


TOURISM PROMOTION PROGRAM • APPLICATION FOR FUNDING

APPLICANT INFORMATION

TYPE OF PROPOSAL

SUBMISSION REQUIREMENTS

Project Title: Greater Kingston Community Chamber of Commerce LTACProject Dates: Beginning: 1/2/2022 Ending: 12/31/2022Name of Organization Gr. Kingston Chamber of Commerce Web Site www.kingstonchamber.comMailing Address: PO Box 78, Kingston, WA 98346Contact Person: Brenda Franklin E-Mail: director@kingstonchamber.com Phone: 360.860.2239Amount Requested: \$ 20,810 Total Project Cost: \$ 56,810Portion of Total Project Cost Requested: 36.63% (%)Signature of Authorized Representative  08/13/2021☐ **Tourism Infrastructure:**

Support tourism-related facilities, which is defined as real or tangible personal property with a usable life of three or more years or constructed with volunteer labor and used to support tourism, performing arts, or to accommodate tourist activities.

☒ **Tourism Marketing Activities:**

Activities and expenditures designed to increase tourism, including but not limited to advertising, publicizing or otherwise distributing information for the purpose of attracting and welcoming tourists; developing strategies to expand tourism; operating tourism promotion agencies; and funding marketing of special events and festivals designed to attract tourists (*not a current funding priority*).

APPLICANTS MUST SUBMIT THE FOLLOWING:

1. A one-page budget including all income and expenses for the entire project (including matching funds and in-kind contributions) and clearly showing expenses for which County lodging tax dollars will be used.
2. Documentation of non-profit status.
3. Your organization's **most recent tax return** or most recent annual financial statement created by an independent source should a tax return not be available. Other documentation showing financial viability may be considered if agency is newly created and the documentation is prepared by an independent source.
4. A two-page document including a description of the proposed project with an explanation of how it will assist in building tourism and/or promoting events or activities that will bring tourists to Kitsap County. Include marketing plans and examples of performance indicators and well as plans for future sustainability. For more information see the included template.
5. No additional materials will be accepted.
6. If these basic criteria are not met, the application will not be reviewed
7. Certificate of Insurance evidencing that any required insurance coverages are, or will be, in effect through the 2022 calendar year.

Please submit completed applications via Email by August 13, 2021 @ 3:00 P.M.:

Purchasing@co.kitsap.wa.us

All documentation must be received by deadline and contain ALL submission requirements to be considered for funding. Questions? Call Glen McNeill at 360.337.4789 or e-mail gsmcneill@co.kitsap.wa.us

Lodging Tax Request: Organization/Event Description

Project Title:	Greater Kingston Chamber of Commerce LTAC
Name of Organization:	Greater Kingston Chamber of Commerce
Size of Staff & Board:	1 FTE, 8 Board Members
Size of Volunteer Base:	20+
Geographic Area Served:	I-5 Corridor from Marysville to Tacoma, Kitsap and Olympic Peninsulas
Demographic Served:	All
Type of Service Provided:	Tourism Marketing Activities

Description of Project:

The Greater Kingston Chamber of Commerce is requesting funding support from the LTAC for the project described below. We believe this project will be integral in enabling the Chamber's work to attract tourists to the Kingston area as an overnight destination, drawing tourism spending to support the local economy. Please see Project Scope and Timelines for performance indicators for the project.

2022 Kingston Wine and Brew Fest, Jun 4-5

This 2-day event will attract 2000+ visitors from the I-5 Corridor from Marysville to Tacoma, Kitsap and Olympic Peninsulas to visit the Kingston area and stay overnight. The event will be developed in partnership with the local area accommodation providers.

History of Organization/Event:

The Greater Kingston Chamber of Commerce was established in 1976 and encompasses the areas of Kingston, Port Gamble, Hansville, Eglon, Indianola and Port Gamble S'Klallam and Suquamish Tribal communities. The Chamber's main purpose is promoting tourism in the area to support the local economy.

The Chamber and the businesses we support were severely impacted during the COVID-19 Pandemic. For example, annual ridership aboard Washington State Ferries plunged by nearly 10 million customers in 2020 a drop of 41% from the previous year, the vast majority of the reduction was tourist traffic. This resulted in the loss of our Visitor Information Centre and some of our much-loved local businesses, that relied on tourism spending. Fortunately, other tourism related businesses that struggled to survive are now successfully reestablishing themselves.

Currently there is a tremendous amount of volunteer work being put into rebuilding the Chamber and associated services so vital to our communities. We are excited to see an increase in tourist traffic again!

