |
| TOTAL REVENUE: | | \$25,000.00 |
| PROJECTED EXPENSES: | | |
| Personnel: (salaries and benefits) | | \$0.00 |
| Administration: (utilities, phone, etc. |) | \$0.00 |
| Marketing and Promotion: | | \$15,000.00 |
| Professional / Consultant Fees: | | \$10,000.00 |
| Equipment: | | \$0.00 |
| Facility / Event Venue Rental: | | \$0.00 |
| Travel: (please specify) | | \$0.00 |
| All Other Expenses: (please specify) | | |
| Other Expense: | | |
| Other Expense: | | |
| Other Expense: | | |
| TOTAL EXPENSES: | | \$25,000.00 |
| PROGRAM EXCESS (DEFICIT |]): | \$0.00 |

Proposed Marketing Budget Tumwater Craft LTAC

Here's a breakdown of the allocation of LTAC funds to utilize the marketing budget most effectively.

Digital Advertising

- Social Media Ads: Run targeted Facebook and Instagram ads to reach specific audience demographics (\$5,000).
- Google Ads: Google Ads with a focus on keywords related to Tumwater tourism (\$3,000).
- Display Ads: Use display ads on relevant websites and platforms to increase brand visibility (\$2,000).

Content Creation and Website Enhancement 20% \$5,000

- Professional Photography: Allocate funds for hiring a professional photographer to capture high-quality images of Tumwater's attractions (\$2,000).
- Video Production: Create engaging video content showcasing Tumwater Craft and visitor experiences (\$2,000).
- Website Updates: Enhance Tumwater Craft and Warehouse District websites with updated visuals, responsive design, and user-friendly features (\$1,000).

Social Media Management

- Content Creation: Allocate funds to create engaging and shareable content for social media platforms (\$2,000).
- Social Media Management Tools: Schedule posts and track engagement (\$1,250).

Local Partnerships and Collaborations

- Collaborative Promotions: Partner with local businesses to create joint promotions and packages (\$1,500).
- Event Collaborations: Allocate funds to support and promote local events in partnership with event organizers (\$1,000).

Email Marketing

Email Newsletter: Develop an email marketing strategy to keep subscribers informed about events, promotions, and news (\$2,500).

10% \$2.500

\$3,750 15%

40% \$10,000

\$2,500

10%

Printed Materials and Offline Promotion 5%

- Brochures and Maps: Design and print brochures and maps for distribution at visitor centers and hotels (\$750).
- Promotional Materials: Create flyers and promotional materials for local events and exhibitions (\$500).

Influencer Partnerships (optional) 5% \$1,250

• Influencer Collaboration: Collaborate with a local or regional influencer for content creation and promotion (\$1,250).

Contingency and Miscellaneous

- 5% \$1,250
- Unforeseen Expenses: Set aside a portion of the budget for unexpected costs or opportunities that may arise (\$1,250).

\$1,250

City of Tumwater Lodging Tax Final Report Form

Organization's Name: City of Tumwater Submitted By: Ann Cook Date: 3/13/2023 Email Address: acook@ci.tumwater.wa.us Phone: 360-754-4123 This Report Covers: Activity Name: Tumwater Craft Marketing Activity Type: Special Event/Festival Marketing/Tourism Facility **Promotion Agency** Activity Start Date: 1/01/2022 Activity End Date: 12/31/2022 Total Activity Cost: <u>\$5,703.29</u> Total amount of Tumwater lodging tax funds requested: \$14,250.00

Total amount of Tumwater lodging tax funds expended: <u>\$5,703.29</u>

Total amount of lodging tax funds expended from all jurisdictions: \$5,703.29

DEFINITIONS OF METHODOLOGY FOR QUESTIONS BELOW:

This methodology is defined by the Joint Legislative Audit and Review Committee and is used for reporting to the Legislature about the use of lodging tax for each jurisdiction.

- Direct Count: Actual count of visitors using methods such as paid admissions or registrations, clicker counts at entry points, vehicle counts or number of chairs filled. A direct count may also include information collected directly from businesses, such as hotels, restaurants or tour guides likely to be affected by an event.
- **Indirect Count**: Estimate based on information related to the number of visitors such as raffle tickets sold, redeemed discount certificates, brochures handed out, police requirements for crowd control or visual estimates.
- Representative Survey: Information collected directly from individual visitors / participants. A representative survey is a highly structured data collection tool, based on a defined random sample of participants, and the results can be reliably projected to the entire population attending an event and includes margin of error and confidence level.
- **Informal Survey**: Information collected directly from individual visitors or participants in a non-random manner that is not representative of all visitors or participants. Informal survey results cannot be projected to the entire visitor population and provide a limited indicator of attendance because not all participants had an equal chance of being included in the survey.
- Structured Estimate: Estimate produced by computing known information related to the event or location. For example, one jurisdiction estimated attendance by dividing the square footage of the event area by the international building code allowance for persons (3 sq. ft.).
- **Other**: (please describe)

| | Enter the total number of people predicted to attend this activity (this number would have been submitted on your application for funds); the actual | PREDICTED: | 0 | | | |
|---|--|---------------------|---|--|--|--|
| OVERALL ATTENDANCE | number of people who attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 0 | | | |
| | METHODOLOGY (definitions provided above): Other | | | | | |
| | EXPLAIN TRACKING METHOD: Tourism imp | acted from COVID-19 |) | | | |
| | Enter the total number of people who travelled greater than 50 miles predicted to attend this activity (this number would have been submitted on your | PREDICTED: | 0 | | | |
| 50+ Miles - Attendance | application for funds); the actual number of people who travelled more than 50 miles to attend this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 0 | | | |
| | METHODOLOGY (definitions provided above): Other | | | | | |
| | EXPLAIN TRACKING METHOD: Tourism imp | acted from COVID-19 |) | | | |
| | Enter the total number of people from outside the state and country predicted to attend this activity (this number would have been submitted on your | PREDICTED: | 0 | | | |
| OUT OF STATE / COUNTRY - ATTENDANCE | application for funds); the actual number of people from outside the state and country who attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 0 | | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Other | | | | | |
| | EXPLAIN TRACKING METHOD: Tourism impacted from COVID-19 | | | | | |
| PAID FOR | Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted on your | PREDICTED: | 0 | | | |
| OVERNIGHT LODGING - | application for funds); the actual number of people who paid for overnight lodging and attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 0 | | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Other | | | | | |
| | EXPLAIN TRACKING METHOD: Tourism impacted from COVID-19 | | | | | |
| DID NOT PAY | Enter the total number of people predicted to attend this event without paying for overnight lodging in Tumwater (you would have submitted this number on | PREDICTED: | 0 | | | |
| FOR OVERNIGHT LODGING - | your application for funds); the actual number of people who attended without paying for overnight lodging; and the method used to determine attendance | ACTUAL (ESTIMATED): | 0 | | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Other | | | | | |
| | EXPLAIN TRACKING METHOD: Tourism impacted from COVID-19 | | | | | |
| | Enter total predicted lodging nights in Tumwater (this number would have been submitted on your application for funds); and actual number of paid | PREDICTED: | 0 | | | |
| PAID LODGING NIGHTS | lodging nights. (One lodging night = one or more persons occupying one room for one night); and the method used to determine attendance | A | 0 | | | |
| | METHODOLOGY (definitions provided above): Other | | | | | |
| | EXPLAIN TRACKING METHOD: Tourism imp | acted from COVID-19 |) | | | |
| | 1 | | | | | |

Please describe any other information that demonstrates the impact of increased tourism attributable to the special event, festival, or tourism-related facility.

The signature programs and events at the Craft District scheduled for June 2022 were cancelled due to ongoing impacts of COVID-19 and construction delays at the site.

A visit by Congresswoman Marilyn Strickland to Brewhouse Tower and the Craft District raised the profile of our overall efforts to promote heritage and cultural tourism in Tumwater.

TUMWATER SPECIFIC QUESTIONS:

Did you experience a higher number of tourists this year? If not, what do you think was a contributing factor?

No, COVID pandemic limitations on tourism, public gathering, programs and the impact on local business, small distillers and brewers limited tourism and travel throughout the state.

Did you complete all of the items on your Scope of Work consistent with your application submitted to the Lodging Tax Advisory Committee? If not, which items do you still need to complete? Do you plan on completing those items with your own resources? If so, when?

No, the planned event to kick-off the summer season was cancelled--approximately half of the funds awarded were designated for event-related costs with an additional ten percent for marketing the event.

There were annual expenditures for costs to maintain Tumwater Craft digital assets (domain names, website, and other digital platforms), and graphic design work to expand the brand identity.

Do you plan to do anything differently next year to expand your event, increase tourism to Tumwater, or increase visitors to your facility?

Tumwater Craft promotion and marketing efforts and work in partnership with area business will continue. In 2023, there are additional opportunities to collaborate with the VCB, new businesses in the Market Building, and the City Economic Development Manager that will expand the reach of marketing and promotional efforts.

CITY OF TUMWATER LODGING TAX APPLICATION – Entity Certification

| ATTENTION: CITY OF TUMWATER HANNA MILES – EXEC | 12PM/NOON- <u>Postmarks, late, or incomplete applications will not be accepted</u> CUTIVE DEPARTMENT wa.us or 555 Israel Road SW, TUMWATER, WA 98501 |
|--|--|
| Organizatio | ON/AGENCY INFORMATION |
| Video(s) promoting the culture of the Deschutes River *If an Event/Festival, complete the following: | Total Project / Event Budget: <u>\$22,000</u> ting Activities, Events/Festivals, or Tourism-Related Facilities: |
| <u>N/A</u> | |
| | If an existing event, last year's date of event |
| C | CERTIFICATION |
| I hereby state on behalf of <u>Olympia Tumwater Found</u> Organizat | dation that the: tion/Agency Name that the: |
| The applicant has, or can obtain, general liability insurance coaggregate for personal injury, bodily injury and property damag The applicant has on file with the City, or is submitting one copy I understand that this is an application for a contract with the Cit a reimbursement basis, and a signed Lodging Tax Invoice is sub The applicant has accounting/record-keeping systems which A inspection by the City of Tumwater or its agents; and C) is main I understand that the City of Tumwater will conduct public discucity of Tumwater and its Lodging Tax Advisory Committee. I hereby certify that the information contained in this certification of activities and financial status of the organization submitting the I hereby certify that the person signing this application is duly at John Freedman, Executive Director | y, of their current articles of incorporation and by-laws. ty of Tumwater, which, if awarded, will only be paid after the service(s) is rendered - on omitted including proof of payment documentation. .) show the purposes for which City of Tumwater funds have been spent; B) is open to ntained for at least 6 years following the end of contract. ussions regarding recommendations for funding to any agency making application to the n and application for funding with the City of Tumwater is a true and accurate statement his application. uthorized to execute this document on behalf of the applicant entity. <u>Machan</u> <u>8/30/2023</u> |
| Name and Title | Signature (e-signature or original) Date |

1. What is the purpose of your special event, festival, or tourism-related facility?

Promotional videos of Tumwater Historic District/Deschutes River Canyon history, and salmon in the Deschutes River Canyon

 a. For what specific tourism-generating activities will City of Tumwater lodging tax funds be used? Complete and submit the Lodging Tax Budget Form specific to your special event, festival, or tourism related facility. (The Budget Form is also available online at <u>www.ci.tumwater.wa.us/LodgingTax</u>.)

The Olympia Tumwater Foundation and the City of Tumwater have a wonderful opportunity to build on last year's LTAC project, which involved creating drone video footage of the Tumwater Historic District.

Significant changes to the Historic District since last year include:

--The Brewmaster's House suffered an arson fire in early 2023, but the City and its contractors have nearly completed the required restoration work. The City hopes to open the house to the public in 2024, when the house will feature an exhibition on the history of the Olympia Brewing Company. Events will be coordinated between the Olympia Tumwater Foundation, City of Tumwater, and Daughters of the Pioneers of Washington (who staff the historic Crosby House), so that all the historic homes in the district will be available for tours during days that the Brewmaster's House exhibition is open. Having all three homes open at the same time will encourage tourists to extend their stay in Tumwater.

--The Schmidt House has completed a renovation of the archives and first floor, including an ADAcompliant wheelchair lift and an ADA-compliant restroom. The house is again open for tours. Drone footage reveals the beautiful grounds from a new angle. This footage will be used to enhance and explain the proposed videos.

To introduce these fascinating facilities to the public, we propose creating two videos, to be produced by Sky Bear Media, a Native American-owned and operated company based in Thurston County.

The videos will be shot throughout the year, showcasing the significant and historic natural resources of the river, as well as the still-new Washington Department of Fish and Wildlife hatchery facility.

The two complementary videos will include:

--A HISTORY OF THE DESCHUTES RIVER CANYON including the following segments: geology and formation; indigenous peoples; pioneer populations; early industrial era; and current cultural uses. Each segment will serve as a stand-alone piece focusing on that particular subject. But all five segments can be viewed together to offer a complete history of the Deschutes River canyon, from geologic times to today.

----Geology and formation: this segment will discuss the formation of the Deschutes River canyon, going far back into geologic time and the movements of the Yellowstone Hotspot. Through associated plate tectonics, glaciation, and volcanic activity, our river canyon was created and evolved to its present form.

----Indigenous peoples: beginning from the last glacial retreat, humans have moved into and occupied western Washington. Eventually, individual tribes and cultures were formed. The Steh-Chass people in particular (now part of the Squaxin Island Tribe) made the Deschutes River canyon their ancestral homeland.

----Pioneer populations: In the 1840s, pioneers such as George and Isabella Bush, Michael and Elizabeth Simmons, and David and Talitha Kindred traveled the Oregon Trail over much of the continent, and then used the Cowlitz Trail to travel from the Columbia River to the Tumwater area. (The Cowlitz Trail is now being considered as a federally recognized portion of the Oregon Trail.) Tumwater is widely considered to be the northern end of the Oregon Trail.

----Early industrial era: Once pioneers settled along the lower Deschutes River, early industries sprang up, taking advantage of its abundant water power. Tanneries, pipe factories, grist mills, sawmills, and breweries dotted the banks of the river, fueling industrial and economic growth. Remnants of these early industries are still visible today.

----Current cultural uses: Although industries along the river have faded away, our current population has converted the river and its environs to recreational use. Preserving the remnants of our indigenous, pioneer, and industrial past encourages us to appreciate those who have gone before, while returning the river to a more natural state enjoyed by thousands of visitors each year.

--A HISTORY OF SALMON IN THE DESCHUTES RIVER. Salmon have become an integral part of the Deschutes River canyon. The Washington Department of Fisheries "first planted Chinook salmon fingerlings" in the river in the late 1940s. Since then, the state has constructed concrete fish ladders, holding pens, and a hatchery, and has recently upgraded these facilities with a public viewing area. Today, this modern hatchery, located on foundation property, gives visitors a unique and exciting look at the salmon's life cycle. Our video will include dramatic footage of the fall salmon runs, interviews with fish biologists, and a behind-the-scenes look at one of the Northwest's most iconic wildlife species.

Both videos will incorporate footage from the 2023 Tumwater LTAC grant project, showcasing the scenic attributes of the Historic District and environs. Additional footage will include: many historic photographs, maps, and other images from the Schmidt House archives and the Brewmaster's House collection; additional relevant images from other respected sources (Washington State Historical Society; University of Washington Special Collections; Library of Congress; etc.); and interviews with distinguished experts in their fields (such as Dr. Gary Ritchie on local geology; archaeologists Dr. Dale Croes and Dr. Ulrike Krotscheck, and Squaxin Island Tribe elders on indigenous peoples; and historian Drew Crooks on pioneer populations and industrial development).

The final videos will be accessible on YouTube, TikTok, and other social media, as well as websites including the City of Tumwater, Olympia Tumwater Foundation, and Experience Olympia. We plan on presenting these videos on as many platforms as possible to reach as many viewers as possible. The primary audience will be the cultural tourist, which studies have shown to have the greatest destination spending potential.

b. If a returning applicant, identify any major changes in the event or organization since the last funding cycle.

The Olympia Tumwater Foundation has completed renovations to the Schmidt House from the fall of 2022 to the spring of 2023. Major changes include: enhanced and enlarged archives space; wheelchair lift to the first floor; ADA-compliant restroom; and upgraded electrical systems and lighting fixtures in the basement and first floor.

The foundation partnered with the City of Tumwater in October of 2022 to hold the the inaugural "Falls Fest" to celebrate the annual salmon return and local culture at Tumwater Falls Park. It was a great success and will become an annual event.

3. Describe the resources available for the proposed tourism-generating activities? Please include the total number of volunteers and volunteer hours that exist for your special event, festival, or tourism-related facility.

The Olympia Tumwater Foundation owns and operates Brewery Park at Tumwater Falls, a popular destination for tourists visiting South Puget Sound that receives over 250,000 visitors in a typical year. To enhance the experience of visitors to the park, interpretive markers were installed along the walking paths. These markers invite tourists to look at historic photographs from the settler era and to read about Tumwater's brewing history.

Free guided walking tours of the park—within walking distance of the Crosby House, Brewmaster's House, and the Schmidt House—led by a local historian offer a personalized approach to bring the past alive. Tour guides answer questions and offer additional information to visitors about continuing their stay in Tumwater.

An acclaimed history program, staffed and housed at the Schmidt House by professional historians, offers assistance on all aspects of Tumwater and local history and is available to provide special talks and tours to hotel guests. The Daughters of the Pioneers of Washington are an organization of volunteers who operate the Crosby House, and offer regular tours to the public.

Olympia Tumwater Foundation board and committee members are all volunteers. Brewery Park at Tumwater Falls has volunteer support for various plant exhibits and maintenance such as invasive ivy removal. The Schmidt House receives unpaid efforts for the care of the Centennial Rose Garden and enjoys considerable voluntary support in cataloging its archives. Volunteer hours vary from 500 to 1,000 hours per year.

After renovations following the 2023 arson, the city-owned Brewmaster's House is planned to be open in the summer of 2024 with an exhibition on the Olympia Brewing Company with assistance from Olympia Tumwater Foundation staff and between 5 and 10 volunteers who were former brewery employees. Visitors can experience what it was like when the brewery was operational and what it was like to be part of the company that made Tumwater famous. The brewery was a huge tourist draw for Tumwater. The promotional video on the industrial development in the Historic District will include the Brewmaster's House as an important remnant of that history. The video will be marketed and advertised throughout the region and will add a significant offering to the historic district.

4. Do other cities or governmental entities in the county fund your special event, festival, or tourism-related facility? If so, which jurisdictions and how much were you funded from each jurisdiction last year?

N/A

5. Do you intend to apply for lodging tax funds from other jurisdictions this year? If so, which jurisdictions? Please explain how you will use Turnwater's funds separately from other lodging tax funds you may receive?

No

6. The request of funds from Tumwater will fund what percentage of your total budget for the proposed special event, festival, or tourism-related facility?

50%

7. Describe the tourism promotion impact on the economy from your special event, festival, or tourism-related facility within the City of Tumwater, specifically on the lodging and food service sectors.

Many events are held in the Tumwater Historic District and Brewery Park each year including festivals and the fall salmon run. Brewery Park has been identified by Jayray Research as one of the top five reasons tourists visit Thurston County. Approximately 50 weddings, meetings, and events are held at Olympia Tumwater Foundation facilities each year and employ local food services and increase lodging in the Tumwater area. Experience Olympia and Beyond lists Brewery Park at Tumwater Falls as one of the tourist draws in Thurston County and as the number one "thing to do" in "Your Guide to Tumwater and Beyond."

According to the Thurston County Economic Development Council (EDC), Brewery Park at Tumwater Falls generates over \$1M per year in economic impact to the surrounding community. We expect that these videos will increase that impact.

8. How broad-based will the tourism promotion benefit be geographically and economically?

The promotional videos will be included on our social media platforms (Facebook, Instagram, YouTube, etc.), which together have over 8,000 followers. It will be embedded in our newly-designed website. Per Google, our park listing generates over 20,000 views and 13,000 searches (top search term was "attractions") per month.

The Schmidt House is again open for regular tours after completion of a significant renovation; the Brewmaster's House will be open with the visual and audio history of the Olympia Brewing Company after completion of post-arson restoration; the Crosby House will again be open for tours after a long absence due to the COVID pandemic; and both parks, which are already large draws for visitors, will be open to the public as well, making right now a perfect opportunity to showcase the beauty and possibilities for staying in Tumwater.

Because the video will be for the entire Tumwater Historic District, it will be provided to and available for use by the City of Tumwater, Thurston County, Daughters of the Pioneers of Washington, and Experience Olympia and Beyond to also share via their platforms, increasing its shares and views exponentially.