The Chamber has a long and successful history of producing events that bring visitors to the area, including the Kingston Wine Walk, Almost Summer Fest, Fourth of July, Kingston Arts Festival and Christmas on the Cove. We are building on this expertise to bring the new Kingston Wine and Brew Fest in 2021, at the Port of Kingston, to be expanded in 2022 to a 2-day event. As well as special event production services.



Lodging Tax Request: Organization/Event Description

The Chamber has a full time Coordinator on staff who is working hard to develop strategies and partnerships to promote the North Kitsap area, and create events and services that will entice visitors to stay over and enjoy our beautiful environment, supported by our vibrant, locally owned businesses and the Port of Kingston.

Project Scope and Timelines:

2022 Kinston Wine and Brew Fest, Jun 4-5 (New Event)

Goal: The Chamber will partner with The Point Casino and other accommodation providers to produce a two-day event at the Port of Kingston showcasing local wineries and breweries, the festival will promote local businesses and feature food vendors and music on the stage. It is anticipated the event will attract 2000+ visitors to the area. <i>Estimated overnight stays generated = 750+</i>		
Actions	Milestones	Timelines
1. Form a coordinating committee, create event format	6+ member committee	By Jan 15
2. Recruit partner accommodation providers	2+ providers committed	By Feb 15
3. Develop event budget, finalize pricing	Working budget	By Feb 29
4. Book venue, obtain county permit, special occasion license, purchase insurance	All finalized	By Mar 15
5. Create application process for vendors, determine contributions (wineries, breweries, food, local businesses)	Ready for distribution	By Mar 15
6. Market event to vendors and finalize applications	Event space sold	By April 30
7. Book musicians	Booked event	By April 30
8. Identify sponsors	4+ key sponsors	By April 30
9. Create/execute marketing plan– social media campaign, flyers, posters, banners, ticketing process	2000 tickets sold	April-Jun
10. Recruit and coordinate volunteers	30+ volunteers	By May 10
11. Purchase swag such as wine glasses & t-shirts	Swag ready	By April 30
12. Purchase event supplies	Purchased	By April 30
Measure of Success: Event attracts 2,000 attendees, measured by tickets sold. We will capture data on overnight stays and postal codes from each ticket holder when they collect their event pass. A final report, including lessons learned, will be completed and available to the LTAC by July 15/22		

Lodging Tax Request: Organization/Event Description

Project Budget:

PROJECT EXPENSES: 2022 Kingston Wine and Brew Fest	Chamber Contribution	Lodging Tax Request	Total Expenses
Event Coordinator (480 hours@25))	\$ 12,000	\$ -	\$ 12,000
Volunteer Workers (960 hours in kind)	\$ 24,000	\$ -	\$ 24,000
Park Rental Including Tents	\$ -	\$ 2,500	\$ 2,500
County Fees & Permits	\$ -	\$ 700	\$ 700
Special Occasion Liscence	\$ -	\$ 50	\$ 50
Event Photographer	\$ -	\$ 2,000	\$ 2,000
Promotional T-shirts (500)	\$ -	\$ 7,500	\$ 7,500
Tickets, wrist bands other event supplies	\$ -	\$ 500	\$ 500
Musicians (8 bands)	\$ -	\$ 4,000	\$ 4,000
Flyers & Posters (200)	\$ -	\$ 100	\$ 100
Banners (4)	\$ -	\$ 400	\$ 400
Rack Cards (1,500)	\$ -	\$ 150	\$ 150
Local Newspaper Ads	\$ -	\$ 300	\$ 300
Press Release Kitsap Daily/Kingston Comm News	\$ -	\$ 350	\$ 350
Ferry Ads	\$ -	\$ 500	\$ 500
Port Electronic Sign (60 messages)	\$ -	\$ 300	\$ 300
Targeted Google Ads (2 months)	\$ -	\$ 700	\$ 700
Targeted Yelp Ads (2 months)	\$ -	\$ 300	\$ 300
FaceBook Automated Ads	\$ -	\$ 180	\$ 180
FaceBook & Instagram Ad Boosts	\$ -	\$ 180	\$ 180
LinkedIn (12000 impressions)	\$ -	\$ 100	\$ 100
Totals:	\$ 36,000	\$ 20,810	\$ 56,810
PROJECTED REVENUE: 2022 Kingston Wine and Brew Fest			Total Revenue
Ticket Sales (2000@\$45)			\$ 90,000
Vendor Booth Fees (50*\$75)			\$ 3,750
Sponsorship			\$ 3,000
Tshirt Sales			\$ 7,500
Raffle			\$ 5,000
Total:			\$ 109,250



Lodging Tax Request: Organization/Event Description

Cash Flow Projection:

2022	Expenses	Revenue
Jan		
Feb		
Mar	\$ 3,250	
Apr	\$ 9,650	
May	\$ 1,910	\$ 3,750
Jun	\$ 6,000	\$ 105,500
Jul		
Aug		
Sep		
Oct		
Nov		
Dec		
Total:	\$ 20,810	\$ 109,250

*Expenses do not include staff costs



PORT OF KINGSTON

Serving what matters today, with a view for tomorrow.

August 2, 2021

Brenda Franklin
President, Board
Kingston Chamber of Commerce
P O Box 78
Kingston, WA 98364

Dear Ms. Franklin,

The Port of Kingston fully supports the efforts of the Greater Kingston Chamber of Commerce to secure this grant from the Lodging Tax Fund.

We know that many communities are struggling under the current economic situation made much worse by the COVID-19 pandemic. We believe the need is even more acute within the greater Kingston area. Kingston has already seen a steady decline in the businesses over the past decade when most communities were experiencing significant growth. We have lost two restaurants; two retailers and other retailers are still expecting to close their doors. The grant funding and your focused efforts to help market Kingston and the surrounding area would be incredibly helpful to rebuilding local and regional businesses.

The Kingston area is one of the communities in Kitsap county with the greatest opportunity for growth and development. It is a major transportation hub, yet we need help marketing Kingston and we believe this funding is critical to that effort.

Thanks to both you and Kitsap county for all your continued efforts to strengthen the greater Kingston community and the region. We look forward to working with you!

Sincerely,

Greg Englin
Executive Director

9-1655808



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

GREATER KINGSTON COMMUNITY 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: 601 580 968

Date: October 6, 1994



Given under my hand and the seal of the State of
Washington, at Olympia, the State Capitol

Ralph Munro, Secretary of State

STATE FARM FIRE AND CASUALTY COMPANY
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 853925
Richardson, TX 75085-3925

Named Insured

001791 3123 M-15-6121-FBBC F N
KINGSTON CHAMBER OF COMMERCE
PO BOX 78
KINGSTON WA 98346-0078



ST-
0104-0000

DECLARATIONS AMENDED JUN 2 2021

Policy Number	98-B1-G670-1	
Policy Period	Effective Date	Expiration Date
12 Months	JUN 9 2021	JUN 9 2022
The policy period begins and ends at 12:01 am standard time at the premises location.		

Agent and Mailing Address

PAULA WEISSINGER CPCU, CLU
175 PARFITT WAY SW STE 180
BAINBRIDGE IS WA 98110-2584

PHONE: (206) 855-0855

Businessowners Policy

Automatic Renewal - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Entity: NON PROFIT

Reason for Declarations: Your policy is amended JUN 2 2021
ADDITIONAL INSURED DELETED
PREMIUM ADJUSTMENT
FORM CMP-4788 DELETED

Other items shown are effective
with the policy's 2021 renewal

Endorsement Premium None

Discounts Applied:
Renewal Year
Years in Business
Claim Record

Prepared
JUL 06 2021
CMP-4000

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Continued on Reverse Side of Page

Page 1 of 6

DECLARATIONS (CONTINUED)

Businessowners Policy for KINGSTON CHAMBER OF COMMERCE
Policy Number 98-B1-G670-1

SECTION I - PROPERTY SCHEDULE

Location Number	Location of Described Premises	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property	Seasonal Increase-Business Personal Property
001	25923 WASHINGTON BLVD NE # 101 KINGSTON WA 98346-7632	No Coverage	\$ 6,700	25%

* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I - INFLATION COVERAGE INDEX(ES)

Cov A - Inflation Coverage Index: N/A
Cov B - Consumer Price Index: 263.0

SECTION I - DEDUCTIBLES

Basic Deductible \$1,000

Special Deductibles:

Money and Securities	\$250	Equipment Breakdown	\$1,000
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Other deductibles may apply - refer to policy.