9. How will receiving lodging tax funds result in an increase in the number of people traveling for business or pleasure to Tumwater?

Funding this promotional video will highlight compeling historic attractions for cultural travelers, who tend to spend more and stay longer than average tourists, to visit the Tumwater area.

10. For the special event, festival or tourism-related facility, identify the estimated number of participants who will attend in each of the following categories:

a) Overall attendance

- 12,500
- b) Staying for the day only *and* traveling more than fifty miles or more one way from their place of residence or business

4700

| c) | Number of participants in any of the above categories who will attend from out-of-state (includes other countries) | 938 |
|----|---|-----|
| d) | Staying overnight in paid accommodations away from their place of residence | 338 |
| e) | or business Staying overnight in unpaid accommodations (e.g. with friends and family) <i>and</i> | 338 |
| •) | traveling fifty miles or more one way from their place of residence or business | |
| f) | Total number of paid lodging nights generated in Tumwater | 224 |

- g) Describe what methods you will use to determine attendance and to distinguish among the different visitor categories listed above.
 - Survey form at Brewery Park and on website, in person survey, and map codes.
 - Geofencing with demographic analysis.
- 11. If you are awarded a contract, you must be prepared to report to the City the economic benefit from tourists attending your event/facility. Describe how you will document the economic impact from your event/facility; specifically the information requested in question 10. **Submit a sample tracking form, if available.**

We will use a survey form which can be completed in person or via our website/social media. The actual form produced will contain the questions asked in number 10 above and also be available online. Drawings for gifts (foundation-branded items, local restaurant gift cards, etc.) will be offered to entice survey participation.

12. Describe how you will promote overnight stays in Tumwater lodging establishments?

This information will also be posted on our website and the shorter "social cut" teaser video will be available for Experience Olympia and Beyond to promote on its website, which includes lodging establishments.

Our Fun Map brochure has a listing of Tumwater hotels. The brochure is prominently featured on our website and available at Tumwater Falls Park. We have distributed over 5,000 maps this year.

13. Describe how you will promote Tumwater and other attractions in the Tumwater area to entice tourists to extend their visit beyond attendance to your special event, festival, or tourism-related facility.

We will include Tumwater promotional materials (e.g., local amenities, events, website links) in our visitor center and website. Wherever the promotional video is posted, whether on a website or social media post, links to Experience Olympia and Beyond's Tumwater attractions and resources will accompany it for further information. We will also use geocaching data to promote the historic district.

Our Tumwater Historic District Fun Map has been completed that promotes Tumwater's lodging establishments. The map highlights the historic and scenic attractions of the Tumwater Historic District as a destination to out-of-county visitors.

We are hosting Tumwater Falls Fest the first Saturday in October to celebrate the Deschutes River and falls as a traditionally sacred and significant area for trade and industry in Tumwater's history. It will coincide with

the fall salmon run and it's our goal to make this festival an annual event which will bring in more visitors every year.

Since 1977, the area we are proposing to film has been listed on the National Register of Historic Places as a National Historic District. We are actively applying for National Register signage, and in addition, we are petitioning Congress for recognition of the Tumwater Falls area as the northern end of the Oregon Trail, which will also bring in cultural tourists.

14. What tourism outcome should the City expect if your proposal is only partially funded? Please be specific. *For example: how do you intend to alternatively fund your program / which services will not happen*?

If our request is only partially funded, we would have to significantly reduce the scope of the project by eliminating one of the planned videos. This would decrease the tourism outcome that our proposal projected.

15. List other organizations that you are partnered with for this special event, festival, or tourism-related facility.

City of Tumwater Daughters of the Pioneers of Washington Experience Olympia and Beyond Sky Bear Media Squaxin Island Tribe Washington Department of Fish and Wildlife

16. List any other measurements that demonstrate the impact of increased tourism attributable to your special event, festival, or tourism-related facility. Include any other thoughts that may encourage the Lodging Tax Advisory Committee/Tumwater City Council to use lodging tax funds to support this application.

Although it is difficult to strictly quantify the effect of the requested materials, we strongly believe the positive impact to the local economy will justify the use of public monies.

The offices of the Olympia Tumwater Foundation are located in Brewery Park at Tumwater Falls and function as an unofficial visitors "information hub" to our 250,000 annual visitors. The staff spends a great deal of time answering questions, distributing promotional materials, and directing visitors to local facilities and services.

The Olympia Tumwater Foundation and City of Tumwater have enjoyed a strong relationship since the foundation opened the then called Tumwater Falls Park in 1962. More than 15 million people have since visited the park and delighted in the splendors provided by this urban oasis. Funding the foundation's request will not only directly boost cultural tourism but will also increase awareness of the vast history of the Tumwater area.

Lodging Tax Budget Form

Lodging Tax Applicant:

Olympia Tumwater Foundation

Specific to your Tourism-Related Facility, Tourism Promotion Activity, Special Event, or Festival, list the amount and status of funding for all sources from which you have already or intend to receive funds. Please include in-kind donations and funds received from admission fees if applicable.

PROJECTED REVENUE:

| Sou | irce | Amount |
|---|-----------------------------|-------------|
| Sponsorships: | | |
| Admission: | | |
| Reserves: | | |
| Donations/Contributions: | | |
| Grants: | | \$5,000.00 |
| Program Service Fees: | | |
| In-kind Donations: | | |
| Gift Shop: | | |
| Vendor Fees: | | |
| Fundraising Activities: | | |
| City of Lacey Lodging Tax: | | |
| City of Olympia Lodging Tax: | | |
| City of Tumwater Lodging Tax: | | \$11,000.00 |
| Thurston County Lodging Tax: | | |
| Other Sources of Revenue: (please specify) | Olympia Tumwater Foundation | \$6,000.00 |
| Other Source: | | |
| Other Source: | | |
| Other Source: | | |
| TOTAL REVENUE: | | \$22,000.00 |
| PROJECTED EXPENSES: | | |
| Personnel: (salaries and benefits) | | \$4,000.00 |
| Administration: (utilities, phone, etc. |) | |
| Marketing and Promotion: | | |
| Professional / Consultant Fees: | | \$18,000.00 |
| Equipment: | | |
| Facility / Event Venue Rental: | 1 | |
| Travel: (please specify) | | |
| All Other Expenses: (please specify) | | |
| Other Expense: | | |
| Other Expense: | | |
| Other Expense: | | |
| TOTAL EXPENSES: | | \$22,000.00 |
| PROGRAM EXCESS (DEFICIT | ·): | \$0.00 |

Olympia Tumwater Foundation (OTF) Scope of Services 2023 LTAC – Attachment A

The Olympia Tumwater Foundation intends to invoice for some or all of the following costs associated with the 2023 LTAC project for *Promotional Video of Tumwater Historic District*:

- Professional drone operator services in Tumwater Historic District
- Professional videographer
- Professional editing, design, narration and production of multi length videos
- Historical research, photo selection and narratives
- Website and social media integration with SEO
- Collaboration with local tourism bureau to market Tumwater Historic District with promotional video

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| | | | | | | | |

DEC - 8 **202**

INVOICE

EXECUTIVE DEPARTMENT

CITY OF TUMWATER TOURISM/LODGING TAX PROGRAM FUNDING

| CONTACT PERSON:_John Freedman | Employer Identification Number:_ | _91-0741161 |
|---|------------------------------------|---------------------|
| AGENCY: _Olympia Tumwater Foundation | DATE: _12/3/2021 | |
| ADDRESS_PO Box 4098 | PHONE: _360.481.0608 | |
| _Tumwater, WA 98501 | _ EMAIL:_jfreedman@ol | ytumfoundation.org_ |
| Proof of Payment | Must Be Attached | |
| The agency identified above provided the following (see RCW 67.28.080). | services to the City of Tumwater t | o promote tourism |
| Services Provided (Scope of Services/Exhibit A) | Date(s) Provided | Cost (Itemized) |
| Monument stone procurement, design, and sculting. P | rogress | |
| payment #1 | 2/18/2021 | \$4000 |
| Monument scultping. Progress payment #2 | 5/22/2021 | \$2000 |
| Monument scuplting | 12/3/2021 | \$3000 |
| | | |

362500 TOTAL AMOUNT REQUESTED:

AFFIDAVIT OF VERIFICATION

I, the undersigned, do hereby certify under penalty of perjury that materials have been furnished, the services rendered or the labor performed as described herein (and as outlined in the Scope of Services attached as Exhibit A in the contract document), and that the claim is a just, due and unpaid obligation against the City of Tumwater, and that I am authorized to authenticate and certify said claim.

SIGNATURE

Executive Director TITLE

Please mail this invoice to: Hanna M. Miles Executive Department 555 Israel Road SW Tumwater, WA 98501

Lenkerbrook Stoneworks

February 27, 2021

Brewery Park at Tumwater Falls Project (Stone Carving) 110 Deschutes Parkway Tumwater, Washington 98501

Proposed Payment Schedule:

1.) 2/22/21: Downpayment - \$4,000 paig # (7730)2.) 3/22/21: Progress Payment #1 - \$2,000 paid # (7729)3.) 4/22/21: Progress Payment #2 - \$2,000 paid # 72904.) 5/22/21: Progress Payment #3 - \$2,000 paid 12/3/20215.) Upon Completion: Final Party in the set of the set of

5.) Upon Completion: Final Payment - \$2,023

Total Project Cost (Revised): \$11,000 9.3% WA Sales Tax: \$1,023

Total Project Cost: \$12,023

Signed:

1.10

William S. Lenker, Lenkerbrook Stoneworks

John Freedman, Olympia - Tumwater Foundation

| | Date | | Stoneworks, L.L.C Reference | Original Amt. 4,000.00 | Balance Due 4,000.00 | 2/18/2021 Discount Check Amount | Payment 4,000.00 4,000.00 |
|---|--------------|----------|--------------------------------|---------------------------|--|---------------------------------------|---------------------------------|
| | | | | | | | |
| - | Heritage Ban | nk | OBC logo project. Pm | t 1 of 4, reschedule | | | 4,000.00 |
| • | Rev 1/17 | | | 104521 | I III | | 10452 🍈 🌑 |
| | Olympia Tumw | vater Fo | oundation | | ······································ | | 17799 |
| | Date | | Stoneworks, L.L.C Reference | Original Amt. 2,000.00 | Balance Due 2,000.00 | 5/22/2021 Discount Check Amount | Payment 2,000.00 2,000.00 |
| | | | | | | | |
| | | | | | | | |
| | Heritage Ban | ık | progress payment #2 | Olympia Brewery Log | go | | 2,000.00 |
| • | Rev 1/17 | | | 104521 | | | 10452 🏼 🏶 🌑 |
| | | | | | | | |

| Olympia Tumw | ater Fo | undation | | | | 17932 |
|-------------------|---------|--------------------------------|---------------------------|-------------------------|---------------------------------------|---------------------------------|
| Date ⁻ | | Stoneworks, L.L.C Reference | Original Amt. 3,000.00 | Balance Due 3,000.00 | 12/3/2021 Discount Check Amount | Payment 3,000.00 3,000.00 |
| | | | | | | |
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| leritage Banl | k | progress payment # | t3 OBC scupture | | | 3,000.00 |
| Rev 1/17 | | | | | | 10452 |
| | | | | | | |
| | | | | | | · |

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City of Tumwater Lodging Tax Final Report Form

Organization's Name: Olympia Tumwater Foundation

Submitted By: John Freedman

Email Address: jfreedman@olytumfoundation.org

This Report Covers:

Activity Name: Olympia Brewing Company Monument

Activity Type:
Special Event/Festival

Marketing/Tourism Promotion Agency S Facility

Activity Start Date: <u>1/01/2021</u>

Activity End Date: 12/3/2021

Total Activity Cost: <u>\$9,000.00</u>

Total amount of Tumwater lodging tax funds requested: <u>\$3,625.00</u>

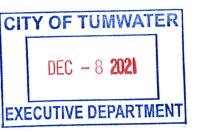
Total amount of Tumwater lodging tax funds expended: <u>\$3,625.00</u>

Total amount of lodging tax funds expended from all jurisdictions: <u>\$3,625.00</u>

DEFINITIONS OF METHODOLOGY FOR QUESTIONS BELOW:

This methodology is defined by the Joint Legislative Audit and Review Committee and is used for reporting to the Legislature about the use of lodging tax for each jurisdiction.

- **Direct Count**: Actual count of visitors using methods such as paid admissions or registrations, clicker counts at entry points, vehicle counts or number of chairs filled. A direct count may also include information collected directly from businesses, such as hotels, restaurants or tour guides likely to be affected by an event.
- **Indirect Count**: Estimate based on information related to the number of visitors such as raffle tickets sold, redeemed discount certificates, brochures handed out, police requirements for crowd control or visual estimates.
- **Representative Survey**: Information collected directly from individual visitors / participants. A representative survey is a highly structured data collection tool, based on a defined random sample of participants, and the results can be reliably projected to the entire population attending an event and includes margin of error and confidence level.
- **Informal Survey**: Information collected directly from individual visitors or participants in a non-random manner that is not representative of all visitors or participants. Informal survey results cannot be projected to the entire visitor population and provide a limited indicator of attendance because not all participants had an equal chance of being included in the survey.
- **Structured Estimate**: Estimate produced by computing known information related to the event or location. For example, one jurisdiction estimated attendance by dividing the square footage of the event area by the international building code allowance for persons (3 sq. ft.).
- Other: (please describe)



Phone: 360.481.0608

Date: 12/3/2021

| | Enter the total number of people predicted to attend this activity (this number would have been submitted on your application for funds); the actual | PREDICTED: | 8,000 | | |
|---|--|---------------------|--------|--|--|
| OVERALL ATTENDANCE | number of people who attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 0 | | |
| | METHODOLOGY (definitions provided above): Choose | e Methodology | | | |
| | EXPLAIN TRACKING METHOD: | | | | |
| | Enter the total number of people who travelled greater than 50 miles predicted to attend this activity (this number would have been submitted on your | PREDICTED: | 21,200 | | |
| 50+ Miles - Attendance | application for funds); the actual number of people who travelled more than 50 miles to attend this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 0 | | |
| | METHODOLOGY (definitions provided above): Choose | e Methodology | | | |
| | EXPLAIN TRACKING METHOD: | | | | |
| | Enter the total number of people from outside the state and country predicted to attend this activity (this number would have been submitted on your | | 480 | | |
| Out of State / Country - Attendance | application for funds); the actual number of people from outside the state and country who attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 0 | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Choose Methodology | | | | |
| | EXPLAIN TRACKING METHOD: | | | | |
| PAID FOR | Enter the total number of people predicted to pay for overnight lodging in Tumwater to attend this activity (this number would have been submitted on your | PREDICTED: | 800 | | |
| OVERNIGHT LODGING - | application for funds); the actual number of people who paid for overnight lodging and attended this activity; and the method used to determine attendance | ACTUAL (ESTIMATED): | 0 | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Choose | | | | |
| | EXPLAIN TRACKING METHOD: | | | | |
| DID NOT PAY | Enter the total number of people predicted to attend this event without paying for overnight lodging in Tumwater (you would have submitted this number on | | 120 | | |
| FOR OVERNIGHT LODGING - | your application for funds); the actual number of people who attended without paying for overnight lodging; and the method used to determine attendance | | 0 | | |
| ATTENDANCE | METHODOLOGY (definitions provided above): Choose Methodology | | | | |
| | EXPLAIN TRACKING METHOD: | | | | |
| | Enter total predicted lodging nights in Tumwater (this number would have been submitted on your application for funds); and actual number of paid | PREDICTED: | 180 | | |
| PAID LODGING NIGHTS | lodging nights. (One lodging night = one or more persons occupying one room for one night); and the method used to determine attendance | ACTUAL (ESTIMATED): | 0 | | |
| | METHODOLOGY (definitions provided above): Choose | Methodology | | | |
| | EXPLAIN TRACKING METHOD: N/A | | | | |

Please describe any other information that demonstrates the impact of increased tourism attributable to the special event, festival, or tourism-related facility.

N/A

TUMWATER SPECIFIC QUESTIONS:

Did you experience a higher number of tourists this year? If not, what do you think was a contributing factor?

N/A

Did you complete all of the items on your Scope of Services consistent with your application submitted to the Lodging Tax Advisory Committee? If not, which items do you still need to complete? Do you plan on completing those items with your own resources? If so, when?

No, a principal sculptor sustained a hand injury and had complications resulting in 5 months of lost work. COVID-19 delays also had a major impact on work scheduling. As of 12/3/2021, the sculpture is 85% complete with detail sculpting and installation at Brewery Park at Tumwater Falls the remaining tasks. See attached progress photos. We anticipate project completion and installation of the monument no later than March 31, 2022 with our own resources.

What expenses did you pay using Tumwater Lodging Tax funds?

Purchase and transport of of large sandstone monument block, sculpture design, and carving of the sandstone block.

Do you plan to do anything differently next year to expand your event, increase tourism to Tumwater, or increase visitors to your facility?

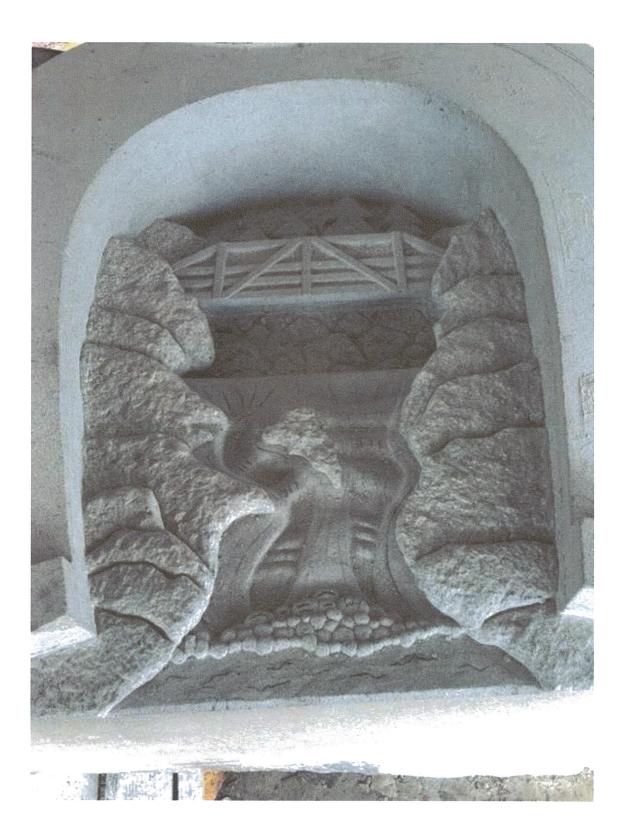
Yes, we plan to integrate the Olympia Brewing Company monument with our activities to promote the many new additions to our park e.g. the ADA / Bicycle trail sponsored by the City of Tumwater and the new WDFW salmon hatchery with viewing windows.

Olympia Brewing Company Monument - LTAC 2021, Olympia Tumwater Foundation

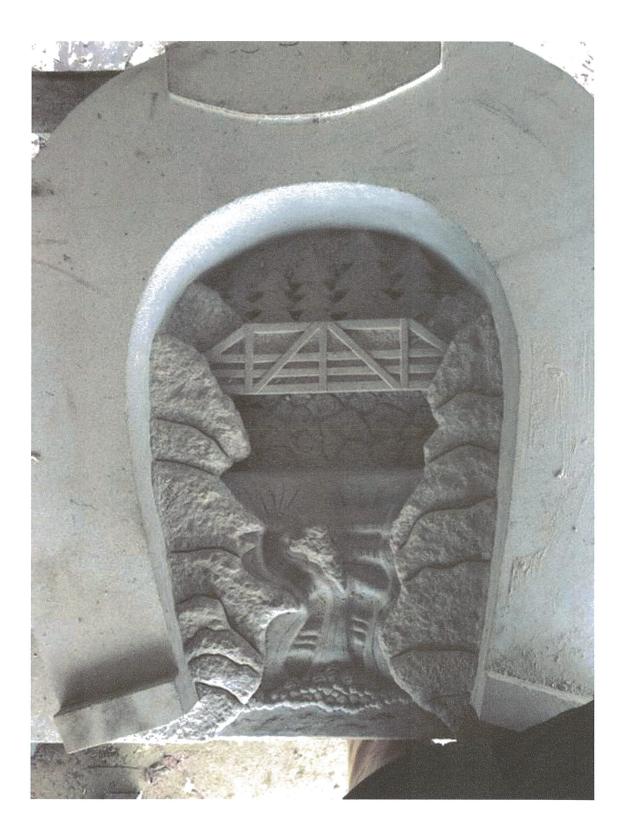
We anticipate completion by March 31, 2022.