DECLARATIONS (CONTINUED)

Businessowners Policy for KINGSTON CHAMBER OF COMMERCE
Policy Number 98-B1-G670-1



ST-
0204-0000

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

COVERAGE	LIMIT OF INSURANCE
Accounts Receivable	
On Premises	\$10,000
Off Premises	\$5,000
Arson Reward	\$5,000
Collapse	Included
Damage To Non-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	\$2,500
Fire Extinguisher Systems Recharge Expense	\$5,000
Forgery Or Alteration	\$10,000
Glass Expenses	Included
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Money And Securities (Off Premises)	\$2,000
Money And Securities (On Premises)	\$5,000
Money Orders And Counterfeit Money	\$1,000
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000
Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000

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Continued on Reverse Side of Page

Page 3 of 6

DECLARATIONS (CONTINUED)

Businessowners Policy for KINGSTON CHAMBER OF COMMERCE
Policy Number 98-B1-G670-1

Ordinance Or Law - Equipment Coverage	Included
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Personal Property Off Premises	\$15,000
Pollutant Clean Up And Removal	\$10,000
Preservation Of Property	30 Days
Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	\$2,500
Valuable Papers And Records	
On Premises	\$10,000
Off Premises	\$5,000
Water Damage, Other Liquids, Powder Or Molten Material Damage	Included

JUL 06 2021

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

COVERAGE	LIMIT OF INSURANCE
Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months

SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$1,000,000

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DECLARATIONS (CONTINUED)

Businessowners Policy for KINGSTON CHAMBER OF COMMERCE
Policy Number 98-B1-G670-1



Coverage M - Medical Expenses (Any One Person) \$10,000

Damage To Premises Rented To You \$300,000

AGGREGATE LIMITS

LIMIT OF
INSURANCE

Products/Completed Operations Aggregate \$2,000,000

General Aggregate \$2,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

CMP-4102	Businessowners Coverage Form
FE-6999.3	Terrorism Insurance Cov Notice
CMP-4247.1	Amendatory Endorsement
CMP-4705.2	Loss of Income & Extra Expnse
CMP-4709	Money and Securities
CMP-4788	Addl Insd Mgrs Lessor of Prem
CMP-4804	Addl Insd Club Members
CMP-4860	AI Design Person Org
FE-3650	Actual Cash Value Endorsement
CMP-4572	Amendment of Premium Cond
CMP-4561.1	Policy Endorsement
FD-6007	Inland Marine Attach Dec

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Continued on Reverse Side of Page

Page 5 of 6

DECLARATIONS (CONTINUED)

Businessowners Policy for KINGSTON CHAMBER OF COMMERCE
Policy Number 98-B1-G670-1

SCHEDULE OF ADDITIONAL INTERESTS

Interest Type: Addl Insured-Section II
Endorsement #: CMP4860
Loan Number: N/A

VILLAGE GREEN METROPOLITAN
DISTRICT-VILLAGE GREEN
COMMUNITY PARK
26159 DULAY RD NE
KINGSTON WA 983465500

Interest Type: Addl Insured-Section II
Endorsement #: CMP4788
Loan Number: N/A

KITSAP COUNTY
614 DIVISION ST STE MS23
PORT ORCHARD WA 983664614

This policy is issued by the State Farm Fire and Casualty Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.


Secretary


President

JUL 06 2021

STATE FARM FIRE AND CASUALTY COMPANY
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 853925
Richardson, TX 75085-3925

Named Insured

M-15-6121-FBBC F N

KINGSTON CHAMBER OF COMMERCE
PO BOX 78
KINGSTON WA 98346-0078



ST-
0404-0000

INLAND MARINE ATTACHING DECLARATIONS

Policy Number	98-B1-G670-1	
Policy Period	Effective Date	Expiration Date
12 Months	JUN 9 2021	JUN 9 2022
The policy period begins and ends at 12:01 am standard time at the premises location.		

ATTACHING INLAND MARINE

Automatic Renewal - If the **policy period** is shown as **12 months** , this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Annual Policy Premium Included

The above Premium Amount is included in the Policy Premium shown on the Declarations.

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

Forms, Options, and Endorsements

FE-8724 Inland Marine Conditions
FE-8744.1 Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

Prepared
JUL 06 2021
FD-6007

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ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	ANNUAL PREMIUM
FE-8744.1	Inland Marine Computer Prop	\$ 25,000	\$ 500	Included
	Loss of Income and Extra Expense	\$ 25,000		Included

JUL 06 2021

Prepared
JUL 06 2021
FD-6007

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

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Po Box 853925
Richardson, TX 75085-3925

Addl Insured-Section II Only

001792 3123 M-15-6121-FBBC F N
VILLAGE GREEN METROPOLITAN
DISTRICT-VILLAGE GREEN
COMMUNITY PARK
26159 DULAY RD NE
KINGSTON WA 98346-5500



DECLARATIONS AMENDED JUN 2 2021

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12 Months	JUN 9 2021	JUN 9 2022
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Named Insured
KINGSTON CHAMBER OF COMMERCE

ST-
0104-0000

Businessowners Policy

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Entity: NON PROFIT
Reason for Declarations: Your policy is amended JUN 2 2021
ADDITIONAL INSURED DELETED
PREMIUM ADJUSTMENT
FORM CMP-4788 DELETED

Other items shown are effective
with the policy's 2021 renewal

Endorsement Premium None

Discounts Applied:
Renewal Year
Years in Business
Claim Record

DECLARATIONS (CONTINUED)

Businessowners Policy for VILLAGE GREEN METROPOLITAN
Policy Number 98-B1-G670-1

SECTION I - PROPERTY SCHEDULE

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Basic Deductible \$1,000

Special Deductibles:

Money and Securities \$250 Equipment Breakdown \$1,000

Other deductibles may apply - refer to policy.

JUL 06 2021

DECLARATIONS (CONTINUED)

Businessowners Policy for VILLAGE GREEN METROPOLITAN
Policy Number 98-B1-G670-1



SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

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On Premises	\$10,000
Off Premises	\$5,000
Arson Reward	\$5,000
Collapse	Included
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Equipment Breakdown	Included
Fire Department Service Charge	\$2,500
Fire Extinguisher Systems Recharge Expense	\$5,000
Forgery Or Alteration	\$10,000
Glass Expenses	Included
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Money And Securities (Off Premises)	\$2,000
Money And Securities (On Premises)	\$5,000
Money Orders And Counterfeit Money	\$1,000
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000
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DECLARATIONS (CONTINUED)

Businessowners Policy for VILLAGE GREEN METROPOLITAN
Policy Number 98-B1-G670-1

Ordinance Or Law - Equipment Coverage	Included
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JUL 06 2021

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Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months

SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$1,000,000

Prepared
JUL 06 2021
CMP-4000

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DECLARATIONS (CONTINUED)

Businessowners Policy for VILLAGE GREEN METROPOLITAN
Policy Number 98-B1-G670-1



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0304-0000

Coverage M - Medical Expenses (Any One Person)	\$10,000
Damage To Premises Rented To You	\$300,000

AGGREGATE LIMITS

LIMIT OF
INSURANCE

Products/Completed Operations Aggregate	\$2,000,000
General Aggregate	\$2,000,000

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CMP-4860	AI Design Person Org
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Page 5 of 6

DECLARATIONS (CONTINUED)

Businessowners Policy for VILLAGE GREEN METROPOLITAN
Policy Number 98-B1-G670-1


This policy is issued by the State Farm Fire and Casualty Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.


Secretary


President

JUL 06 2021

Prepared
JUL 06 2021
CMP-4000

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STATE FARM FIRE AND CASUALTY COMPANY
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 853925
Richardson, TX 75085-3925

Named Insured

M-15-6121-FBBC F N

KINGSTON CHAMBER OF COMMERCE



ST-
0404-0000

INLAND MARINE ATTACHING DECLARATIONS

Policy Number	98-B1-G670-1	
Policy Period	Effective Date	Expiration Date
12 Months	JUN 9 2021	JUN 9 2022
The policy period begins and ends at 12:01 am standard time at the premises location.		

ATTACHING INLAND MARINE

Automatic Renewal - If the **policy period** is shown as **12 months** , this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Annual Policy Premium Included

The above Premium Amount is included in the Policy Premium shown on the Declarations.

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

Forms, Options, and Endorsements

FE-8724 Inland Marine Conditions
FE-8744.1 Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

Prepared
JUL 06 2021
FD-6007

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ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	ANNUAL PREMIUM
FE-8744.1	Inland Marine Computer Prop	\$ 25,000	\$ 500	Included
	Loss of Income and Extra Expense	\$ 25,000		Included

JUL 06 2021

Prepared
JUL 06 2021
FD-6007

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

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Po Box 853925
Richardson, TX 75085-3925

Addl Insured-Section II Only

001793 3123 M-15-6121-FBBC F N
KITSAP COUNTY
614 DIVISION ST STE MS23
PORT ORCHARD WA 98366-4614



ST-
0104-0000

DECLARATIONS AMENDED JUN 2 2021

Policy Number	98-B1-G670-1	
Policy Period	Effective Date	Expiration Date
12 Months	JUN 9 2021	JUN 9 2022
The policy period begins and ends at 12:01 am standard time at the premises location.		