Please see the following photos of the current work progress:









| - 44 | |
|----------|--|
| Form 331 | |

Extended to November 15, 2022 **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.



| Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | Open to Public Inspection | | |
|---|----------------------|--------------------|--|----------|--------------------------------|--------------------------------|--|--|
| A For the 2021 calendar year, or tax year beginning and ending | | | | | | | | |
| в | Check | if C Name o | ation number | | | | | |
| | applica | ble: | | | | | | |
| | Add cha | nge OLYII | pia Tumwater Foundation | | | | | |
| | Nan cha | nge Doing b | usiness as | | 91-074116 | 51 | | |
| | Initia retu | n Number | r and street (or P.O. box if mail is not delivered to street address) Room | n/suite | E Telephone number | | | |
| | Fina | | ox 4098 | | 360-943-2 | | | |
| | tern atec | City or t | own, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 2,958,129. | | |
| | retu | | vater, WA 98501 | | H(a) Is this a group ret | | | |
| | App tion pen | | nd address of principal officer: John Freedman | | for subordinates? | Yes X No | | |
| | | PU BO | x 4098, Tumwater, WA 98501 | | H(b) Are all subordinates inc | | | |
| <u> </u> | Tax-e | exempt status: | X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or | 527 | | ist. See instructions | | |
| | | | olytumfoundation.org | | H(c) Group exemption | | | |
| | | of organization: | | L Year c | of formation: 1950 M | State of legal domicile: WA | | |
| P | art I | - | | | | | | |
| ġ | 1 | | be the organization's mission or most significant activities: The Oly | | | | | |
| and | | | both the history and future of Thurst | | | | | |
| Activities & Governance | 2 | Check this bo | | | | ets. 15 | | |
| 205 | 3 | | ting members of the governing body (Part VI, line 1a) dependent voting members of the governing body (Part VI, line 1b) | | | 15 | | |
| ~ | 5 5 | | of individuals employed in calendar year 2021 (Part V, line 2a) | | ····· | 7 | | |
| ties | 6 | | | 2 | | | | |
| ivi ivi | 7 | | of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12 | | | 0. | | |
| Ā | | | business taxable income from Form 990-T, Part I, line 11 | | | 0. | | |
| | <u> </u> | | | | Prior Year | Current Year | | |
| | 8 | Contributions | and grants (Part VIII, line 1h) | | 214,605. | 213,165. | | |
| nue | 9 | | ice revenue (Part VIII, line 2g) | | 0. | 0. | | |
| Revenue | 10 | • | come (Part VIII, column (A), lines 3, 4, and 7d) | | 232,469. | 731,289. | | |
| ä | 11 | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 672. | | |
| | 12 | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 447,074. | 945,126. | | |
| | 13 | Grants and si | milar amounts paid (Part IX, column (A), lines 1-3) | | 92,500. | 132,550. | | |
| | 14 | Benefits paid | to or for members (Part IX, column (A), line 4) | | 0. | 0. | | |
| v. | 15 | | r compensation, employee benefits (Part IX, column (A), lines 5-10) | 289,194. | 292,294. | | | |
| nse n | 16 | a Professional f | undraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | |
| Exnenses | i | | ing expenses (Part IX, column (D), line 25) • 46, 303. | _ | | | | |
| ш | 17 | | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | 255,600. | 371,131. | | |
| | 18 | | es. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 637,294. | 795,975. | | |
| | 19 | Revenue less | expenses. Subtract line 18 from line 12 | | -190,220. | 149,151. | | |
| Net Assets or | | | | Beg | jinning of Current Year | End of Year | | |
| Sset | 20 | | Part X, line 16) | | 11,432,760. | 12,508,072. | | |
| let A | 21 | | s (Part X, line 26) | | <u>197,762.</u> 11,234,998. | <u>187,077.</u> 12,320,995. | | |
| | <u>∃ 22</u> art I | | fund balances. Subtract line 21 from line 20 | · · | 11,234,330. | 14,340,333. | | |
| | | - | I declare that I have examined this return, including accompanying schedules and s | stateme | nts and to the best of mu | knowledge and belief it is | | |
| | • | | . Declaration of preparer (other than officer) is based on all information of which pr | | | הווסשוטמשט מווע שטווטו, וג וא | | |
| uu | , | 554, una compicito | | opuror I | as any knowlodge. | | | |

| Sign Here | Signature of officer John Freedman, Executiv Type or print name and title | ve Director | | Date | | | |
|--------------|--|----------------------|------|------------------------------|------------------|----|--|
| Paid | Print/Type preparer's name Terry D Sodders CPA | Preparer's signature | Date | Check if self-emploved | PTIN P0000315 | 51 | |
| Preparer | Firm's name Aiken & Sanders | Inc PS | | Firm's EIN ▶ 91 | | | |
| Use Only | Firm's address 🖕 324 S Main St Un | | | | | | |
| | Montesano, WA 98563-4502 Phone no. 360-533-3370 | | | | | | |
| May the I | May the IRS discuss this return with the preparer shown above? See instructions Yes No | | | | | | |
| 132001 12-0 | 132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021) | | | | | | |

See Schedule O for Organization Mission Statement Continuation

| | 990 (2021) Olympia Tumwater Foundation | 91-0741161 _F | Page 2 |
|--------|---|-------------------------|---------------|
| Par | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | X |
| 1 | Briefly describe the organization's mission: | | |
| | The Olympia Tumwater Foundation honors both the history | | |
| | Thurston County through its commitment to a wide range of | of community | |
| | projects including student scholarships, historic preser | vation, and | |
| | stewardship of Brewery Park at Tumwater Falls. | | |
| 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 | s measured by expenses. | |
| - | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe | | |
| | revenue, if any, for each program service reported. | | |
| 4a | | |) |
| Ĩ | Opened in 1962 as a gift to the South Sound community, E | |) |
| | Tumwater Falls combines spectacular scenery with histori | | |
| | significance situated along the banks of the last quarter | | |
| | Deschutes River. The Park receives over 250,000 visitors | | |
| | is one of the largest privately owned parks in Washingto | | |
| | fall, thousands of visitors and school students witness | | · |
| | | | |
| | salmon working their way up the river during their annua | ii migration. | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4b | · · · · · · · · · · · · · · · · · · · | |) |
| | Since 1966, the Olympia Tumwater Foundation has been off | | |
| | scholarships to graduating seniors from Thurston County | | |
| | and has become a major scholarship source in the communi | | m |
| | has aided more than 500 local students with over \$2.0M a | applied toward | |
| | their continuing education. | | |
| | | | |
| | The Foundation is governed by a board of respected commu | <u>inity leaders</u> | |
| | and has deep, longstanding ties to the South Puget Sound | 1 region. | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c | (Code:) (Expenses \$188, 961. including grants of \$) (Reve | enue \$67 | /2.) |
| | The Foundation also owns and operates the historic Schmi | dt House built | |
| | in 1904 by Leopold Schmidt, founder of the Olympia Brewi | | |
| | home is made available to various nonprofit, cultural, e | | |
| | historic organizations in support of their mission. Also | | |
| | House are the Foundation archives which serve as a repos | | |
| | artifacts, documents, and objects preserving the memory | and legacy of | |
| | the Schmidt family and the Olympia Brewing Company as we | | |
| | supporting and promoting the architectural and cultural | heritage of th | |
| | Tumwater Historic District. | nerreage or en | |
| | | | |
| | The Foundation has a robust history program staffed by a | nublia biator | |
| | The Foundation has a robust history program staffed by a | | У |
| | manager and archivist to archives curation and preservat | .1011. | |
| 4d | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses ► 550, 379. | | |
| | | Form 990 | (2021) |
| 132002 | 2 12-09-21 | | |
| | 3 | | |

| Form 990 (202 | | | Foundation |
|---------------|-------------------------|--------|------------|
| Part IV CI | ecklist of Required Sch | edules | |

| | | | 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 | 1 | Х | <u> </u> |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | <u> </u> |
| 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 | 3 | | X |
| 4 | Section 501(c)(3) organizations. 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 | 4 | | X |
| 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | 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 | 6 | | 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 | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | 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 | 9 | | 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 | 10 | | 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | L |
| 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 | 11b | | X |
| С | 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 | 11c | | 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 | 11d | X | <u> </u> |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | <u> </u> |
| 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 | 11f | Х | <u> </u> |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | <u> </u> |
| 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 | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | <u>14a</u> | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | 1 |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | 37 |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | 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 | | | v |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u>x</u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | v |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | v |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | v |
| 46 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," | | | v |
| | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | v |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | 900 | |
| 132003 | 12-09-21 | ⊢orm | 330 | (2021) |

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| Form | 990 | (2021) |
|---------|-----|--------|
| 1 01111 | 000 | |

 Form 990 (2021)
 Olympia Tumwater Foundation
 91-0741161
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No

| | | | Yes | No |
|----------|--|------------|------|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | 77 | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | 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 | | | 37 |
| | Schedule J | 23 | | <u> </u> |
| 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 | 24a | | <u> </u> |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | 37 |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | <u>25a</u> | | <u>X</u> |
| 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 | | | 37 |
| | Schedule L, Part I | 25b | | <u>X</u> |
| 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% | | | 37 |
| - | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | 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 | | | 37 |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | 37 |
| _ | "Yes," complete Schedule L, Part IV | <u>28a</u> | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | <u> </u> |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | v |
| ~~ | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 29 | | <u> </u> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | v |
| ~ | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | <u> </u> |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | х |
| 00 | Schedule N, Part II | 32 | | <u> </u> |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | х |
| ~ | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | <u> </u> |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | v |
| 9E - | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 | | X |
| | | <u>35a</u> | | |
| u | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 35b | | |
| 26 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 350 | | |
| 36 | | 36 | | х |
| 37 | <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 30 | | |
| 37 | | 37 | | х |
| 38 | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 31 | | |
| 30 | | 38 | x | |
| Par | | 1 30 | - 23 | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 19 | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | 103 | 110 |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| U | (gambling) winnings to prize winners? | 1c | х | |
| 132004 | 1 12-09-21 | | 990 | 2021) |
| 102004 | 5 | 1 0111 | | _0_1) |

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| | 990 (2021) Olympia Tumwater Foundation | 91-0741 | 161 | Р | age 5 |
|-------------------------------------|--|---|------------------|-----|--------------|
| Par | t 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 7 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | | 2b | Х | |
| _ | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions | S | | | 37 |
| | | | 3a | | Х |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | • | | | 37 |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | ccount)? | <u>4a</u> | | Х |
| 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 Ac | | | | 77 |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | <u>5a</u> | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact | | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | <u>5c</u> | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | e organization solicit | | | 37 |
| | - | | <u>6a</u> | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | ons or gifts | | | |
| | were not tax deductible? | | <u>6b</u> | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | 37 |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | | 7a | | Х |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | is required | | | |
| | to file Form 8282? | 1 1 | 7c | | Х |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | by the | | | |
| | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| | | | <u>9a</u> | | |
| b | | | 9b | | |
| 0 | Section 501(c)(7) organizations. Enter: | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | - | | |
| b | | 10b | - | | |
| 1 | Section 501(c)(12) organizations. Enter: | | | | |
| | 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 | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | 12a | | |
| - L- | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | - | | |
| D | | | | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| 3 | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| 3 a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | | 13a | | |
| 3 a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the | 1 1 | <u>13a</u> | | |
| 3 a b | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 | <u>13a</u> | | |
| 3 a b c | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand | 1 1 | - | | |
| 3 a b c 4a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? | 13b 13c | 14a | | X |
| 3 a b c 4a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> | 13b 13c <i>de O</i> | - | | X |
| 3 b c 4a b | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | 13b 13c le O ation or | 14a 14b | | |
| 3 b c 4a b | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? | 13b 13c le O ation or | 14a | | x |
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| 3 a b c 4a b 5 | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment | 13b 13c e O ation or | 14a 14b | | |
| 13 a b c 14a b 15 | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O. | 13b 13c le O ation or income? | 14a 14b 15 | | x |
| 3 b c 4a b 5 | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in the section and the section end to be the trust. | 13b 13c le O ation or income? any | 14a 14b 15 | | x |
| 3 a b c 4a b 5 | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O. | 13b 13c le O ation or income? any | 14a 14b 15 | | x |

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| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | |
|--------|---|---------|---------|------|
| 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 |
| 7a | 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? | 7a | | x |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | 7b | | x |
| • | persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 10 | | |
| 8 | | 8a | х | |
| | The governing body? Each committee with authority to act on behalf of the governing body? | 8b | X | |
| | | | ~~~ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | 9 | | x |
| Soc | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | 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? | 10b | 37 | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| b | Other officers or key employees of the organization | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | 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? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed \blacktriangleright WA | | | |
| 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) | availal | ble |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X 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, an | d finan | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | John Freedman - 360-943-2550 | | | |
| | PO Box 4098, Tumwater, WA 98501 | | | |
| | | - | 990 | (202 |
| 132006 | 5 12-09-21 | Form | 1330 | (202 |

| 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, p | | | | | |

| Check if Schedule O contains a response or note to any line in this Part VI | |
|---|--|
| Section A. Governing Body and Management | |

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other

Did the organization delegate control over management duties customarily performed by or under the direct supervision

X

Page 6

91-0741161

15

15

2

1a

1b

| Yes | No |
|-----|----|

Х

X X X X

1a Enter the number of voting members of the governing body at the end of the tax year

officer, director, trustee, or key employee?

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 0.

b Enter the number of voting members included on line 1a, above, who are independent

Form 990 (2021)

2

3

| <u>Form 990 (2021)</u> | Olympia Tumwater Founda | | 91-0741161 | Page 1 | | | |
|--|--|--|-----------------------|--------|--|--|--|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated | | | | | | | |
| Employe | es, and Independent Contractors | | | | | | |
| Check if Sc | nedule O contains a response or note to any line in this | Part VII | | | | | |
| Section A. Officers, D | irectors, Trustees, Key Employees, and Highest Co | mpensated Employees | | | | | |
| 1a 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 orga | nization's current officers, directors, trustees (whethe | individuals or organizations), regardless of | of amount of compens; | ation. | | | |

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

| Name and bind Average hours per veek (ist ary nours for malated organizations below line) Obtow per per veek (ist ary nours for malated organizations below line) Importation from the malated organizations (W-2/1098-MISC/ 1098-MEC) Estimated anount of trom the organizations (W-2/1098-MISC/ 1098-MEC) (1) John Freedman 40.00 x 114,068. 0. 3,422. (2) Freedman 0.50 x 0. 0. 0. (2) Freedman 0.50 x 0. 0. 0. (3) John Freedman 0.50 x 0. 0. 0. (4) Waite Dairymple 0.50 x 0. 0. 0. (4) Waite Dairymple 1.00 x x 0. 0. 0. (4) Maite Bairymple 0.50 x 0. 0. 0. 0. Truatee 0.50 x 0. 0. 0. 0. (6) Dan Jonee 0.50 x 0. 0. 0. Truatee 0. 0. 0. 0. 0. (3) John Dodge 0.50 x 0. 0. 0. (3) Dano Veill 0.50 x 0. 0. 0. (10) Drew Philips 0.50 x 0. 0. 0. <th>(A)</th> <th>(B)</th> <th colspan="3">(C)</th> <th></th> <th></th> <th>(D)</th> <th>(E)</th> <th>(F)</th> | (A) | (B) | (C) | | | | | (D) | (E) | (F) | | |
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| (7) Katie Hurley 0.50 X 0. 0. 0. Trustee 0.50 X 0. 0. 0. (8) John Dodge 0.50 X 0. 0. 0. Trustee X 0. 0. 0. 0. (9) Dan O'Neill 0.50 X 0. 0. 0. Trustee X 0.50 0. 0. 0. (10) Drew Phillips 0.50 X 0. 0. 0. Executive Member at Large X 0. 0. 0. 0. (11) Lee Wojnar 1.00 X X 0. 0. 0. President 0.50 X 0. 0. 0. 0. Trustee X 0. 0. 0. 0. 0. 0. Trustee 0.50 X 0. 0. 0. 0. 0. (14) Cecelia Loveless 0.50 X 0. 0. 0. 0. 0. Treasurer X X 0. | (6) Dan Jones | 0.50 | | | | | | | | | | |
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| (8) John Dodge 0.50 X 0.0.0.0.0. Trustee X 0.0.0.0.0. 0.0.0.0. (9) Dan O'Neill 0.50 X 0.0.0.0.0. Trustee X 0.0.0.0.0. 0.0.0.0. (10) Drew Phillips 0.50 X 0.0.0.0.0. Executive Member at Large X 0.0.0.0.0. 0.0.0. (11) Lee Wojnar 1.00 X X 0.0.0.0. President X X 0.0.0.0. 0.0. (12) Perry Shea 0.50 X 0.0.0.0. 0.0. Trustee X 0.0.0.0.0. 0.0.0. 0.0. (13) Nic Crowson 0.50 X 0.0.0.0. 0.0. Trustee X 0.0.0.0. 0.0. 0.0. (14) Cecelia Loveless 0.50 X 0.0.0. 0. Executive Member at Large X X 0.0.0. 0. (15) Gary Swindler 1.00 X X 0.0.0. 0. Trustee X X 0.0.0.0. 0. 0. (16) Andrew Edward | (7) Katie Hurley | 0.50 | | | | | | | | | | |
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| (9) Dan O'Neill 0.50 X 0.0.0.0. Trustee X 0.0.0.0. 0.0.0. (10) Drew Phillips 0.50 X 0.0.0.0. Executive Member at Large X 0.0.0.0. 0.0.0. (11) Lee Wojnar 1.00 X X 0.0.0.0. President X X 0.0.0.0. 0.0. (12) Perry Shea 0.50 X 0.0.0.0. 0.0. Trustee X 0.0.0.0.0. 0.0. 0.0. (13) Nic Crowson 0.50 X 0.0.0.0. 0. Trustee 0.50 X 0.0.0.0. 0. (14) Cecelia Loveless 0.50 X 0.0.0.0. 0. Executive Member at Large X 0.0.0.0. 0. 0. (15) Gary Swindler 1.00 X X 0.0.0.0. 0. Trustee X X 0.0.0.0.0. 0. 0. (16) Andrew Edwards 0.50 X 0.0.0.0. 0. 0. Under X X 0.0.0.0. 0. <t< td=""><td>(8) John Dodge</td><td>0.50</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<> | (8) John Dodge | 0.50 | | | | | | | | | | |
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| (13) Nic Crowson 0.50 X 0.00 0.00 Trustee X 0.00 0.00 0.00 (14) Cecelia Loveless 0.50 X 0.00 0.00 Executive Member at Large X 0.00 0.00 0.00 (15) Gary Swindler 1.00 X X 0.00 0.00 Treasurer X X 0.00 0.00 0.00 (16) Andrew Edwards 0.50 X 0.00 0.00 0.00 Trustee X X 0.00 0.00 0.00 | (12) Perry Shea | 0.50 | | | | | | | | | | |
| Trustee X 0. 0. 0. 0. (14) Cecelia Loveless 0.50 X 0. 0. 0. Executive Member at Large X 0. 0. 0. 0. (15) Gary Swindler 1.00 X X 0. 0. 0. Treasurer X X 0. 0. 0. 0. (16) Andrew Edwards 0.50 X 0. 0. 0. Trustee X 0 0. 0. 0. | Trustee | | Х | | | | | | 0. | 0. | 0. | |
| (14) Cecelia Loveless0.50X0.500.Executive Member at LargeXX0.0.0.(15) Gary Swindler1.00XX0.0.0.TreasurerXX0.0.0.0.(16) Andrew Edwards0.50X0.0.0.0.TrusteeXX0.0.0.0. | (13) Nic Crowson | 0.50 | | | | | | | | | | |
| Executive Member at LargeX00.0.(15) Gary Swindler1.00XX0.0.TreasurerXX0.0.0.(16) Andrew Edwards0.50X0.0.0.TrusteeX00.0.0. | Trustee | | Х | | | | | | 0. | 0. | 0. | |
| (15) Gary Swindler 1.00 X X 0. 0. 0. Treasurer X X X 0. 0. 0. (16) Andrew Edwards 0.50 X 0. 0. 0. Trustee X 0 0. 0. 0. | (14) Cecelia Loveless | 0.50 | | | | | | | | | | |
| Treasurer X X 0. <t< td=""><td>Executive Member at Large</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<> | Executive Member at Large | | Х | | | | | | 0. | 0. | 0. | |
| (16) Andrew Edwards Trustee | (15) Gary Swindler | 1.00 | | | | | | | | | | |
| Trustee X 0. <th< td=""><td>Treasurer</td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<> | Treasurer | | Х | | Х | | | | 0. | 0. | 0. | |
| | (16) Andrew Edwards | 0.50 | | | | | | | | | | |
| | Trustee | | Х | | | | | | 0. | 0. | 0. | |
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Form 990 (2021)