Named Insured
KINGSTON CHAMBER OF COMMERCE

Businessowners Policy

Automatic Renewal - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Entity: NON PROFIT
Reason for Declarations: Your policy is amended JUN 2 2021
ADDITIONAL INSURED DELETED
PREMIUM ADJUSTMENT
FORM CMP-4788 DELETED

Other items shown are effective
with the policy's 2021 renewal

Endorsement Premium None

Discounts Applied:
Renewal Year
Years in Business
Claim Record

DECLARATIONS (CONTINUED)

Businessowners Policy for KITSAP COUNTY
Policy Number 98-B1-G670-1

SECTION I - PROPERTY SCHEDULE

Location Number	Location of Described Premises	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property	Seasonal Increase-Business Personal Property
001	25923 WASHINGTON BLVD NE # 101 KINGSTON WA 98346-7632	No Coverage	\$ 6,700	25%

* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I - INFLATION COVERAGE INDEX(ES)

Cov A - Inflation Coverage Index: N/A
Cov B - Consumer Price Index: 263.0

SECTION I - DEDUCTIBLES

Basic Deductible \$1,000

Special Deductibles:

Money and Securities \$250 Equipment Breakdown \$1,000

Other deductibles may apply - refer to policy.

DECLARATIONS (CONTINUED)

Businessowners Policy for KITSAP COUNTY
Policy Number 98-B1-G670-1



SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

COVERAGE	LIMIT OF INSURANCE
Accounts Receivable	
On Premises	\$10,000
Off Premises	\$5,000
Arson Reward	\$5,000
Collapse	Included
Damage To Non-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	\$2,500
Fire Extinguisher Systems Recharge Expense	\$5,000
Forgery Or Alteration	\$10,000
Glass Expenses	Included
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Money And Securities (Off Premises)	\$2,000
Money And Securities (On Premises)	\$5,000
Money Orders And Counterfeit Money	\$1,000
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000
Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000

DECLARATIONS (CONTINUED)

Businessowners Policy for KITSAP COUNTY
Policy Number 98-B1-G670-1

Ordinance Or Law - Equipment Coverage	Included
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Personal Property Off Premises	\$15,000
Pollutant Clean Up And Removal	\$10,000
Preservation Of Property	30 Days
Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	\$2,500
Valuable Papers And Records	
On Premises	\$10,000
Off Premises	\$5,000
Water Damage, Other Liquids, Powder Or Molten Material Damage	Included

JUL 06 2021

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

COVERAGE	LIMIT OF INSURANCE
Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months

SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$1,000,000

Prepared
JUL 06 2021
CMP-4000

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DECLARATIONS (CONTINUED)

Businessowners Policy for KITSAP COUNTY
Policy Number 98-B1-G670-1



ST-
0304-0000

Coverage M - Medical Expenses (Any One Person)	\$10,000
Damage To Premises Rented To You	\$300,000

AGGREGATE LIMITS

LIMIT OF
INSURANCE

Products/Completed Operations Aggregate	\$2,000,000
General Aggregate	\$2,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

CMP-4102	Businessowners Coverage Form
FE-6999.3	Terrorism Insurance Cov Notice
CMP-4247.1	Amendatory Endorsement
CMP-4705.2	Loss of Income & Extra Expnse
CMP-4709	Money and Securities
CMP-4788	Addl Insd Mgrs Lessor of Prem
CMP-4804	Addl Insd Club Members
CMP-4860	AI Design Person Org
FE-3650	Actual Cash Value Endorsement
CMP-4572	Amendment of Premium Cond
CMP-4561.1	Policy Endorsement
FD-6007	Inland Marine Attach Dec

Prepared
JUL 06 2021
CMP-4000

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Continued on Reverse Side of Page

Page 5 of 6

DECLARATIONS (CONTINUED)

Businessowners Policy for KITSAP COUNTY
Policy Number 98-B1-G670-1


This policy is issued by the State Farm Fire and Casualty Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.


Secretary


President

JUL 06 2021

STATE FARM FIRE AND CASUALTY COMPANY
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 853925
Richardson, TX 75085-3925

Named Insured

M-15-6121-FBBC F N

KINGSTON CHAMBER OF COMMERCE



ST-
0404-0000

INLAND MARINE ATTACHING DECLARATIONS

Policy Number	98-B1-G670-1	
Policy Period	Effective Date	Expiration Date
12 Months	JUN 9 2021	JUN 9 2022
The policy period begins and ends at 12:01 am standard time at the premises location.		