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2021.05000 OLYMPIA TUMWATER FOUNDATI 16071__1

| Form 990 (2021) Olympia | Tumwater | c F | 'ou | nd | at | io | n | | 91-07 | <u>4116</u> | 1 F | Page 8 |
|---|-------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|---------------------------|------------------|-------------|--------------|---------------|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | |
| (A) (B) (C) | | | | | | | (D) | | (F) | | | |
| Name and title | Average | | Position | | | | | Reportable | | | Estimated | |
| | hours per | | not cł , unles | | | | | compensation | compensation | | amount | |
| | week | | cer an | | | | | from | from related | | othe | |
| | (list any | tor | tor | | | | | the | organizations | | compensation | |
| | hours for | Individual trustee or director | | | | ъ | | organization | (W-2/1099-MISC | | | |
| | related | e or | stee | | | Highest compensated employee | | (W-2/1099-MISC/ | 1099-NEC) | | organiza | |
| | organizations | ruste | al tru: | | /ee | mper | | 1099-NEC) | | | and rela | |
| | below | dual t | ltion | _ | nploy | st co iyee | 5 | | | | rganizat | |
| | line) | ivipu | Institutional trustee | Officer | key employee | lighe mplc | Former | | | | 3 | |
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| | | _ | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 114,068. | | 0. | 3,4 | .22. |
| c Total from continuation sheets to Part V | | | | | | | | 0. | | 0. | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 114,068. | | 0. | 3.4 | 22. |
| 2 Total number of individuals (including but i | | | | | | | | | | <u> </u> | • / - | |
| | | iose | liste | u au | ove |) \ | 016 | ceiveu more than \$100, | | | | 1 |
| compensation from the organization | | | | | | | | | | | Vee | |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer | , director, trust | ee, ŀ | key e | mplo | oyee | e, or | hig | hest compensated empl | oyee on | | | |
| line 1a? If "Yes," complete Schedule J for s | such individual | | | | | | | | | 3 | ; | X |
| 4 For any individual listed on line 1a, is the s | | | | | | | | | | | | |
| and related organizations greater than \$15 | | | | | | | | | | 4 | | X |
| 5 Did any person listed on line 1a receive or | | | | | | | | | | ··· | | |
| | | | | | | | | | | | | v |
| rendered to the organization? If "Yes." cor | nplete Schedul | e J f | or su | ich p | berse | on . | | | | 5 |) | X |
| Section B. Independent Contractors | | | | | | | | | | | | |
| 1 Complete this table for your five highest co | ompensated inc | depe | nder | nt co | ontra | actor | rs th | nat received more than \$ | 100,000 of compe | ensation | from | |
| the organization. Report compensation for | the calendar y | ear e | endin | ıg wi | ith c | or wit | thin | the organization's tax y | ear. | | | |
| (A) | | | | | | | | (B) | | | (C) | |
| Name and business address NONE | | | | | | | | Description of s | services Comp | | npensation | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 2 Total number of independent contractors (| including but n | ot lir | nited | l to t | hos | e lis | ted | above) who received mo | ore than | | | |
| \$100,000 of compensation from the organ | ization 🕨 | | | | 0 |) | | | | | | |
| | | | | | | | | | | For | m 990 | (2021) |

132008 12-09-21

| | | | | | | mwa | ter Found | lation | | 91-0741 | 161 Page 9 |
|---|--------------------|------|--|--------|-----------|------------|--------------------|------------------------------|--|--------------------------------------|--|
| Pa | rt V | /111 | Statement of Re | venu | le | | | | | | |
| | | | Check if Schedule O | contai | ns a resp | onse | or note to any lin | | (B) | | |
| | | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| s s | 1 | а | Federated campaigns | | 1a | | | | | | |
| ran | | | Membership dues | | | | | | | | |
| a, G | | с | Fundraising events | | 1c | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | d | Related organizations | | 1d | | | | | | |
| | | | Government grants (contr | | | | 150,748. | | | | |
| er o | | f | All other contributions, gifts, | | | | 60 417 | | | | |
| l Oth | | | similar amounts not included | | | ¢ | 62,417. 6,346. | | | | |
| ont of | | - | Noncash contributions included in | | | | | 213,165. | | | |
| 0 0 | | n | Total. Add lines 1a-1f | | | | Business Code | 213,103. | | | |
| đ | 2 | а | | | | | Ducinicité étété | | | | |
| vic | - | b | | | | | | | | | |
| Ser | | с | | | | | | | | | |
| eve | | d | | | | | | | | | |
| Program Service Revenue | | е | | | | | | | | | |
| P | | | All other program service | | | | | | | | |
| | | | Total. Add lines 2a-2f | | | | | | | | |
| | 3 | | Investment income (includ | | | | | 274 250 | | | 074 250 |
| | | | other similar amounts) | | | | | 274,350. | | | 274,350. |
| | 4 5 | | Income from investment of | | | | | | | | |
| | 5 | | Royalties | | (i) Re | al | (ii) Personal | | | | |
| | 6 | а | Gross rents | 6a | (.) | 672. | (| | | | |
| | | | Less: rental expenses | 6b | | 0. | | | | | |
| | | | Rental income or (loss) | 6c | | 672. | | | | | |
| | | d | Net rental income or (loss) |) | | | | 672. | 672. | | |
| | 7 | а | Gross amount from sales of | | (i) Secu | rities | (ii) Other | | | | |
| | | | assets other than inventory | 7a | 2,469 | ,942. | | | | | |
| | | b | Less: cost or other basis | | | | | | | | |
| venue | | | and sales expenses | 7b | 2,013 | | | | | | |
| | | | Gain or (loss) | 7c | | ,939. | | 456 939 | | | 156 939 |
| Other Re | | | Net gain or (loss) Gross income from fundraisin | | | ····· | ····· • | 456,939. | | | 456,939. |
| Ę | 0 | a | including \$ | | • | | | | | | |
| Ŭ | | | contributions reported on | | | | | | | | |
| | | | Part IV, line 18 | | , | 8a | | | | | |
| | | b | Less: direct expenses | | | | | | | | |
| | | с | Net income or (loss) from | fundra | aising ev | ents | > | | | | |
| | 9 | а | Gross income from gamin | | | | | | | | |
| | | | Part IV, line 19 | | | | | | | | |
| | | | Less: direct expenses | | | | • | | | | |
| | | | Net income or (loss) from | | | es <u></u> | ▶ | | | | |
| | 10 | a | Gross sales of inventory, I and allowances | | | 10a | | | | | |
| | | þ | Less: cost of goods sold | | | | | | | | |
| | | | Net income or (loss) from | | | | | | | | |
| | | | | | | | Business Code | | | | |
| Miscellaneous Revenue | 11 | а | | | | | | | | | |
| evenue. | | b | | | | | | | | | |
| cell Seve | | с | | | | | | | | | |
| Mis | | | All other revenue | | | | | | | | |
| | | | Total. Add lines 11a-11d | | | | | Q/F 106 | 672. | 0. | 731,289. |
| | 12 9 12- | | Total revenue. See instructio | JIIS . | | | | 945,126. | 1 072. | I ⁰ . | Form 990 (2021) |

132009 12-09-21

Form 990 (2021) Olympia Tumwater Foundation
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).

| Do | Check if Schedule O contains a respons | (A) | (B) Program service | (C) | <u>X</u> (D) |
|--------|--|----------------|-----------------------------|---------------------------------|-------------------------|
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 11,060. | 11,060. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 121,490. | 121,490. | | |
| 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 | 114,068. | 69,920. | 44,148. | |
| 6 | Compensation not included above to disqualified | | | | |
| - | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 154,088. | 149,485. | 4,603. | |
| 8 | Pension plan accruals and contributions (include | | | | |
| _ | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 24,138. | 20,096. | 4,042. | |
| 0 | Payroll taxes | 24,130. | 20,090. | 4,042. | |
| 1 | Fees for services (nonemployees): | | | | |
| a ⊾ | Management | 88. | | 88. | |
| b | Legal | 8,750. | | 8,750. | |
| c d | | 0,150. | | | |
| e | Lobbying Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 51,753. | | 51,753. | |
| g | | | | | |
| 9 | column (A), amount, list line 11g expenses on Sch 0.) | 92,785. | 232. | 46,250. | 46,303 |
| 2 | Advertising and promotion | | | | |
| 3 | Office expenses | 17,978. | 6,100. | 11,878. | |
| 4 | Information technology | 15,710. | 5,623. | 10,087. | |
| 5 | Royalties | 21 222 | 21 405 | 401 | |
| 6 | Occupancy | 31,828. | 31,407. | 421. | |
| 17 | Travel | | | | |
| 8 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | | | | |
| 0 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 2 | Depreciation, depletion, and amortization | 59,340. | 56,998. | 2,342. | |
| 3 | Insurance | 25,356. | 13,330. | 12,026. | |
| 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 0.) | | | | |
| а | Repairs and Maintenance | 36,345. | 36,345. | | |
| b | Event Expense | 17,616. | 15,367. | 2,249. | |
| c | Supplies | 7,236. | 6,580. | 656. | |
| d | In-Kind | 6,346. | 6,346. | | |
| e | All other expenses | • | | | |
| .5 | Total functional expenses. Add lines 1 through 24e | 795,975. | 550,379. | 199,293. | 46,303 |
| 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 Fillowing SOP 98-2 (ASC 958-720) | | | | |

11

132010 12-09-21

2021.05000 OLYMPIA TUMWATER FOUNDATI 16071__1

Form 990 (2021)

07431107 790549 16071

29

30 31

32

33

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Form 990 (2021)

11,234,998.

11,432,760.

29

30

31

32

33

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 3,732. 2,813. 1 1 Cash - non-interest-bearing 97,771. 149,908. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 127,664. 125,500. 4 4 Accounts receivable, net 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 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 9,922. 11,465. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 1,879,306. basis. Complete Part VI of Schedule D _____ 10a 1,234,927. 679,694. 644,379. b Less: accumulated depreciation _____ 10b 10c 10,744,515. 9,682,938. 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 829,496. 831,035. 15 15 Other assets. See Part IV, line 11 11,432,760. 12,508,072. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 58,387. 43,175. Accounts payable and accrued expenses 17 17 50,000. 95,830. 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 58,757. 78,690. 25 of Schedule D 197,762. 187,077. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 10,289,226. 11,386,803. Net assets without donor restrictions 27 27 Net assets with donor restrictions 945,772. 934,192. 28 28 Organizations that do not follow FASB ASC 958, check here

91-0741161 Page 11

Form 990 (2021)

12,320,995.

12,508,072.

Olympia Tumwater Foundation

| Form | 990 (2021) Olympia Tumwater Foundation | <u>91-</u> 0 | 741161 | Pag | _{ge} 12 |
|------|---|--------------|------------|------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 945 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 795 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 51. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 11,234 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 957 | 7,4 | <u>44.</u> |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | -20 |),59 | 98. |
| 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 | 12,320 |),9 | <u>95.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | I | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | О. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | 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: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2 b | X | |
| | 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: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | <u></u> | | 000 | L |

Form **990** (2021)

(Form 990)

Total

Public Charity Status and Public Support

| Department of the Treasury | | Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. | | | | | | | 2021 | |
|----------------------------|-----------|--|-----------------------|----------------------------------|------------------------------|-----------------|-------------------------|------------------|---------------|----------------------------|
| | | Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | Open to Public | | |
| | | | | | | | | Inspection | | |
| Nar | ne of t | the organizati | on | | | | | | Employer | r identification number |
| | | | | | er Foundation | | | | | 1-0741161 |
| Pa | art I | Reason | for Public (| Charity Status. | (All organizations must c | omplete th | his part.) S | See instruction | S. | |
| The | organ | ization is not a | private found | lation because it is: (| For lines 1 through 12, c | heck only | one box.) | | | |
| 1 | | A church, cor | nvention of ch | urches, or associatio | on of churches described | in sectio | on 170(b)(⁻ | 1)(A)(i). | | |
| 2 | | A school des | cribed in sect | ion 170(b)(1)(A)(ii). | Attach Schedule E (Forn | ו 990).) | | | | |
| 3 | | A hospital or | a cooperative | hospital service orga | anization described in se | ection 170 |)(b)(1)(A)(i | ii). | | |
| 4 | | A medical res | earch organiz | ation operated in co | njunction with a hospital | described | l in sectio | on 170(b)(1)(A |)(iii). Enter | the hospital's name, |
| | | city, and state | - | | | | | | | |
| 5 | | | | | llege or university owned | l or operat | ed by a go | overnmental u | nit describe | əd in |
| | | | | Complete Part II.) | | | | | | |
| 6 | | | - | - | nental unit described in | | | | | |
| 7 | X | - | | • | ntial part of its support fi | om a gove | ernmental | unit or from th | ie general p | oublic described in |
| - | | - | | Complete Part II.) | | | | | | |
| 8 | | | | • • | (1)(A)(vi). (Complete Par | , | | | I and an east | |
| 9 | | 0 | | - | in section 170(b)(1)(A)(| · · | | | • | • |
| | | | or a non-land-ç | grant college of agric | ulture (see instructions). | Enter the I | name, city | , and state of | the college | ; or |
| 10 | | university: | on that norma | ully receives (1) more | than 33 1/3% of its supp | ort from o | ontributio | no momborob | in food on | d aroos rossints from |
| 10 | | - | | • | t to certain exceptions; a | | | | - | • |
| | | | | • | (less section 511 tax) fro | | | | | • |
| | | | | mplete Part III.) | | | 0000 0000 | | anzation | |
| 11 | | | | | ively to test for public sa | fetv. See | section 5 | 09(a)(4). | | |
| 12 | \square | - | • | - | ively for the benefit of, to | • | | | rrv out the | purposes of one or |
| | | - | • | - | ed in section 509(a)(1) o | - | | | • | |
| | | | | - | f supporting organizatior | | | | | |
| a | | Type I. A si | upporting orga | anization operated, s | upervised, or controlled | by its supp | ported org | anization(s), ty | pically by | giving |
| | | the support | ted organizatio | on(s) the power to re | gularly appoint or elect a | majority c | of the direc | ctors or truste | es of the su | upporting |
| | | organizatio | n. You must d | complete Part IV, Se | ections A and B. | | | | | |
| k | | Type II. A s | supporting org | anization supervised | l or controlled in connect | ion with it | s supporte | ed organizatio | n(s), by hav | /ing |
| | | control or n | nanagement o | of the supporting org | anization vested in the sa | ame perso | ns that co | ntrol or mana | ge the supp | oorted |
| | | organizatio | n(s). You mus | st complete Part IV, | Sections A and C. | | | | | |
| c | | Type III fur | nctionally inte | grated. A supportin | g organization operated | in connect | tion with, a | and functional | ly integrate | d with, |
| | | - | | |). You must complete I | | | | | |
| c | | J Type III no | n-functionally | y integrated. A supp | porting organization oper | ated in co | nnection v | vith its suppor | ted organiz | zation(s) |
| | | | | v | zation generally must sat | • | | • | an attentiv | /eness |
| | | - · | - | | nplete Part IV, Sections | | | | | |
| e | | | • | | written determination fro | | | Type I, Type | II, Type III | |
| | | | 0 | | nally integrated supporti | 0 0 | | | | |
| | | er the number of the following the second seco | | 0 | d arganization(a) | | | | | |
| | | i) Name of suppo | | n about the supporte (ii) EIN | (iii) Type of organization | (iv) Is the org | anization listed | (v) Amount of | monetary | (vi) Amount of other |
| | | organization | | | (described on lines 1-10 | Yes | ing document? No | support (see ir | , | support (see instructions) |
| | | | | | above (see instructions)) | | | | | |
| | | | | | | | | | | |
| | | | | | | | 1 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

OMB No. 1545-0047

_ _ - Part II

(Form 990) 2021 Olympia Tumwater Foundation 91-0741 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.)

| Sec | ction A. Public Support | • | | | | | |
|------|---|----------|-------------------------------------|-----------------|----------|---------------------------------|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 108,582. | 344,622. | 173,504. | 214,605. | 213,165. | 1054478. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | 108,582. | 344,622. | 173,504. | 214,605. | 213,165. | 1054478. |
| 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) | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | 1054478. |
| | ction B. Total Support | | | | [| | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Amounts from line 4 | 108,582. | 344,622. | 173,504. | 214,605. | 213,165. | 1054478. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | 245 600 | | 210 070 | | F 21 0 C1 | 0006400 |
| | and income from similar sources | 347,602. | 357,958. | 312,278. | 286,690. | 731,961. | 2036489. |
| 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.) | | | | | | 200005 |
| | Total support. Add lines 7 through 10 | | | | | | 3090967. |
| | Gross receipts from related activities, | - | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | - | | - | | | . — |
| 800 | organization, check this box and stop ction C. Computation of Publi | | | | | | |
| | | | | (1) | | | 34.11 % |
| | Public support percentage for 2021 (I | | • | | | 14 15 | |
| | Public support percentage from 2020 | | | | | | |
| 108 | 33 1/3% support test - 2021. If the other here. The organization qualifies | | | | | | N V |
| h | stop here. The organization qualifies 33 1/3% support test - 2020. If the o | | - | | | or more check thi | ······································ |
| N | and stop here. The organization gual | - | | | | | |
| 17~ | 10% -facts-and-circumstances test | | | | | und line 14 is 10% (| |
| 110 | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | | | - | - | - | |
| h | 10% -facts-and-circumstances test | - | | | - | 7a. and line 15 is ⁻ | |
| ~ | more, and if the organization meets the | - | | | | | |
| | organization meets the facts-and-circl | | | | | | |
| 18 | Private foundation. If the organization | | • | | • • | | |
| | | | , , , , , , , , , , , , , , , , , , | . , , | | | (Form 990) 2021 |

132022 01-04-22

| Schedule A | (Form 990) | 2021 | Olympia | Tumwater | Foundation |
|------------|------------|--------------|----------------|---------------|----------------------|
| Part III | Support | Schedule for | or Organizatio | ons 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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business and the section of the section o | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. If the Form 990 is for the | ne organization's fi | irst, second, third, | fourth, or fifth tax | year as a section s | 501(c)(3) organ | ization, |
| check this box and stop here | | | | | | |
| Section C. Computation of Public | c Support Per | rcentage | | | <u> </u> | |
| 15 Public support percentage for 2021 (I | | • | column (f)) | | 15 | % |
| 16 Public support percentage from 2020 Section D. Computation of Invest | | | | | 16 | % |
| 17 Investment income percentage for 20 | 021 (line 10c, colu | mn (f), divided by l | ine 13, column (f)) | | 17 | % |
| 18 Investment income percentage from | | | | | 18 | % |
| 19a 33 1/3% support tests - 2021. If the | | | | | 33 1/3%, and li | ne 17 is not |
| more than 33 1/3%, check this box a | | | | | | ▶□ |
| b 33 1/3% support tests - 2020. If the | - | - | | | | 3%, and |
| line 18 is not more than 33 1/3%, che | - | | | | | |
| 20 Private foundation. If the organization | | | | | | |
| 132023 01-04-22 | | | | | | ule A (Form 990) 2021 |
| | | 16 | 5 | | | |

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Olympia Tumwater Foundation

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

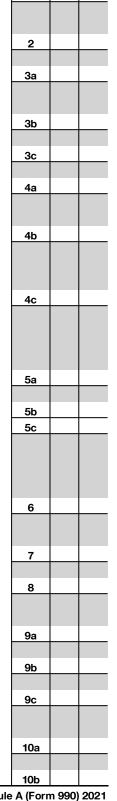
Section A. All Supporting Organizations

Part IV | Supporting Organizations

Schedule A (Form 990) 2021

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

17



1

Yes No

| A (Form 990) 2021 | Olvmpia | Tumwater | Foundation |
|---------------------|---------|-----------|--------------|
| ¬ (I 0 1 33012021 | | Tammaccot | TOULOUGOTOIL |

1

2

| | | | Yes | No |
|-----|--|-----|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |

| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | |
|---|---|--|
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | |
| 2 | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated | |

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

| Super | VISEU. UI C | | ie supporti | ng organization. | |
|-----------|-------------|----------|-------------|------------------|--|
| Section C | C. Type | II Suppo | orting Or | ganizations | |

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control or management of the support of the directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managed
 Image: Control of the support of the support

| | Section D | . All Type III Su | pporting Organizations | |
|--|-----------|-------------------|------------------------|--|
|--|-----------|-------------------|------------------------|--|

| | | | Yes | No |
|---|---|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| 3 | the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a | 2 | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year | (see instructions) |
|---|---|--------------------|
| | | 1000 1100 000000 |

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| c L | | The organization supported a governmental entity. | Describe in Part VI how you supported a governmental entity | [,] (see instruction <u>s).</u> |
|-----|--|---|---|--|
|-----|--|---|---|--|

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

Yes No

Schedule A (Form 990) 2021 Olympia Tu: Part IV Supporting Organizations (continued)

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| Schedule A | (Form 990 |) 2021 |
|------------|-----------|--------|
|------------|-----------|--------|

Schedule A (Form 990) 2021Olympia Tumwater FoundationPart VType III Non-Functionally Integrated 509(a)(3) Supporting Organizations

| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | trust or | Nov. 20, 1970 (<i>explain in</i> I | Part VI). See instructions. |
|------|---|----------------|-------------------------------------|--------------------------------|
| | All other Type III non-functionally integrated supporting organizations must | complet | e Sections A through E. | 1 |
| Sect | ion A - Adjusted Net Income | (A) Prior Year | (B) Current Year (optional) | |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| _1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form 990) 2021

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 Schedule A (Form 990) 2021
 Olympia Tumwater Foundation
 Schedule A (Form 990) 2021

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Sect | ion D - Distributions | Current Year | | |
|------|---|-------------------------------|--|---|
| 1 | Amounts paid to supported organizations to accomplish exer | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | s 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | |
| | (provide details in Part VI). See instructions. | | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | 1 | 10 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | |
| | able cause required - explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | |
| a | From 2016 | | | |
| b | From 2017 | | | |
| c | From 2018 | | | |
| d | From 2019 | | | |
| e | From 2020 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2021 distributable amount | | | |
| i | Carryover from 2016 not applied (see instructions) | | | |
| _j_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2021 from Section D, | | | |
| | line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2021 distributable amount | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 | | | |
| | Excess from 2019 | | | |
| | Excess from 2020 | | | |
| | Excess from 2021 | | | |
| | | | | |

| Schedule A | (Form 990) 2021 | Olympia | Tumwater | Foundation | | 91-0741161 | Page 8 |
|----------------|--|--|---|---|--|---|----------------------|
| Part VI | Supplemental Int Part IV, Section A, line line 1; Part IV, Section | formation. Prov es 1, 2, 3b, 3c, 4b, 4 D, lines 2 and 3; P | ide the explanations 4c, 5a, 6, 9a, 9b, 9c art IV, Section E, lin | s required by Part II, li , 11a, 11b, and 11c; F es 1c, 2a, 2b, 3a, and | ne 10; Part II, line 17a o Part IV, Section B, lines ⁻ I 3b; Part V, line 1; Part ¹ this part for any additio | I and 2; Part IV, Section V, Section B, line 1e; Pai | C, rt V, |
| | | | | | | | |
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| | | | | | | | |
| 132028 01-04-2 | 2 | | | 21 | | Schedule A (Form 9 | 90) 202 ⁻ |

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

| 0 | lympia Tumwater Foundation | 91-0741161 | | | | |
|--------------------------|--|------------|--|--|--|--|
| Organization type (check | rganization type (check one): | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| | | | | | | |

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

91-0741161

Olympia Tumwater Foundation

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. | |
|--------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | Mr. & Mrs Seaman 2103 Harrison Ave NW, PMB 764 Olympia, WA 98502 | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | Frank & Sue Schmidt 72770 Somera Rd Palm Desert, CA 92260 | \$ <u>10,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | <u>City Of Tumwater</u> <u>555 Israel Road SW</u> Tumwater, WA 98501 | \$73,625. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4_ | Jeanette Roediger 1307 6th Ave SW Olympia, WA 98502 | \$ <u> </u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | Thurston County Auditor 2000 Lakeridge DR SW #1 Olympia, WA 98502 | \$ <u>15,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | Becker Capital Management 1201 3rd Ave, Suite 5030 Seattle, WA 98101 | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| 123452 11-11 | -21 | | Schedule B (Form 990) (2021) |

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2021.05000 OLYMPIA TUMWATER FOUNDATI 16071__1

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Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

91-0741161

Olympia Tumwater Foundation

| Part I | Contributors (see instructions). Use duplicate copies of Part I | if additional space is needed. | |
|-------------|---|--------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | Sampson Foundation 4801 Hampden Ln Bethesda, MD 20814 | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 123452 11-1 | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021) |

Schedule B (Form 990) (2021)

07431107 790549 16071

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| · | | \$ | |

25

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Name of organization

Part II

Schedule B (Form 990) (2021)

Employer identification number

91-0741161

123453 11-11-21

Schedule B (Form 990) (2021)

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2021.05000 OLYMPIA TUMWATER FOUNDATI 16071__1

Olympia Tumwater Foundation

| | B (Form 990) (2021) | | | | Page 4 |
|---------------------------|---|--|--|--|--------------------------------|
| Name of o | rganization | | | | Employer identification number |
| 01.vmp | ia Tumwater Foundation | | | | 91-0741161 |
| Part III | Exclusively religious, charitable, etc., contributi | | | | |
| | from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, |) through (e) and the following the the following the the text of tex of text of text of text of tex of te | ng line entry. For o 61,000 or less for th | rganizations ne year. (Enter this info. onc | e.) ►\$ |
| | Use duplicate copies of Part III if additional | space is needed. | - | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of g | jift | (d) Desc | ription of how gift is held |
| | | | | | |
| - | | (e) Transf | er of aift | | |
| - | Transferee's name, address, ar | | | elationship of tra | nsferor to transferee |
| | | | | | |
| (a) No. | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of g | jift | (d) Desc | ription of how gift is held |
| | | | | | |
| - | | (a) T urned | | | |
| | | (e) Transf | er of gift | | |
| - | Transferee's name, address, ar | nd ZIP + 4 | R | elationship of tra | nsferor to transferee |
| | | | | | |
| (a) No. from | | | | () = | |
| Part I | (b) Purpose of gift | (c) Use of g | jift | (d) Desc | ription of how gift is held |
| | | | | | |
| - | | | er of sift | | |
| | | (e) Transf | | | |
| - | Transferee's name, address, ar | nd ZIP + 4 | R | elationship of tra | nsferor to transferee |
| | | | | | |
| (a) No. from | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of g | jift | (d) Desc | ription of how gift is held |
| | | | | | |
| - | | | | | |
| | (e) Transfer of gift | | | | |
| F | Transferee's name, address, ar | nd ZI P + 4 | Re | elationship of tra | nsferor to transferee |
| | | | | | |
| | | | | | |

Schedule B (Form 990) (2021)

07431107 790549 16071

| SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service Serv | | nization answered "Yes" on Form 990 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1 Attach to Form 990. |), 2b. | | 20 | OMB No. 1545-0047 | | |
|--|---------------------|---|---|-----------|------------|--------------------------------|-------------|--|
| | e of the organizati | Olympia Tumwater Fo | | | - | oyer identificatio 91-07411 | L61 | |
| Pa | | ations Maintaining Donor Advised n answered "Yes" on Form 990, Part IV, line | | or Ac | count | S. Complete if t | he | |
| | 0.9424.0 | | (a) Donor advised funds | (| b) Fund | s and other accou | unts | |
| 1 | Total number at e | nd of year | | | | | | |
| 2 | | f contributions to (during year) | | | | | | |
| 3 | | f grants from (during year) | | | | | | |
| 4 | | t end of year | | | | | | |
| 5 | | on inform all donors and donor advisors in w | vriting that the assets held in donor advis | sed fund | s | | | |
| | | on's property, subject to the organization's e | | | | Yes | No No | |
| 6 | | on inform all grantees, donors, and donor ac | | | | | | |
| | | ooses and not for the benefit of the donor or | | | | | | |
| | impermissible priv | | · · · · · · · · · · · · · · · · · · · | | | Yes | No | |
| Pa | rt II Conserv | ation Easements. Complete if the org | anization answered "Yes" on Form 990, | Part IV, | line 7. | | | |
| 1 | Purpose(s) of cons | servation easements held by the organizatio | n (check all that apply). | | | | | |
| | Preservation | n of land for public use (for example, recreat | ion or education) 🛛 🗌 Preservation o | f a histo | rically in | nportant land are | a | |
| | Protection c | f natural habitat | Preservation o | f a certi | fied histo | oric structure | | |
| | Preservation | n of open space | | | | | | |
| 2 | Complete lines 2a | through 2d if the organization held a qualified | ed conservation contribution in the form | of a cor | | | | |
| | day of the tax yea | r. | | | ŀ | Held at the End of t | he Tax Year | |
| а | Total number of co | onservation easements | | | 2a | | | |
| b | Total acreage rest | ricted by conservation easements | | | 2b | | | |
| С | Number of conser | vation easements on a certified historic stru | cture included in (a) | | 2c | | | |

| | listed in the National Register | 2d | |
|---|--|----|--|
| 3 | 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during | | |
| | year | | |

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

d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure

| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | |
|---|---|----|
| | violations, and enforcement of the conservation easements it holds? | 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 |
| 0 | In Part XIII, departing how the organization reports concernation concernation in its revenue and evenence statement and | |

| 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 As | | | |
|--|---|--|--|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | | |

| 1a | 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 s | heet | works of | |
|---|--|-------|---------------|--|
| | art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance o | f puk | olic service, | |
| | provide the following amounts relating to these items: | | | |
| | | • | • | |

| | For Demonstructure Deduction Act Nation, and the Instructions for Four 200 | | Schodula D (Form 000) 0001 |
|---|---|------|----------------------------|
| b | Assets included in Form 990, Part X | | \$ |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | the following amounts required to be reported under FASB ASC 958 relating to these items: | | |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, prov | vide | 9 |
| | (ii) Assets included in Form 990, Part X | | \$ |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Schedule D (Form 990) 2021

🗌 No

. .

| Sche | | Tumwater 1 | | | | | | <u>91-07</u> | | | age 2 |
|------------|--|------------------------|-----------------|-------------|---------------|------------|--------------|---------------|--------------|-------|--------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Historio | cal Tre | asures, o | r Othe | r Simila | r Assets | (contin | ued) | |
| 3 | Using the organization's acquisition, accession | on, and other record | s, check any | of the f | ollowing that | make s | ignificant | use of its | | | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | c | l 🗌 Loa | n or excl | nange progra | am | | | | | |
| b | Scholarly research | e | e 🗌 Oth | er | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 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 ma | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrang reported an amount on Form 990, Par | | ete if the org | ganizatio | n answered ' | 'Yes" on | Form 990 |), Part IV, I | ine 9, or | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | liary for cont | ributions | or other ass | sets not | included | | | | |
| | on Form 990, Part X? | | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | | |
| | | | - | | | | | | Amount | | |
| с | Beginning balance | | | | | | . 1c | | | | |
| | Additions during the year | | | | | | | | | | |
| | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | | | | . 1 f | | | | |
| 2a | Did the organization include an amount on Fe | orm 990, Part X, line | 21, for escr | ow or cu | stodial acco | unt liabil | ity? | L | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | |
| Par | t V Endowment Funds. Complete i | | | | | | | | . . | | |
| | | (a) Current year | (b) Prior | year | (c) Two year | rs back | (d) Three | years back | (e) Four | years | back |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| с | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | • | e (line 1g, co | olumn (a) |) held as: | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | | |
| b | Permanent endowment | | | | | | | | | | |
| с | | % | | | | | | | | | |
| • | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | ation that are | e neid an | a administer | ed for tr | ie organiz | ation | Г | Yes | No |
| | by: | | | | | | | | 20(1) | 165 | |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| h | (ii) Related organizations If "Yes" on line 3a(ii), are the related organiza | tions listed as requir | | dulo P2 | | | | | 3a(ii) 3b | | |
| 1 | Describe in Part XIII the intended uses of the | | | | | | | | 30 | | |
| Par | t VI Land, Buildings, and Equipm | | | 5. | | | | | | | |
| | Complete if the organization answere | |). Part IV. lin | e 11a. S | ee Form 990 | . Part X. | line 10. | | | | |
| | Description of property | (a) Cost or c | | | or other | | ccumulat | ed | (d) Bool | value | е |
| | ······································ | basis (investr | | basis (| | • • | preciation | | ., | | |
| 1 a | Land | | | 7 | 3,049. | | | | 73 | 3,04 | 49. |
| | Buildings | | | | 3,805. | | 578,0 | 06. | | | 99. |
| | Leasehold improvements | | | | - | | • | | | - | |
| | Equipment | | | 12 | 1,170. | | 60,2 | 69. | 6(|),90 | 01. |
| | Other | | | | 1,282. | | 596,6 | | | 1,63 | |
| Tota | . Add lines 1a through 1e. (Column (d) must e | aual Form 990. Part | X. column (E | 3). line 1(|)c.) | | | | 644 | 1,3 | 79. |
| | | | | | - | | | | | | |

Schedule D (Form 990) 2021

| | ('omplate it the organization answered "Ves" o | n Form 990 Part IV line | e 11b. See Form 990, Part X, line 12. | |
|--|--|---------------------------|---------------------------------------|--|
| (a) Descrip | Dition of security or Category (including name of security) | (b) Book value | (c) Method of valuation: Cost or en | d-of-year market value |
| | al derivatives | ., | | , |
| | held equity interests | | | |
| Other | ······ | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| fotal. (Col. (| b) must equal Form 990, Part X, col. (B) line 12.) 🕨 | | | |
| Part VIII | Investments - Program Related. | | | |
| | Complete if the organization answered "Yes" o | | | |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or en | d-of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| <u>(8)</u> (9) | | | | |
| (9) | | | | |
| Total (Col (| h) must equal Form 990 Part X col. (B) line 13) | | | |
| Total. (Col. (Part IX | b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Total. (Col. (Part IX | Other Assets. | n Form 990, Part IV, line | e 11d. See Form 990, Part X, line 15. | |
| Total. (Col. (Part IX | Other Assets. Complete if the organization answered "Yes" o | n Form 990, Part IV, line | e 11d. See Form 990, Part X, line 15. | (b) Book value |
| Part IX | Other Assets. Complete if the organization answered "Yes" o | Description | e 11d. See Form 990, Part X, line 15. | |
| Part IX (1) Sc | Other Assets. Complete if the organization answered "Yes" o (a) D | Description | e 11d. See Form 990, Part X, line 15. | (b) Book value 803,406 27,629 |
| Part IX (1) Sc (2) Ac | Other Assets. Complete if the organization answered "Yes" o (a) C chmidt Charitable Remaind | Description | e 11d. See Form 990, Part X, line 15. | 803,406 |
| Part IX (1) Sc | Other Assets. Complete if the organization answered "Yes" o (a) C chmidt Charitable Remaind | Description | e 11d. See Form 990, Part X, line 15. | 803,406 |
| Part IX (1) Sc (2) Ac (3) | Other Assets. Complete if the organization answered "Yes" o (a) C chmidt Charitable Remaind | Description | e 11d. See Form 990, Part X, line 15. | 803,406 |
| Part IX (1) Sc (2) Ac (3) (4) | Other Assets. Complete if the organization answered "Yes" o (a) C chmidt Charitable Remaind | Description | e 11d. See Form 990, Part X, line 15. | 803,406 |
| Part IX (1) Sc (2) Ac (3) (4) (5) | Other Assets. Complete if the organization answered "Yes" o (a) C chmidt Charitable Remaind | Description | e 11d. See Form 990, Part X, line 15. | 803,406 |
| Part IX (1) Sc (2) Ac (3) (4) (5) (6) | Other Assets. Complete if the organization answered "Yes" o (a) C chmidt Charitable Remaind | Description | e 11d. See Form 990, Part X, line 15. | 803,406 |
| Part IX (1) Sc (2) Ac (3) (4) (5) (6) (7) | Other Assets. Complete if the organization answered "Yes" o (a) C chmidt Charitable Remaind | Description | e 11d. See Form 990, Part X, line 15. | 803,406 |
| Part IX (1) Sc (2) Ac (3) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answered "Yes" o (a) D chmidt Charitable Remaind ccrued Interest umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. | Description er Trust | | 803,406 |
| Part IX (1) Sc (2) Ac (3) (4) (5) (6) (7) (8) (9) Total. (Colu | Other Assets. Complete if the organization answered "Yes" o (a) D chmidt Charitable Remaind crued Interest umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o | Description er Trust | | 803,406 |
| Part IX (1) Sc (2) Ac (3) (4) (5) (6) (7) (8) (9) Total. (Colu | Other Assets. Complete if the organization answered "Yes" o (a) D chmidt Charitable Remaind ccrued Interest umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. | Description er Trust | | 803,406 |
| Part IX (1) Sc (2) Ac (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec | Other Assets. Complete if the organization answered "Yes" o (a) D chmidt Charitable Remaind crued Interest umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability deral income taxes | Description er Trust | | 803,406 27,629 831,035 |
| Part IX (1) Sc (2) Ac (3) (4) (5) (6) (7) (8) (9) Fotal. (Coll Part X 1. (1) Fec (2) PE | Other Assets. Complete if the organization answered "Yes" o (a) D Chmidt Charitable Remaind Ccrued Interest (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability deral income taxes P LOAN | Description er Trust | | 803,406 27,629 831,035 (b) Book value 54,560 |
| Part IX (1) Sc (2) Ac (3) (4) (5) (6) (7) (8) (9) Fotal. (Coll Part X 1. (1) Fec (2) PF (3) CU | Other Assets. Complete if the organization answered "Yes" o (a) D chmidt Charitable Remaind crued Interest umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability deral income taxes | Description er Trust | | 803,406 27,629 831,035 (b) Book value 54,560 |
| Part IX (1) Sc (2) Ac (3) (4) (5) (6) (7) (8) (9) Fotal. (Coll Part X 1. (1) Fec (2) PE (3) CU (4) | Other Assets. Complete if the organization answered "Yes" o (a) D Chmidt Charitable Remaind Ccrued Interest (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability deral income taxes P LOAN | Description er Trust | | 803,406 27,629 831,035 |
| Part IX (1) Sc (2) Ac (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X (1) Fec (2) PE (3) CU (4) (5) | Other Assets. Complete if the organization answered "Yes" o (a) D Chmidt Charitable Remaind Ccrued Interest (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability deral income taxes P LOAN | Description er Trust | | 803,406 27,629 831,035 (b) Book value 54,560 |
| Part IX (1) Sc (2) Ac (3) (4) (5) (6) (7) (8) (9) Fotal. (Coll Part X (1) Fec (2) PE (3) CU (4) (5) (4) (5) (6) | Other Assets. Complete if the organization answered "Yes" o (a) D Chmidt Charitable Remaind Ccrued Interest (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability deral income taxes P LOAN | Description er Trust | | 803,406 27,629 831,035 (b) Book value 54,560 |
| Part IX (1) Sc (2) Ac (3) (4) (5) (6) (7) (8) (9) Total. (Coll (7) (8) (9) Total. (Coll (7) (3) CU (4) (5) (6) (3) CU (4) (5) (6) (7) | Other Assets. Complete if the organization answered "Yes" o (a) D Chmidt Charitable Remaind Ccrued Interest (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability deral income taxes P LOAN | Description er Trust | | 803,406 27,629 831,035 (b) Book value 54,560 |
| Part IX (1) Sc (2) Ac (3) (4) (5) (6) (7) (8) (9) Fotal. (Coll (7) (8) (1) Fec (2) PE (3) CU (4) (5) (6) (7) (6) (7) (8) (7) (8) | Other Assets. Complete if the organization answered "Yes" o (a) D Chmidt Charitable Remaind Ccrued Interest (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability deral income taxes P LOAN | Description er Trust | | 803,406 27,629 831,035 (b) Book value 54,560 |
| Part IX (1) Sc (2) Ac (3) (4) (5) (6) (7) (8) (9) Fotal. (Coll Part X Part X I. (1) Fec (2) PE (3) CU (4) (5) (4) (5) (6) (7) (8) (7) (8) (7) (8) (9) (9) | Other Assets. Complete if the organization answered "Yes" o (a) D Chmidt Charitable Remaind Ccrued Interest (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability deral income taxes P LOAN | Description er Trust | | 803,406 27,629 831,035 (b) Book value 54,560 |

Olympia Tumwater Foundation

Schedule D (Form 990) 2021

07431107 790549 16071

Schedule D (Form 990) 2021

| Sche | edule D (Form 990) 2021 Olympia Tumwater Foundation | | | | 0741161 | Page 4 |
|------|---|--------------|----------------|--------|---------|---------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Stateme | ents With I | Revenue per Re | | | G |
| | 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 | 1,850 | <u>,817.</u> |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains (losses) on investments | . 2a | 957,444. | | | |
| b | Donated services and use of facilities | . 2b | | | | |
| с | Recoveries of prior year grants | | | | | |
| d | Other (Describe in Part XIII.) | 2d | | | | |
| е | Add lines 2a through 2d | | | 2e | 957 | ,444. |
| 3 | Subtract line 2e from line 1 | | | 3 | 893 | ,373. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | 51,753. | | | |
| b | Other (Describe in Part XIII.) | 4 b | | | | |
| с | Add lines 4a and 4b | | | 4c | | <u>,753.</u> |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 945 | ,126. |
| Pa | t XII Reconciliation of Expenses per Audited Financial Statem | | Expenses per l | Returi | า. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 744 | ,222. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 1 | | | | |
| а | Donated services and use of facilities | . 2 a | | | | |
| b | Prior year adjustments | | | | | |
| С | Other losses | | | | | |
| d | Other (Describe in Part XIII.) | | | | | • |
| е | Add lines 2a through 2d | | | 2e | | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 744 | ,222. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | -4 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | 51,753. | | | |
| b | Other (Describe in Part XIII.) | . 4b | | | - 4 | |
| С | Add lines 4a and 4b | | | 4c | | ,753. |
| 5 | Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) | | | 5 | 795 | ,975. |
| Pa | t 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.