ATTACHING INLAND MARINE

Automatic Renewal - If the **policy period** is shown as **12 months** , this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

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Forms, Options, and Endorsements

FE-8724 Inland Marine Conditions
FE-8744.1 Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

Prepared
JUL 06 2021
FD-6007

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ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	ANNUAL PREMIUM
FE-8744.1	Inland Marine Computer Prop	\$ 25,000	\$ 500	Included
	Loss of Income and Extra Expense	\$ 25,000		Included

JUL 06 2021

Prepared
JUL 06 2021
FD-6007

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

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2019 TAX RETURN

Preparer Review Copy

Client: 19E4001

Prepared for: Greater Kingston Community Chamber
of Commerce
PO Box 78
Kingston, WA 98346
(360) 297-4500

Prepared by: Dennis Bryan CPA
Parker Mooers & Cena PS, CPA's
9222 Bay Shore Dr NW Ste 150
Silverdale, WA 98383
(360) 692-8808

Date: June 24, 2020

Comments:

Route to: _____

Parker Mooers & Cena PS, CPA's
9222 Bay Shore Dr NW Ste 150
Silverdale, WA 98383

Greater Kingston Community Chamber
of Commerce
PO Box 78
Kingston, WA 98346

CLIENT 19E4001

PARKER MOOERS & CENA PS, CPA'S
9222 BAY SHORE DR NW STE 150
SILVERDALE, WA 98383
(360) 692-8808

June 24, 2020

Greater Kingston Community Chamber
of Commerce
PO Box 78
Kingston, WA 98346

Dear Client:

Your 2019 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Dennis Bryan CPA

2019

Federal Exempt Organization Tax Summary (EZ)

Page 1

Client 19E4001

Greater Kingston Community Chamber
of Commerce

91-1655808

6/24/20

4:23 PM

FORM 990-EZ REVENUE

Contributions, gifts, and grants.....	79,146
Membership dues and assessments.....	24,927
Total revenue.....	104,073

EXPENSES

Salaries and employee benefits.....	42,188
Other expenses.....	64,815
Total expenses.....	107,003

NET ASSETS OR FUND BALANCES

Excess or (deficit) for the year.....	-2,930
Net assets/fund bal. at beg. of year.....	16,979
Net assets/fund bal. at end of year.....	14,049

6/24/20

04:23PM

Federal Informational Diagnostics**General**

- ☐ E-File rejections can be a result of the information entered for this organization may not match the IRS Exempt Organization Business Master File (EO BMF). The mismatch can be the Name, EIN, tax year end, etc. Go verify the information at <https://www.irs.gov/charities-non-profits/exempt-organizations-business-master-file-extract-eo-bmf>.
- ☐ The computer date of 6/24/2020 will be transmitted as organization's e-file PIN authorization signature date when the tax return is electronically filed.

6/24/20

04:23PM

Federal Overrides**Screen 4.1**

- ☐ An override entry of has been made in Federal "Allow preparer/IRS discussion:
1=yes, 2=no, 3=blank [0]" (Screen 4.1, Code 50).

2019

General Information
Greater Kingston Community Chamber
of Commerce

Page 1

Client 19E4001

91-1655808

6/24/20

04:23PM

Forms needed for this return

Federal: 990-EZ, Sch 0

Carryovers to 2020

None

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20____

▶ **Do not send to the IRS. Keep for your records.**▶ **Go to www.irs.gov/Form8879EO for the latest information.****2019**Department of the Treasury
Internal Revenue Service

Name of exempt organization

Greater Kingston Community Chamber
of Commerce

Employer identification number

91-1655808

Name and title of officer

MiaCate Kennedy

Executive Dir.

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1 a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1 b _____
2 a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2 b <u>104,073.</u>
3 a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b _____
4 a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b _____
5 a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5 b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize Parker Mooers & Cena PS, CPA's to enter my PIN 19540 as my signature

ERO firm name

Enter five numbers, but
do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____

Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN

91345615151

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____

Date ▶ _____

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

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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.

OMB No. 1545-0047

2019**Open to Public
Inspection****A** For the 2019 calendar year, or tax year beginning , 2019, and ending ,**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C
 Greater Kingston Community Chamber
 of Commerce
 PO Box 78
 Kingston, WA 98346

D Employer identification number

91-1655808

E Telephone number

(360) 297-4500

F Group Exemption
Number**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ www.kingstonchamber.com**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (6) ◀(insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is **not**
required to attach Schedule B
(Form 990, 990-EZ, or 990-PF).**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total
assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 104,073.**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. ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	79,146.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	24,927.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	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		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	104,073.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	42,188.
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O) See Schedule O	16	64,815.
	17	Total expenses. Add lines 10 through 16	17	107,003.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-2,930.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	16,979.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	14,049.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2019)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II. ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	21,846.	22 16,655.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	21,846.	25 16,655.
26 Total liabilities (describe in Schedule O) <u>See Schedule O</u>	4,867.	26 2,606.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	16,979.	27 14,049.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III. ☒What is the organization's primary exempt purpose? See Schedule O