Part X, Line 2:

| The Foundation files income tax returns in the U.S. federal jurisdiction. |
|---|
| The Foundation is no longer subject to U.S. federal income tax |
| examinations by tax authorities for the years before 2018. Currently, |
| there is no examination or pending examination with the Internal Revenue |
| Service (IRS). |
| |
| As of December 31, 2021, there are no tax positions for which the |
| deductibility is certain but for which there is uncertainty regarding the |
| timing of such deductibility. |
| |
| Part XII, Line 4b - Other Adjustments: |

30

132054 10-28-21

Schedule D (Form 990) 2021

| Part XIII Supplemental Information (continued) | |
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| | Schedule D (Form 990) 2021 |

| SCHEDULE I | | | arants and Oth | | | | | OMB No. 1545-0047 |
|--|--|------------------------|---|-------------------------------------|--|---|---------------------------------------|---|
| (Form 990) | | | vernments, ar ete if the organizatio | | | | | 2021 |
| Department of the Treasury Internal Revenue Service | | Comp | - | Attach to For rs.gov/Form990 for | m 990. | | | Open to Public Inspection |
| Name of the organization | on Olympia T | umwater Fo | oundation | | | | | Employer identification number $91-0741161$ |
| | formation on Grants a | | | | | | | |
| criteria used to av | ation maintain records t ward the grants or assis | stance? | | | | | | |
| | V the organization's pro | | | | | opization operated "W | (aal an Earm 000 Dar | t IV/ line 21 for onv |
| | at received more than \$ | | | | | anization answered f | es on form 990, Far | try, life 21, for any |
| ., | dress of organization ernment | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| 2 Enter total number | er of section 501(c)(3) a | I nd government ord | I ganizations listed in th | I e line 1 table | 1 | l | I | • |
| | er of other organization | 0 | • | | | | | ······ |
| LHA For Paperwork | Reduction Act Notice | , see the Instructi | ons for Form 990. | | | | | Schedule I (Form 990) 2021 |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|---------------------------------|---------------------------------------|--|---------------------------------------|
| | | | | | |
| College Scholarships | 21 | 121,490. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
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| | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

Applications are required for requesting of funds. Proof of attendance is

required for the payout of scholarships.

| SCHE | DULE | 0 |
|-------|------|---|
| (Form | 990) | |



91-0741161

Form 990, Part I, Line 1, Description of Organization Mission:

Olympia Tumwater Foundation

commitment to a wide range of community projects including student

scholarships, historic preservation, and stewardship of Brewery Park at

Tumwater Falls.

Through such civic involvement, the Foundation continues the tradition

of philanthropy and responsible citizenship established by the Schmidt

family and the Olympia Brewing Company.

Form 990, Part III, Line 1, Description of Organization Mission:

Through such civic involvement, the Foundation continues the tradition

of philanthropy and responsible citizenship established by the Schmidt

family and the Olympia Brewing Company.

Form 990, Part VI, Section B, line 11b:

The 990 is reviewed by the Executive Committee prior to submitting to the IRS.

Form 990, Part VI, Section B, Line 12c:

Board members review and sign the conflict of interest policy on an annual

basis

Form 990, Part VI, Section B, Line 15:

Executive committee determines executive director's compensation by

comparability data.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

07431107 790549 16071

34

| Schedule O (Form 990) 2021 Name of the organization | Page Employer identification numbe |
|--|---------------------------------------|
| Olympia Tumwater Foundation | 91-0741161 |
| | |
| Form 990, Part VI, Section C, Line 18: | |
| Documents are available upon request. | |
| Form 990, Part VI, Section C, Line 19: | |
| Documents are available upon request. | |
| Form 990, Part IX, Line 11g, Other Fees: | |
| Other: | |
| Program service expenses | 232. |
| Management and general expenses | 46,250. |
| Fundraising expenses | 46,303. |
| Total expenses | 92,785. |
| Total Other Fees on Form 990, Part IX, line 11g, Col A | 92,785. |
| Part XII Line 2C | |
| The process has not changed. | |
| | |
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AMENDED AND RESTATED

BYLAWS

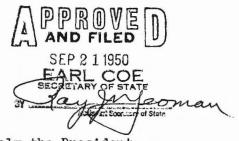
OF

THE OLYMPIA TUMWATER FOUNDATION

CERTIFICATE OF INCORPORATION

THE OLYMPIA-TUMWATER FOUNDATION

STATE OF WASHINGTON)) SS: COUNTY OF THURSTON)



APP

The undersigned, being respectively the President, Secretary, and a majority of the Trustees, as noted under their respective signatures below, being first duly sworn, on oath depose and say that the following is a true copy of the Agreement of Association executed for the purpose and with the intention of forming a corporation under the name of THE OLYMPIA-TUMWATER FOUNDATION:

> NOLI MA. 15 PAGE No.

1.97

THE OLYMPIA-TUMWATER FOUNDATION AGREEMENT OF ASSOCIATION TO FORM A CORPORATION

PETER G. SCHMIDT, ADOLPH D. SCHMIDT, JR., CLARA MUENCH SCHMIDT, WINIFRED LANG SCHMIDT and FREDERICK W. SCHMIDT, all of Olympia, Washington, and PHILIPPINE S. RETTENMAYER of San Francisco, California, being desirous of forming a corporation to which any person or persons, firms or corporations may make gifts, bequests, devises or other transfers of property for charitable, education, religious and other public purposes as hereinafter more fully expressed, and which corporation can competently manage, administer and distribute its properties and income for the purposes hereof, do make, subscribe and adopt this agreement and associate themselves together with the intention of forming a corporation as follows:

ARTICLE I

The name of this corporation shall be THE OLYMPIA-TUMWATER FOUNDATION.

ARTICLE II

The location and chief place of business of this corporation shall be Olympia, Washington, but said location and chief place of business may be changed by the Board of Trustees of this corporation, in its discretion, at any time to any other place in the State of Washington.

ARTICLE III

Membership in the corporation shall be by election of the Board of Trustees, which election shall be held in accordance with the provisions of the By-Laws of the corporation adopted from time to time by the members. Termination of membership shall be in accordance with the By-Laws. A contribution to the corporation shall not be a requirement of membership. Then corporation shall not have capital stock nor issue shares.

38

ARTICLE IV

2 -

In furtherance of the welfare of mankind, the objects and purposes of this corporation shall be as described in this Article:

(a) To advance such educational, charitable, benevolent, religious and public purposes as donors may direct, and otherwise as the Board of Trustees may from time to time select. and to prosecute, advance and assist such medical, scientific, literary, library, artistic, historical, antiquarian, musical, monumental, museum, recreational and other public services as donors may direct, and otherwise as the Board of Trustees may from time to time select, including cooperation with and aid to and the making of gifts to or support of eleemosynary. charitable, educational and philanthropic institutions and organizations, the United States, the State of Washington, and any municipality or other subdivision of said state: provided that all benevolences, benefits and distributions of property or income of the corporation shall be limited for use in the State of Washington so long as limitation is required to assure the exemption of the properties and income of the corporation and all gifts, bequests, devises and other transfers to the corporation from tax; and provided further that no part of the properties or income of the corporation shall ever inure to the benefit of any private member or individual, but this proviso shall not preclude the payment of fair compensation for services to the corporation actually rendered; and provided further that the objects and purposes of the corporation and the beneficiaries of its property, income, gifts and benevolences shall, so long as legally possible, be limited to such as permit gifts, bequests, devises and other transfers of property and income to it and by it to be exempt from every tax, excise, impost or other levy by the United States or other governmental authorities or at such 15 PAGE No.

1.90

most favorable rate as may be permissible in the event entire exemption should at any time not be legally possible.

- 3 -

(b) To receive, hold, conserve, administer, use and disburse the properties and income of the corporation for the purposes expressed herein.

(c) To receive, hold, conserve, administer, use and disburse the properties of the corporation, accepted subject to limitations and conditions, in accordance with such limitations and conditions, but only for objects and purposes otherwise permitted by this Article.

(d) Within the limits expressed in this Article, the Board of Trustees alone from time to time shall select the beneficiary or beneficiaries of the properties and income of the corporation and shall have power to disburse at any time any part or all of such properties or income.

ARTICLE V

The life of this corporation shall be perpetual.

ARTICLE VI

Section 1. The affairs of the corporation shall be managed by a Board of Trustees. The Board of Trustees at the beginning shall be six in number, but by amendment of the By-Laws the corporation may increase or decrease the Board of Trustees at any time to any number not less than three nor more than fifteen. The first members of the corporation shall be those subscribing to this agreement and the initial Board of Trustees to serve until the election of their successors shall be elected by such members.

<u>Section 2</u>. The members of the Board of Trustees may resign or be removed by the members at any time and otherwise shall hold office until their successors shall have been elected and qualified in accordance with the By-Laws.

> NGLL NO. 15 PAGE No.

200

Section 3. The Board of Trustees shall have power to elect from time to time a president, a secretary, and treasurer and as many vice presidents and to appoint such other officers, attorneys, accountants, investment counsellors and fiscal agents as the Board may from time to time deem advisable.

Section 4. The corporate powers of the corporation shall be vested in the Board of Trustees and may by the latter, in accordance with the By-Laws, be delegated in any part to officers, committees and other representatives selected by said Board.

<u>Section 5</u>. The trustees and officers need not be members of the corporation.

<u>Section 6</u>. The Board of Trustees shall have authority to accept or reject any gifts, bequests, devises and other transfers of property or funds tendered to it and regardless of whether subject to limitations or conditions or trusts.

ARTICLE VII

The corporation shall be a body politic and corporate, with perpetual succession and with all the authority and powers now and hereafter permitted to such corporations, including the specific powers herein stated.

ARTICLE VIII

The members of the corporation may from time to time adopt, amend and repeal By-Laws, rules and regulations not contrary to the Constitution and laws of the United States or of the State of Washington, as the members may deem proper and best for the welfare and good order of the corporation.

ARTICLE IX

The provisions of these Articles of Agreement may be amended at any time by the Board of Trustees with the approval of so much of the membership as may be required by law and in accordance with the By-Laws.

> 15 ^{*} page ng 201

- 4 -

SUBSCRIBED AND AGREED TO at Olympia, Washington, this

5

14th day of 20 , 1950.

Adol Jr. iar Clara Muench Schmidt red Schmid ederick W.

ROLL ING. 15 PAGE No.

2013

STATE OF WASHINGTON)) SS: COUNTY OF THURSTON)

. . . .

On this / Har day of 1950, before me, the undersigned Notary Fublic in and for the State of Washington, duly commissioned and sworn, personally appeared PETER G. SCHMIDT, ADOLPH D. SCHMIDT, JR., CLARA MUENCH SCHMIDT, WINIFRED LANG SCHMIDT, and FREDERICK W. SCHMIDT, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged the said instrument to be their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal hereto affixed the day and year in this certificate above written.

Notacy Public in and for the State of Washington, residing at Olympia

STATE OF WASHINGTON

COUNTY OF THURSTON

On this <u>'</u> day of <u>the</u>, 1950, before me, the undersigned Notary Public in and for the State of <u>Washington</u>, duly commissioned and sworn, personally appeared PHILIPPINE S. RETTENMAYER, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged the said instrument to be her free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal hereto affixed the day and year in this certificate above written.

SS:

olic in and for the State Notar

of California, residing at

ROLL No. 15 PAGE No.

203

- 6 -

And said President, Secretary, and a majority of the Trustees do further certify and on oath state that the following are the names of the subscribers to the foregoing Agreement of Association:

> PETER G. SCHMIDT ADOLPH D. SCHMIDT, JR. CLARA MUENCH SCHMIDT WINIFRED LANG SCHMIDT FREDERICK W. SCHMIDT PHILIPPINE S. RETTENMAYER

and that the date of the first meeting of the subscribers to said Agreement of Association, held at Olympia, Washington, according to law, was ____July 14, ____, 1950, and at said meeting the subscribers proceeded according to law to complete an organization by the adoption of by-laws, the election of officers and a Board of Trustees, and at said meeting the undersigned were authorized to make, certify and file this certificate with the Secretary of State of the State of Washington, the Auditor of Thurston County, Washington, and all other proper places, and to execute, acknowledge, certify, file and deliver every other certificate, paper, return and form and to do every other act and thing necessary or proper to accomplish the incorporation of the corporation described in said Agreement of Association.

resident Schmid Majority the Jo Board SUBSCRIEED AND SWORN to before me this 14 day of 1950. ROLL No. Notary Rublic in and for the State PAGE NO. of Washington, residing at Olympia

15

2014

Nº 116435

Articles of Incorporation

The Olympia-Tumwater Foundation

| | | Capital stock, \$ |
|-------|-----------|-------------------|
| years | Perpetual | Time of existence |
| ***** | 0lymp1a | Place of business |

STATE OF WASHINGTON, SS.

Filed for record in the office of the Sectary of State Sept. 21, 1950

at 9:50 o'clock A. M.

Recorded in Book 15 Page 197-205-

Domestic Corporations

Secretary of State. 2 mg

Filed at request of

Skeel, McKelvy, Henke, Evenson & Uhlmann

Insurance Building

Seattle 4, Washington

| | | | | - 4 1 |
|--------------|-------------------|------------------------|----------------------------|-----------------------------------|
| Indexed | | Certificate | License to | Cert. copy: Filing and re |
| | to | Certificate mailed 001 | License to June 30, 19, \$ | Filing and recording fee, \$ 2.45 |
| Photographed | to above address. | 007 3 - 1950 | \$ | \$ 2.45 5.00 |

a. P. Mobbs: Society of State of the State huge on an ocupation of the seal fleetoby of one part and a true and accurate copy or the

295

S. F. No. 1108-8-49-10M. 22657.

ROLL NO. 15 PAGE NO.

205

I, Steve R. Hobbs, Secretary of State of the State of Washington and custodian of its seal, hereby certify the foregoing is a true and accurate copy of the record on file in this office.

SEP 2 3 2022

Given under my hand and the Seal of the State of Washington in Olympia, the State Capital.

Total Pages: ______ Hit R Hallo



WASHINGTON Secretary of State Corporations & Charities Division Washington Secretary of State Corporations and Charities Division 801 Capitol Way South PO Box 40234 Olympia, WA 98504-0234 (360) 725-0377 <u>corps@sos.wa.gov</u>

Customer Receipt

Payment Transaction:

Work Order #: 2022092300585908 Received Date: 09/23/2022 Total Paid: \$70.00

Payment Details:

| Cardholder Name / Payer Name | Payment Type | Identifying Number | Payment Date | Amount |
|------------------------------|--------------|--------------------|--------------|---------|
| JOHN FREEDMAN | VISA | 3445 | 09/23/2022 | \$70.00 |

Transaction Details:

| Name | UBI # / Registration # | Service Type | Amount | Processing Fee |
|------------------------------------|------------------------|--------------------------------|---------|-----------------------|
| THE OLYMPIA-TUMWATER FOUNDATION | 601 133 530 | RECORDS/CERTIFICATE REQUEST | \$20.00 | \$50.00 |

Signed:

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AMENDED AND RESTATED BYLAWS OF THE OLYMPIA TUMWATER FOUNDATION

ARTICLE 1. OFFICES

1.1 Registered Office and Registered Agent. The registered office of the corporation shall be located in the State of Washington at such place as may be fixed from time to time by the Board of Trustees upon filing of such notices as may be required by law. The registered agent shall have a business office identical with such registered office.

1.2 Other Offices. The corporation may have other offices within or outside the State of Washington at such place or places as the Board of Trustees may from time to time determine.

ARTICLE 2. MEMBERS

The corporation shall have no members.

ARTICLE 3. BOARD OF TRUSTEES

3.1 Number and Powers. The management of all the affairs, property, and interests of the corporation shall be vested in a Board of Trustees consisting of at least nine (9) but not more than fifteen (15) members. Without limiting the foregoing, the Board of Trustees shall have general charge of the affairs, property and assets of the corporation. It shall be the duty of the Trustees to carry out the aims and purposes of the corporation and, to this end, to manage and control all of its property and assets. In carrying out its duties, the Board of Trustees is authorized to elect officers and to employ or arrange for the services of such persons as in its opinion are necessary or desirable for proper administration of the corporation, and to pay reasonable compensation for services and expenses thereof. The Board of Trustees may appoint and retain as advisors persons whose advice, assistance or support may be deemed helpful in determining policies and formulating programs for carrying out the corporation's purposes and pay the reasonable expenses thereof.

3.2 Term of Office; Staggered Terms. Members of the Board of Trustees shall serve a term of three years, unless the member resigns or is removed. Trustees shall hold office until their successors are elected and qualified. To ensure continuity, the terms of the members of the Board of Trustees shall be staggered so that no more than four (4) members are elected each year.

Nominations of Trustees. The President shall appoint a nominating committee consisting of three (3) Board members. The President shall not serve on the nominating committee. At the regularly scheduled January Board of Trustees meeting, the nominating committee shall present a slate of no fewer than three (3) candidates, for Board approval at the annual meeting.

3.3 Special Powers of Board of Trustees.

(1) The Board of Trustees shall have the power:

(a) To hold and manage any asset of the corporation directly, or to appoint or designate any bank or trust company, investment advisor, property manager, brokerage firm or other qualified person as the corporation's agent or custodian to hold and manage any such asset under the supervision of the Board of Trustees; and,

(b) To replace any participating Trustee, custodian, or agent for breach of fiduciary duty under state law.

(2) If it appears that there may be grounds for exercising the power described in subparagraph (b) of paragraph 1 of this section with respect to any fund, the Board of Trustees shall notify the participating trustee, custodian, or agent involved and provide a reasonable opportunity for explanation and/or correction. Before exercising the power granted to the Board of Trustees under paragraph 1 of this section, the Board of Trustees may seek advice of legal counsel as to whether a breach or failure has been committed under state law. The Board of Trustees shall exercise a power described in this section only upon the vote of a majority of all of the members of the Board of Trustees.

(3) Upon the exercise of the power under paragraph (1) of this section to replace any participating trustee, custodian, or agent, the Board of Trustees shall have the power to select a successor trustee, custodian, or agent to whose custody the funds or funds held by the former trustee, custodian, or agent shall be transferred.

3.4 Change of Number. The number of trustees may at any time be increased or decreased by amendment of these Bylaws, but no decrease shall have the effect of shortening the term of any incumbent trustee.

3.5 Vacancies. All vacancies in the Board of Trustees, whether caused by resignation, death or otherwise, may be filled by the affirmative vote of a majority of the remaining trustees even though less than a quorum of the Board of Trustees. A trustee elected to fill any vacancy shall hold office for the unexpired term of his or her predecessor and until a successor is elected and qualified.

3.6 Regular Meetings. Regular meetings of the Board of Trustees may be held at the registered office of the corporation or at such other place or places, either within or without the State of Washington, as the Board of Trustees may from time to time designate. The annual meeting shall be held without notice at the registered office of the corporation, at 4:00 p.m., on the third Tuesday in April each year, or at such other time and place in Thurston County as the Board of Trustees shall designate by written notice.

3.7 Special Meetings. Special meetings of the Board of Trustees may be called at any time by the President or upon written request by any two trustees. Such meetings shall be held at the registered office of the corporation or at such other place or places as the trustees may from time to time designate.

3.8 Notice. Notice of all special meetings of the Board of Trustees (and of all regular meetings other than the annual meetings to be held at the place and time designated in Section 4.4) shall be given to each trustee by three (3) days' prior service of the same electronically, by letter, or personally. Such notice need not specify the business to be transacted at, nor the purpose of, the meeting.

3.9 Quorum. A majority of the whole Board of Trustees shall be necessary and sufficient at all meetings to constitute a quorum for the transaction of business.

3.10 Waiver of Notice. Attendance of a trustee at a meeting shall constitute a waiver of notice of such

meeting, except where a trustee attends for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened. A waiver of notice signed by the trustees, whether before or after the time stated for the meeting, shall be equivalent to the giving of notice.

3.11 Registering Dissent. A trustee who is present at a meeting of the Board of Trustees at which action on a corporate matter is taken shall be presumed to have assented to such action unless the trustee shall file a written dissent or abstention to such action with the person acting as the Secretary/Treasurer of the meeting before the adjournment thereof, or shall forward such dissent by registered mail to the Secretary/Treasurer of the corporation immediately after the adjournment of the meeting. Such right to dissent or abstain shall not apply to a trustee who voted in favor of such action.

Committees. The Board of Trustees may appoint, from time to time, from its own number, 3.12 standing or temporary committees consisting each of no fewer than two (2) trustees. The Board of Trustees may also appoint non-trustees to serve on the Education, House and Park committees. Such committees may be vested with such powers as the Board may determine by resolution passed by a majority of the full Board of Trustees. No such committee shall have the authority of the Board of Trustees in reference to amending, altering, or repealing these Bylaws; electing, appointing, or removing any member of any such committee or any trustee or officer of the corporation; amending the Articles of Incorporation; adopting a plan of merger or adopting a plan of consolidation with another corporation; authorizing the sale, lease, or exchange of all or substantially all of the property and assets of the corporation other than in the ordinary course of business; authorizing the voluntary dissolution of the corporation or adopting a plan for the distribution of the assets of the corporation; or amending, altering, or repealing any resolution of the Board of Trustees which by its terms provides that it shall not be amended, altered, or repealed by such committee. All committees so appointed shall keep regular minutes of the transactions of their meetings and shall cause them to be recorded in books kept for that purpose in the office of the corporation. The designation of any such committee and the delegation of authority thereto, shall not relieve the Board of Trustees, or any member thereof, of any responsibility imposed by law.

- A. The Executive Committee. The Executive Committee shall consist of the President, Vice President, Treasurer, and Officer at-large. The Executive Committee shall provide oversight of the Executive Director. The Executive Committee shall be empowered to make investment decisions on behalf of the foundation and the full board of trustees, oversee the annual budget process, and review monthly financial reports. The Executive Committee may negotiate, but not approve, \ leases, contracts, easements, and purchase and sales agreements for real property on behalf of the full board. The Executive Committee shall meet no less than monthly. Executive Committee meetings shall be open to any member of the Board of Trustees. All members of the Board of Trustees are ex officio members of the Executive Committee. Ex officio members shall abstain from voting on Executive Committee matters.
- B. The House Committee. The House Committee consists of at least two Board members and is responsible for making recommendations to the Executive Director concerning the maintenance and continued operation of the House. The House Committee shall be responsible for making expenditure recommendations to the full board. The House Committee shall also be responsible for archives, artifacts, and other collectables located in and around the house. The House Committee is not responsible for decisions required for the day-to-day operation of the House that are the proper responsibility of the Executive Director. The House Committee shall meet no less than quarterly.

- C. The Parks Committee. The Parks Committee consists of at least two Board members and is responsible for making recommendations to the Executive Director concerning the maintenance and continued operation of the Park. The Parks Committee shall be responsible for making expenditure recommendations to the full board. The Parks Committee is not responsible for decisions required for the day-to-day operation of the Parks that are the proper responsibility of the Executive Director. The Parks Committee shall meet no less than quarterly.
- D. The Education Committee. The Education Committee consists of at least two Board members and is responsible for making recommendations to the Executive Director concerning educational gifts, scholarships, and grants provided to individuals, groups, and organizations. The Education Committee shall be responsible for making expenditure recommendations to the full board. The Education Committee shall meet no less than quarterly.
- E. The Audit Committee. The Audit Committee shall be comprised of a least three individuals, all of whom are independent of management and free from any relationship that, in the opinion of the Olympia Tumwater Foundation's Board of Trustees, would interfere with the exercise of independent judgment as a committee member. The majority of the members of the committee shall have a basic understanding of finance and accounting. The chair of the Audit Committee will be a member of the Board of trustees and not serve on the Executive Committee. The Audit Committee shall oversee and conduct an annual accounting audit.

The Audit Committee has the authority to conduct any investigation appropriate to fulfilling its responsibilities, and it has direct access to the independent auditors as well as to anyone in the organization. The Audit Committee has the authority to retain, at the Olympia Tumwater Foundation's expense, special legal, accounting, or other consultants or experts it deems necessary in the performance of its duties in the amount no greater than \$50,000. The Audit Committee shall provide written notice to the full Board of Trustees upon the retention of legal, accounting, consultants or experts in the performance of its duties.

3.13 Remuneration. No stated salary shall be paid trustees, as such, for their service, but by resolution of the Board of Trustees, a fixed sum and expenses of attendance, if any, may be allowed for attendance at each regular or special meeting of such Board; provided, that nothing herein contained shall be construed to preclude any trustee from serving the corporation in any other capacity and receiving compensation therefor. Members of standing or temporary committees may be allowed like compensation for attending committee meetings.

3.14 Loans. No loans shall be made by the corporation to any trustee.

3.15 Action by Trustees without a Meeting. Any action required or permitted to be taken at a meeting of the trustees, or of a committee thereof, may be taken without a meeting by a written consent setting forth the action so to be taken, signed by all of the trustees, or all of the members of the committee, as the case may be, before such action is taken. Such consent shall have the same effect as a unanimous vote. For this purpose, a "signed consent" includes an e-mail from a Trustee from his or her e-mail address of record at the Foundation, in reply to an e-mail proposing the Board action, indicating the Trustee's consent to the proposed action. Any such action may also be ratified after it has been taken, either at a meeting of the trustees or by unanimous written consent.

3.16 Participation by Communications Equipment. Members of the Board of Trustees or any

committee designated by the Board of Trustees may participate in a meeting of such Board of Trustees or committee by, or conduct the meeting through the use of, any means of communication by which all trustees participating in the meeting can hear each other during the meeting. Participation by such means shall constitute presence in person at a meeting.

3.17 Proxy. A trustee may vote in person or by proxy. A trustee may appoint a proxy to vote or otherwise act for the trustee for a single meeting of the board by notifying the President two days in advance of an upcoming meeting. Notification to the President may be made electronically. The Corporation is entitled to accept the proxy's vote or other action as that of the trustee making the appointment.

3.18 Removal. The Board of Trustees may remove any trustee, but only by a two-thirds majority vote of the Trustees, except the trustee being considered for removal shall not be allowed to vote.

ARTICLE 4. OFFICERS

4.1 Designations. The officers of the corporation shall be a President, Officer At-Large, Vice President, and a Treasurer. All officers shall be elected for terms of two years by the Board of Trustees at its annual meeting. The offices of President, Vice President, and Treasure shall be held by elected Trustees. The office of Secretary may be held by the Executive Director. Such officers shall hold office until their successors are elected and qualify.

4.2 The President. The President shall preside at all meetings of the Board of Trustees, shall have general supervision of the affairs of the corporation, and shall perform such other duties as are incident to the office or are properly required of the President by the Board of Trustees.

4.3 Officer At-large. The Officer At-large shall perform such duties as are properly required by the Board of Trustees.

4.4 Vice President. The Vice President shall have such powers and discharge such duties as may be assigned to him or her from time to time by the Board of Trustees.

4.5 Treasurer. The Treasurer shall have charge of the corporate books, and shall make such reports and perform such other duties as are incident to the office, or are properly required of the Treasurer by the Board of Trustees. The Treasurer shall have the custody of all monies and securities of the corporation and shall keep regular books of account. The Treasurer shall disburse the funds of the corporation in payment of the just demands against the corporation or as may be ordered by the Board of Trustees (taking proper vouchers for such disbursements) and shall render to the Board of Trustees from time to time as may be required, an account of all transactions undertaken as Treasurer and of the financial condition of the corporation. The Treasurer shall perform such other duties as are incident to the office or are properly required by the Board of Trustees.

4.6 Secretary. The Secretary shall issue notices for all meetings, except for notices of special meetings of the Board of Trustees which are called by the requisite number of trustees, shall have charge of the seal and shall make such reports and perform such other duties as are incident to the office, or are properly required of the Secretary by the Board of Trustees. The Secretary shall perform such other duties as are incident to the office or are properly required by the Board of Trustees. The office of Secretary will be held by the Executive Director.

4.7 **Executive Director**. The Board may select an Executive Director who shall be responsible for

the administration and conduct of the business and affairs of the corporation pursuant to guidelines established by the Board. The Executive Director shall have full authority for direction of the employees of the corporation, if any. The Executive Director shall, at the direction of the Executive Committee, serve as the board Secretary. The Executive Director, if selected, may be compensated for his or her services in that capacity in such amount and manner as the Board of Trustees shall determine.

4.8 Delegation. If any officer of the corporation is absent or unable to act and no other person is authorized to act in such officer's place by the provisions of these Bylaws, the Board of Trustees may from time to time delegate the powers or duties of such officer to any other officer or any trustee or any other person it may select.

4.9 Vacancies. Vacancies in any office arising from any cause may be filled by the Board of trustees at any regular or special meeting of the Board.

4.10 Other Officers. The Board of Trustees may appoint such other officers or agents as it shall deem necessary or expedient, who shall hold their offices for such terms and shall exercise such powers and perform such duties as shall be determined from time to time by the Board of Trustees.

4.11 Loans. No loan shall be made by the corporation to any officer.

4.12 Term-Removal. The officers of the corporation shall hold office until their successors are chosen and qualified. Any officer or agent elected or appointed by the Board of Trustees may be removed at any time, with or without cause, by the affirmative vote of a majority of the whole Board of Trustees, but such removal shall be without prejudice to the contract rights, if any, of the person so removed.

4.13 Bonds. The Board of Trustees may, by resolution, require any and all of the officers to provide bonds to the corporation, with surety or sureties acceptable to the Board, conditioned for the faithful performance of the duties of their respective offices, and to comply with such other conditions as may from time to time be required by the Board of Trustees.

ARTICLE 5. DEPOSITORIES

The monies of the corporation shall be deposited in the name of the corporation in such bank or banks or trust company or trust companies as the Board of Trustees shall designate, and shall be drawn from such accounts only by check or other order for payment of money signed by such persons, and in such manner, as may be determined by resolution of the Board of Trustees.

ARTICLE 6. NOTICES

Except as may otherwise be required by law, any notice to any member or trustee may be delivered electronically, personally or by mail. If mailed, the notice shall be deemed to have been delivered when deposited in the United States mail, addressed to the addressee at his or her last known address in the records of the corporation, postage prepaid.

ARTICLE 7. SEAL

The corporate seal of the corporation, if any, shall be in such form and bear such inscription as may be adopted by resolution of the Board of Trustees, or by usage of the officers on behalf of the corporation.

ARTICLE 8. INDEMNIFICATION

8.1 Right to Indemnification. Each person who was or is made a party or is threatened to be made a party to or is otherwise involved (including, without limitation, as a witness) in any actual or threatened action, suit or proceeding, whether civil, criminal, administrative or investigative (hereinafter a "proceeding"), by reason of the fact that he or she is or was a trustee or officer of the corporation or, that being or having been such a trustee or officer or an employee of the corporation, he or she is or was serving at the request of the corporation as an officer, employee or agent of another corporation or of a partnership, joint venture, trust or other enterprise, including service with respect to employee benefit plans (hereinafter an "indemnitee"), whether the basis of a proceeding is alleged action in an official capacity as such a trustee, officer, employee or agent or in any other capacity while serving as such a trustee, officer, employee or agent, shall be indemnified and held harmless by the corporation to the full extent permitted by applicable law as then in effect, against all expense, liability and loss (including attorneys' fees, judgments, fines, ERISA excise taxes or penalties and amounts to be paid in settlement) actually and reasonably incurred or suffered by such indemnitee in connection therewith, and such indemnification shall continue as to an indemnitee who has ceased to be a trustee, officer, employee or agent and shall inure to the benefit of the indemnitee's heirs, executors and administrators; provided, however, that no indemnification shall be provided to any such indemnitee if the corporation is prohibited by applicable law as then in effect from paying such indemnification; and provided, further, that except as provided in Section 8.2 of this section with respect to proceedings seeking to enforce rights to indemnification, the corporation shall indemnify any such indemnitee in connection with a proceeding (or part thereof) initiated by such indemnitee only if a proceeding (or part thereof) was authorized or ratified by the Board.

The right to indemnification in this Section 8.1 shall be a contract right and shall include the right to be paid by the corporation the expenses incurred in defending any proceeding in advance of its final disposition (hereinafter an "advancement of expenses"). Any advancement of expenses shall be made only upon delivery to the corporation of an undertaking (hereinafter an "undertaking"), by or on behalf of such indemnitee, to repay all amounts so advanced if it shall ultimately be determined by final judicial decision, from which there is no further right to appeal, that such indemnitee is not entitled to be indemnified for such expenses under this Section 8.1, and upon delivery to the corporation of a written affirmation (hereinafter an "affirmation") by the indemnitee of his or her good faith belief that such indemnitee has met the standard of conduct necessary for indemnification by the corporation pursuant to this section.

8.2 Right of Indemnitee to Bring Suit. If a claim under Section 8.1 of this section is not paid in full by the corporation within sixty (60) days after a written claim has been received by the corporation, except in the case of a claim for an advancement of expenses, in which case the applicable period shall be twenty (20) days, the indemnitee may at any time thereafter bring suit against the corporation to recover the unpaid amount of the claim. If successful in whole or in part, in any such suit or in a suit brought by the corporation to recover an advancement of expenses pursuant to the terms of an undertaking, the indemnitee shall be entitled to be paid also the expense of prosecuting or defending such suit. The indemnitee shall be presumed to be entitled to indemnification under this section upon submission of a written claim (and, in an action brought to enforce a claim for an advancement of expenses, where the required undertaking and affirmation or determination have been tendered to or made by the corporation) and thereafter the corporation shall have the burden of proof to overcome the presumption that the indemnitee is so entitled. Neither the failure of the corporation (including the Board, independent legal counsel or the shareholders) to have made a determination prior to the commencement of such suit that indemnification of the indemnitee is proper in the circumstances, nor an actual determination by the corporation (including the Board, independent legal counsel or the shareholders) that the indemnitee is not entitled to indemnification, shall be a defense to the suit or create a presumption that the indemnitee is not so

entitled.

8.3 Nonexclusivity of Rights. The right to indemnification and the advancement of expenses conferred in this section shall not be exclusive of any other right which any person may have or hereafter acquire under any statute, provision of the Articles of Incorporation or Bylaws of the corporation, general or specific action of the Board, contract or otherwise.

8.4 Insurance, Contracts and Funding. The corporation may maintain insurance, at its expense, to protect itself and any trustee, officer, employee or agent of the corporation, who, while a trustee, officer, employee or agent of the corporation, is or was serving at the request of the corporation as an officer, partner, trustee, employee or agent of another foreign or domestic corporation, partnership, joint venture, trust, employee benefit plan or other enterprise, against any expense, liability or loss asserted against or incurred by the individual in that capacity or arising from the individual's status as a trustee, officer, employee or agent, whether or not the corporation would have the power to indemnify such person against such expense, liability or loss under applicable law. The corporation may enter into contracts with any trustee, officer, employee or agent of the corporation in furtherance of the provisions of this section and may create a trust fund, grant a security interest or use other means (including, without limitation, a letter of credit) to ensure the payment of such amounts as may be necessary to effect indemnification as provided in this section.

8.5 Indemnification of Employees and Agents of the Corporation. The corporation may, by action of the Board, grant rights to indemnification and advancement of expenses to employees and agents of the corporation with the same scope and effect as the provisions of this section with respect to the indemnification and advancement of expenses of trustees and officers of the corporation or pursuant to rights granted pursuant to, or provided by, applicable law.

ARTICLE 9. BOOKS AND RECORDS

The corporation shall keep correct and complete books and records of account and shall keep minutes of the proceedings of its Board of Trustees; and shall keep at its registered office or principal place of business, or at the office of its transfer agent or registrar, a record of its trustees, giving the names and addresses of all trustees.

ARTICLE 10. AMENDMENTS

The Board of Trustees shall have power to make, alter, amend, and repeal the Bylaws of this corporation by the vote of two-thirds of such trustees present at a meeting called for that purpose or any annual meeting of the Board of Trustees.

Adopted by resolution of the corporation's Board of Trustees on the 14 day of April, 2015.

Drew Phillips, President

3 Corporations and Charities Filing System 📜 Welcome! JOHN 🖒 Logout ≡ ORGANIZATION SUMMARY ORGANIZATION INFORMATION Organization Name: THE OLYMPIA-TUMWATER FOUNDATION FEIN Number: 910741161 UBI Number: 601 133 530 Registration Number: 1122612 Federal Tax Exempt Status: Yes Is this Charitable Organization Yes associated with any Corporation or LLC? Federal Status Type: 501(c)(3) Purpose/Mission of the Organization: OWNS AND MAINTAINS TUMWATER FALLS PARK, THE SCHMIDT HOUSE, AND OFFERS SCHOLARSHIPS AND G Jurisdiction: WASHINGTON RANTS THROUGH ITS EDUCATION PROGRAM. Status: Active Renewal Date: 11/30/2022 CONTACT INFORMATION Organization Email: JFREEDMAN@OLYTUMFOUNDATION.ORG Organization Website: OLYTUMFOUNDATION.ORG Is Foreign Contact: No Ext: Phone Number: 3609432550 Country Code: 1 Mailing Address: PO BOX 4098, TUMWATER, WA, 98501-0098, UNITED STATES Street Address: THURSTON COUNTY, OLYMPIA, WA, 98501-4072, UNITED STATES Do you use any other addresses for Solicitation: No

****NEW APPLICANT****

CITY OF TUMWATER LODGING TAX APPLICATION – Entity Certification

Application Deadline: <u>accepted</u> Attention:

AUGUST 30, 2023, 12PM/NOON-Postmarks, late, or incomplete applications will not be

CITY OF TUMWATER HANNA MILES – EXECUTIVE DEPARTMENT <u>hmiles@ci.tumwater.wa.us</u> or 555 Israel Road SW, Tumwater, WA 98501

Address/Deliver:

ORGANIZATION/**AGENCY** INFORMATION

| Organization/Agency Name | | | Federal Tax | ID Number | | |
|---|-----------------------|--------------------------------|-------------------|-----------------------|----------------|-----------|
| THOR HOYTE | | | 87-459 | 99925 | | |
| Contact Name | | | Title | | | |
| 6305 HAWKS PRAIRI | E CT NE | | PRESID | ENT | | |
| Mailing Address | | | City | State | Zip | |
| 253-820-9392 | https://www.des | chutesrugby.com/ | OLYMPIA | WA | <u>98616</u> | |
| Phone | Website | | Email Addre | ess thor@desch | utesrugby.co | om |
| □ Tourism Promotion/Marke | eting Activities | □ Events/Festiv | als* | Tourism-Rel | ated Facilitie | es |
| Amount Requested: <u>\$10,000</u> | 0 | Tot | al Project / Eve | ent Budget: <u>\$</u> | 75,000 | |
| Brief Description of Tourism Run 3 teams in a regular Ru | | - | | lls, or Tourism | -Related Fac | ilities: |
| *If an Event/Festival, comple | · · | | 🕱 Annual Ev | vent for <u>2</u> | number of y | ears |
| hosts fundraising events/act | ivities in Tumwa | ater games ar | e played in Lac | ey Annua | al Rugby Sea | son |
| Name of Event/Festival | | Location | | Date of Ev | vent/Festival | |
| https://www.deschutesrugby | y.com | September to | April 2022 | | | |
| Event/Festival Website (if diffe | rent than above) | If an existing ev | vent, last year's | s date of event | | |
| | | CERTIFICATIO | N | | | |
| I hereby state on behalf of | DESCHUTES R Organi | UGBY CLUB ization/Agency Na | me | | t | that the: |
| Applicant is: | U | \Box For Profit | | Public Agence | y | |

- The applicant has, or can obtain, general liability insurance covering no less than \$2,000,000 combined single limit per occurrence and \$2,000,000 aggregate for personal injury, bodily injury and property damage.
- The applicant has on file with the City, or is submitting one copy, of their current articles of incorporation and by-laws.
- I understand that this is an application for a contract with the City of Tumwater, which, if awarded, will only be paid after the service(s) is rendered on a reimbursement basis, and a signed Lodging Tax Invoice is submitted including proof of payment documentation.
- The applicant has accounting/record-keeping systems which A) show the purposes for which City of Tumwater funds have been spent; B) is open to inspection by the City of Tumwater or its agents; and C) is maintained for at least 6 years following the end of contract.

- I understand that the City of Tumwater will conduct public discussions regarding recommendations for funding to any agency making application to the City of Tumwater and its Lodging Tax Advisory Committee.
- I hereby certify that the information contained in this certification and application for funding with the City of Tumwater is a true and accurate statement of activities and financial status of the organization submitting this application.
- I hereby certify that the person signing this application is duly authorized to execute this document on behalf of the applicant entity.

| Thor A. Hoyte, President | <u>Thor A. Hovte</u> | 8/30/2023 |
|--------------------------|-------------------------------------|-----------|
| Name and Title | Signature (e-signature or original) | Date |

CITY OF TUMWATER LODGING TAX APPLICATION – Funding Criteria

1. What is the purpose of your special event, festival, or tourism-related facility?

Deschutes Rugby Club runs multiple events that bring people to the City of Tumwater. It is important for the growth of our club to be active and visible within our community. Our community is our fan base and our future players and teams. The more we grow, the more revenue we bring to our community.

2. a. For what specific tourism-generating activities will City of Tumwater lodging tax funds be used? Complete and submit the Lodging Tax Budget Form specific to your special event, festival, or tourism related facility. (The Budget Form is also available online at <u>www.ci.tumwater.wa.us/LodgingTax</u>.)

It will help with the expense of competition and other related event costs. The additional support will allow the club to create quality regional events that will grow the City of Tumwater as a destination.

b. If a returning applicant, identify any major changes in the event or organization since the last funding cycle.

N/A

3. Describe the resources available for the proposed tourism-generating activities? Please include the total number of volunteers and volunteer hours that exist for your special event, festival, or tourism-related facility.

Deschutes Rugby Club is 100% volunteer run and has an active and invested board and membership, to help with our busy slate of community focused activities.

4. Do other cities or governmental entities in the county fund your special event, festival, or tourism-related facility? If so, which jurisdictions and how much were you funded from each jurisdiction last year?

The City of Lacy supported us last year to the tune of \$22,500

5. Do you intend to apply for lodging tax funds from other jurisdictions this year? If so, which jurisdictions? Please explain how you will use Tumwater's funds separately from other lodging tax funds you may receive?

We intend to apply for funding from the City of Lacey as our main playing field is in Lacey. In Lacey we bring regular noteable revenue to local businesses from hosting game play. In Tumwater we have a well developed relationship with Chapman Cider and are working to cultivate additional relationships with Tumwater breweries/distilleries where we can host events to drive patronage to these partners. Our team's jerseys boldly display Chapman's logo front and center which provides advertising to hundreds of local, regional and out of state Rugby patrons, backed with exposure to the businesses product and location. This would be the case for all Tumwater business partners.

- 6. The request of funds from Tumwater will fund what percentage of your total budget for the proposed special event, festival, or tourism-related facility?
- 7. Describe the tourism promotion impact on the economy from your special event, festival, or tourism-related facility within the City of Tumwater, specifically on the lodging and food service sectors.

CITY OF TUMWATER LODGING TAX APPLICATION – Funding Criteria

Deschutes Rugby Club runs three adult sides that compete in matches and tournaments from around the WA, OR & States. These traveling teams and their fans will need a combination of food, beverages and accommodation. Alongside our competition matches we will be hosting the tri state finals which will have a minimum of 10 traveling squads welcomed to our area. We are also hosting our Geo-regions annual Hall of Fame dinner bringing together up to 300 individuals from around WA, OR & ID.

8. How broad-based will the tourism promotion benefit be geographically and economically?

Deschutes Rugby Club is committed to being both active and visible in our community and have been very successful in drawing people to visit from the greater WA, OR & ID area and beyond.

9. How will receiving lodging tax funds result in an increase in the number of people traveling for business or pleasure to Tumwater?

It will allow us to maximize the reach and quality of the events we put on for our community. Rugby is one of the fastest growing sports in the U.S with a 10.7% increase in participation in the past two years ('21). The U.S will host the 2031 World Cup with Seattle hosting matches. The City of Tumwater is geographically positioned to exploit the growth of Rugby in the PNW.

10. For the special event, festival or tourism-related facility, identify the estimated number of participants who will attend in each of the following categories:

| a) | Overall attendance | 2500 |
|----|---|------|
| b) | Staying for the day only <i>and</i> traveling more than fifty miles or more one way from their place of residence or business | 10 |
| c) | Number of participants in any of the above categories who will attend from out-of-state (includes other countries) | 200 |
| d) | Staying overnight in paid accommodations away from their place of residence or business | 200 |
| e) | Staying overnight in unpaid accommodations (e.g. with friends and family) <i>and</i> traveling fifty miles or more one way from their place of residence or business | 10 |
| f) | Total number of paid lodging nights generated in Tumwater | 100 |

11. If you are awarded a contract, you must be prepared to report to the City the economic benefit from tourists attending your event/facility. Describe how you will document the economic impact from your

g) Describe what methods you will use to determine attendance and to distinguish among the different visitor categories listed above. We partner with Experience Olympia (Jeff Rowe) to determine lodging nights and loading.

CITY OF TUMWATER LODGING TAX APPLICATION – Funding Criteria

event/facility; specifically the information requested in question 10. Submit a sample tracking form, if available.

We track our events economic impact with the sheet attached (DRC economic impact sheet)

12. Describe how you will promote overnight stays in Tumwater lodging establishments?

Deschutes Rugby Club will promote overnight stays in Tumwater via its website, social media, newsletter and through direct communications with our partners, sponsors and rugby network over the WA, OR and ID geor-region.

13. Describe how you will promote Tumwater and other attractions in the Tumwater area to entice tourists to extend their visit beyond attendance to your special event, festival, or tourism-related facility.

Deschutes Rugby Club has been traditionally very successful in attracting people and groups to our events. We work hard to communicate online (via our website, social media, email and newsletter) alongside directly engaging with a variety of our clubs and organizations for example the British American Business Association and PNW Rugby amongst others.

Rugby is a sport for the whole family, a community within a Community. Ensuring families who travel together know what is available for everyone in their unit is primary to ensuring player/family/fan satisfaction.

14. What tourism outcome should the City expect if your proposal is only partially funded? Please be specific. *For example: how do you intend to alternatively fund your program / which services will not happen?*

We are a volunteer organization and are continually fund raising so we can constantly grow and engage in our community. If we only partially funded our events would still happen as they are already planned out, only the scope and reach would potentially be affected.

15. List other organizations that you are partnered with for this special event, festival, or tourism-related facility.

PNW Rugby, British American Business Association, South Sound Assassins, Tacoma Rangers GAA, Rugby WA.

16. List any other measurements that demonstrate the impact of increased tourism attributable to your special event, festival, or tourism-related facility. Include any other thoughts that may encourage the Lodging Tax Advisory Committee/Tumwater City Council to use lodging tax funds to support this application.

Rugby is a highly visible, very popular and extremely competitive sport that naturally grows more interest and room for additional clubs within the local community. Supporting the growth of Deschutes encourages the formation of additional competitor clubs which in turn, draws additional fans and pulls in additional revenue within the local tourism industry. As rugby is one of the fastest growing sports, supporting Deschutes allows for the City of Tumwater to benefit as we grow not only our club, but as we inspire our local competition to grow as well.

This page will not be included with the completed application. This page is to demonstrate what the Lodging Tax Advisory Committee considers to help determine funding recommendations.

Reference Sheet of Priorities for Lodging Tax Applicants

Will this proposal direct tourism specifically to Tumwater generating room nights? <u>Yes</u>

Will this proposal direct tourism specifically to Tumwater generating day trips? Yes

Does this proposal have the potential to extend lodging stays? $\underline{\mathrm{Yes}}$

Does this proposal direct tourism to Tumwater during the slower travel season generating lodging stays year round?

Yes alot of our events are outside of traditional peak season

Does this proposal specifically promote the City of Tumwater by prominently mentioning Tumwater in marketing materials or other aspects of the project? For example, do their marketing tools (brochures, website, etc.) list Tumwater hotels and, if possible, link to the Tumwater hotel websites?

Yes

Does this proposal coordinate with other marketing programs for efficiency, diversity, and keep up with the trends/needs of promoting Tumwater? Yes

Has this organization established a tracking mechanism to accurately quantify tourists staying overnight in Tumwater hotels?

Yes we have tracking mechanisms in place alongside working with the Olympia Sports Authority to track our impact

If a tourism agency, does this proposal equally represent Tumwater (compared to other jurisdictions) in recommending Tumwater hotels and activities?

Yes, for example several of our sponsors are located with the City of Tumwater and it is incredibly important that we are active and visible in the City.

Is this proposal an efficient, economical use of the funds?

Yes as a non profit organization we recycle all money back into the growth of the club and support of our community.

Does this application originate from a fiscally responsible organization?

Yes, Deschutes is a registered 501C3

Lodging Tax Budget Form

Lodging Tax Applicant:

Deschutes Rugby Club

Specific to your Tourism-Related Facility, Tourism Promotion Activity, Special Event, or Festival, list the amount and status of funding for all sources from which you have already or intend to receive funds. Please include in-kind donations and funds received from admission fees if applicable.

PROJECTED REVENUE:

| So | urce | Amount |
|---|--------------------|-------------|
| Sponsorships: | | \$25,000.00 |
| Admission: | | \$0.00 |
| Reserves: | | \$7,000.00 |
| Donations/Contributions: | | \$500.00 |
| Grants: | | \$5,000.00 |
| Program Service Fees: | | N/A |
| In-kind Donations: | | \$2,000.00 |
| Gift Shop: | | N/A |
| Vendor Fees: | | N/A |
| Fundraising Activities: | | \$7,000.00 |
| City of Lacey Lodging Tax: | | \$22,500.00 |
| City of Olympia Lodging Tax: | | |
| City of Tumwater Lodging Tax: | | |
| Thurston County Lodging Tax: | | |
| Other Sources of Revenue: (please specify) | Mechandise sales | \$5,000.00 |
| Other Source: | | |
| Other Source: | | |
| Other Source: | | |
| TOTAL REVENUE: | | \$74,000.00 |
| PROJECTED EXPENSES: | | |
| Personnel : (salaries and benefits) | | \$0.00 |
| Administration: (utilities, phone, etc | .) | \$5,000.00 |
| Marketing and Promotion: | , , | \$2,000.00 |
| Professional / Consultant Fees: | | \$0.00 |
| Equipment: | | \$9,500.00 |
| Facility / Event Venue Rental: | | \$13,500.00 |
| Travel: (please specify) | Competition travel | \$23,000.00 |
| All Other Expenses: (please specify) | Trainer | \$2,500.00 |
| Other Expense: | Chropractor | \$1,500.00 |
| Other Expense: | Sports masseuse | \$1,500.00 |
| Other Expense: | | |
| TOTAL EXPENSES: | | \$58,500.00 |
| PROGRAM EXCESS (DEFICI | T): | \$15,500.00 |



City of Tumwater Economic Impact Tracker



| | Objective | Input Area | Input KPI | Output RPI | SDG | Outcome |
|-------|-----------|------------|-----------|------------|-----|---------|
| Event | | | | | | |
| | | | | | | |
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Deschutes Rugby Club Board

From: Justin Fitzpatrick <justin@deschutesrugby.com>
Sent: Wednesday, August 30, 2023 4:30 PM
To: Hanna Miles <<u>HMiles@ci.tumwater.wa.us</u>>
Cc: Thor Hoyte <<u>thor@deschutesrugby.com</u>>; Kat Santana <<u>kat@deschutesrugby.com</u>>
Subject: Re: LTAC

Hello Ms Miles

Please find attached the requested extra paperwork requested bylaws/articles (one document), PNL and a pitch date for your perusal. I have also reset the budget form as i noticed i had inadvertently added an extra zero to the equipment list, apologies for my mistake. i have made the adjustment. Unfortunately,

Our current board member are as follows;

Thor A. Hoyte - President Justin M. Fitzpatrick - Vice President Marcus Trufant - Board member Aaron Toso - Board member Chelsie Green - Club Secretary Kat Santana - Board member Jessie Simmons - Board member Kelly Fujimoto - Board member Rosa Delgado - Board member Jay Zwirblis - Board member

COMPANY NAME

Deschutes Rugby Club

REVENUE

| Including | deductions | for returns | and | discounts | |
|-----------|------------|-------------|-----|-----------|--|
|-----------|------------|-------------|-----|-----------|--|

| GROSS REVENUE | \$ 59,300.00 |
|---------------|-----------------|
| Other Revenue | \$ 7,300.00 |
| Sales Revenue | \$ 52,000.00 |

COST OF GOODS SOLD

| COGS | \$ 1,500.00 |
|------------|----------------|
| TOTAL COGS | \$ 1,500.00 |

GROSS PROFIT

57,800.00

Gross Revenue minus COGS \$

INCOME AND EXPENSES

| STATEMENT | REPORTING | PERIOD | |
|--------------------|-----------|-------------|-----------|
| STARTING DATE | | ENDING DATE | |
| january 1 2023 to | | 08/31/2023 | |
| EXPENSES | | | |
| Wages and Benefits | \$ | | - |
| Rent / Mortgage | \$ | | - |
| Fields rentals | \$ | | 3,500.00 |
| Travel | \$ | | 15,700.00 |
| Equipment | \$ | | 12,000.00 |
| Uniforms/kits | \$ | | 15,300.00 |
| Insurance | \$ | | 50.00 |
| Marketing | \$ | | 2,000.00 |
| Other Expenses | \$ | | 5,500.00 |
| TOTAL EXPENSE | s ş | | 54,050.00 |

NET INCOME

Gross Profit minus Total Expenses 💲

3,750.00

BYLAWS OF

DESCHUTES RUGBY CLUB

A Nonprofit in the State of Washington

ARTICLE I — NAME AND PURPOSE

Section 1: Name: The name of the organization shall be DESCHUTES RUGBY CLUB. It shall be a nonprofit organization incorporated under the laws of the State of Washington.

Section 2: Purpose: DESCHUTES RUGBY CLUB is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Section 3: No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Section 4: Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE II — MEMBERSHIP

Section 1 – Membership: Membership shall consist of the board of directors.

ARTICLE III — BOARD OF DIRECTORS

Section 1 - *Board role, size and compensation*: The board is responsible for overall policy and direction of the association, and delegates responsibility of day-to-day operations to the staff and committees. The board shall have up to 9, but not fewer than 5 members. The board receives no compensation other than reimbursement for reasonable and documented expenses.

Section 2 - *Terms*: All board members shall serve five-year terms and are eligible for reelection. There shall be no limit to the number of terms served by a board member.

Section 3 - *Meetings and notice*: The board shall meet at least quarterly, at an agreed upon time and place. An official board meeting requires that each board member have written notice at least three weeks in advance.

Section 4 - *Board elections*: During the second quarter of each fiscal year of the corporation (April through June), the board of directors shall elect directors to replace those whose terms will expire at the end of the fiscal year. This election shall take place during a regular meeting of the directors, called in accordance with the provisions of these bylaws.

Section 5 - *Election procedures*: New directors shall be elected by a majority of directors present at such a meeting, provided there is a quorum present. Directors so elected shall serve a term beginning on the first day of the third fiscal quarter (July).

Section 6 - *Quorum*: A quorum must be attended by at least fifty percent of board members for business transactions to take place and motions to pass.

Section 7 - *Officers and Duties*: There shall be four officers of the board, consisting of a chair, vice-chair, secretary and treasurer. Their duties are as follows:

The chair shall convene regularly scheduled board meetings, shall preside or arrange for other members of the Executive Committee to preside at each meeting in the following order: vice-chair, secretary, treasurer.

The vice-chair shall chair committees on special subjects as designated by the board.

The secretary shall be responsible for keeping records of board actions, including overseeing the taking of minutes at all board meetings, sending out meeting announcements, distributing copies of minutes and the agenda to each board member, and assuring that corporate records are maintained.

The treasurer shall make a report at each board meeting. The treasurer shall chair the finance committee, assist in the preparation of the annual budget, help develop fundraising plans, make financial information available to board members and the public and ensure that appropriate financial records are maintained.

Section 8 - *Vacancies*: When a vacancy on the board exists mid-term, the secretary must receive nominations for new members from present board members three weeks in advance of a board meeting. These nominations shall be sent out to board members with the regular board meeting announcement, to be voted upon at the next board meeting. These vacancies will be filled only to the end of the particular board member's term.

Section 9 - *Resignation, termination and absences*: Resignation from the board must be in writing and received by all Directors, in one writing, copied to each Director. A board member shall be terminated from the board due to excess absences, meaning more than two unexcused absences from board meetings in a year. A board member may be removed for other reasons by a three-fourths vote of the remaining directors.

Section 10 - *Special meetings*: Special meetings of the board shall be called upon the request of the chair, or one-third of the board. Notices of special meetings shall be sent out by the secretary to each board member at least three weeks in advance.

Section 11 - *Remote communication for meetings*: Any meeting of directors may be conducted solely by one or more means of remote communication through which all directors may participate in the meeting, if notice of the meeting is given as described in Section 3 and if the number participating is sufficient to constitute a quorum as described in Section 6. Remote communication includes but is not limited to telephone, video, the Internet, or such other means by which persons may communicate with each other on a substantially simultaneous basis. Participation in a meeting by any of the above-mentioned means constitutes attendance at a meeting.

Section 12 - *Action without a meeting*: Upon initiative of the board chair or Executive Committee, an action that may be taken at a regular or special meeting may be taken without a meeting if the secretary mails or electronically delivers a ballot to every director entitled to vote on the action. The ballot must set forth each proposed action and provide an opportunity to vote for or against each proposed action. Approval by ballot is valid only if the number of votes cast by ballot equals or exceeds the number of votes that would be required to approve the action at a meeting.

Section 13 – *Restrictions*. No director shall simultaneously hold a leadership role in another rugby club *except* if such club plays at the highest professional level of the country's sanctioned leagues.

ARTICLE IV — COMMITTEES

Section 1 - *Committee formation*: The board may create ad hoc committees as needed, such as fundraising, tournament organization, public relations, data collection, recruiting, merchandise, etc. The board chair appoints all committee chairs.

Section 2 - *Executive Committee*: The four officers serve as the members of the Executive Committee. Except for the power to amend the Articles of Incorporation and bylaws, the Executive Committee shall have all the powers and authority of the board of directors in the intervals between meetings of the board of directors and is subject to the

direction and control of the full board. A quorum of the Executive Committee shall be 75 percent of the officers.

Section 3 - *Finance Committee*: The treasurer is the chair of the Finance Committee, which includes three other board members. The Finance Committee is responsible for developing and reviewing fiscal procedures, fundraising plans, and the annual budget with staff and other board members. The board must approve the budget and all expenditures must be within budget. Any major change in the budget must be approved by the board or the Executive Committee. The fiscal year shall be the calendar year. Annual reports are required to be submitted to the board showing income, expenditures, and pending income. The financial records of the organization are public information and shall be made available to the membership, board members, and the public.

ARTICLE V — DIRECTOR AND STAFF

Section 1 - *Executive Director*: The executive director is hired by the board. The executive director has day-to-day responsibilities for the organization, including carrying out the organization's goals and policies. The executive director will attend all board meetings, report on the progress of the organization, answer questions of the board members and carry out the duties described in the job description. The board can designate other duties as necessary.

ARTICLE VI – AMENDMENTS

Section 1 - *Amendments*: These bylaws may be amended, when necessary, by two-thirds majority of the full board of directors. Proposed amendments must be submitted to the secretary to be sent out with regular board announcements.

Certification

These bylaws were approved at a meeting of the board of directors by a two-thirds majority vote on January 20, 2022

Secretary CL. M. (SL Date 01/20/2022