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

Expenses

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

28 <u>See Schedule O</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	45,100.
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	45,100.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>MiaCate Kennedy</u> Executive Dir.	20	22,482.	0.	0.
<u>Mickey Munro</u> President	0	0.	0.	0.
<u>Nancy Martin</u> Past President	0	0.	0.	0.
<u>Linda Fyfe</u> Vice President	0	0.	0.	0.
<u>Shana Ramirez</u> Vice President	0	0.	0.	0.
<u>Dennis Bryan</u> Treasurer	0	0.	0.	0.
<u>Methia Gordon</u> Secretary	0	0.	0.	0.
<u>Bim Prince</u> Director	0	0.	0.	0.
<u>Kate Moglia</u> Director	0	0.	0.	0.
<u>Debi Tanner</u> Director	0	0.	0.	0.
<u>Lisa Maxwell</u> Director	0	0.	0.	0.
<u>Blair Anderson</u> Director	0	0.	0.	0.
<u>Greg Englin</u> Director	0	0.	0.	0.

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.	33	X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.	35c	X
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.	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved.	38b 0.	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9.	39a 0.	
b Gross receipts, included on line 9, for public use of club facilities.	39b 0.	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
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	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.		
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	X
41 List the states with which a copy of this return is filed ▶ WA		

42a The organization's books are in care of ▶ Parker, Mooers & Cens PS Telephone no. ▶ (360) 692-8808 Located at ▶ 9222 Bay Shore Dr NW Suite 150 Silverdale WA ZIP + 4 ▶ 98383		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
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).		
c At any time during the calendar year, did the organization maintain an office outside the United States?	42c	X
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 <input type="checkbox"/> N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A		
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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	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)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.

	Yes	No
46		X

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.

	Yes	No
47		
48		
49 a		
49 b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.

49 a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A.

▶ ☐ Yes ☐ No

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

Sign Here	Signature of officer		Date		
	MiaCate Kennedy		Executive Dir.		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Dennis Bryan CPA				P00314405
	Firm's name ▶	Parker Mooers & Cena PS, CPA's			
	Firm's address ▶	9222 Bay Shore Dr NW Ste 150 Silverdale, WA 98383			Firm's EIN ▶ 91-1702384 Phone no. (360) 692-8808

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

BAA

Form 990-EZ (2019)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **Greater Kingston Community Chamber
of Commerce**

Employer identification number
91-1655808

Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion.....	\$	3,323.
Bank Fees.....		601.
Contract Labor.....		240.
Dues & Subscriptions.....		40.
Fundraising Costs.....		23,701.
Insurance.....		1,547.
Meals.....		40.
Member Luncheons.....		5,409.
Nonprofit Filing Fee.....		20.
Office Expenses.....		4,360.
Rounding Adjustment.....		-2.
Royalties.....		11,875.
Tourism & Events.....		13,661.
Total	\$	<u>64,815.</u>

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 4,867.	\$ 2,606.
Total	<u>\$ 4,867.</u>	<u>\$ 2,606.</u>

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Maintain and operate visitor center, support local businesses with
advertising,promotion, committees, education, government relations, networking
events, newsletters forums, other business support activities.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Maintain and operate visitor center, support local businesses with
advertising,promotion, committees, education, government relations, networking
events, newsletters forums, other business support activities.

2020 TAX RETURN

Preparer File Copy

Client: 20E4003

Prepared for: Greater Kingston Community Chamber
of Commerce
PO Box 78
Kingston, WA 98346
(360) 297-3813

Prepared by: Dennis Bryan CPA
Parker Mooers & Cena PS, CPA's
9222 Bay Shore Dr NW Ste 150
Silverdale, WA 98383
(360) 692-8808

Date: April 23, 2021

Comments:

Route to: _____

CLIENT 20E4003

PARKER MOOERS & CENA PS, CPA'S
9222 BAY SHORE DR NW STE 150
SILVERDALE, WA 98383
(360) 692-8808

April 23, 2021

Greater Kingston Community Chamber
of Commerce
PO Box 78
Kingston, WA 98346

Dear Client:

Your 2020 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8453-EO - Exempt Organization Declaration and Signature for Electronic Filing. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Dennis Bryan CPA

Parker Mooers & Cena PS, CPA's

9222 Bay Shore Dr NW Ste 150

Silverdale, WA 98383

(360) 692-8808

Client 20E4003

April 23, 2021

**Greater Kingston Community Chamber
of Commerce**

PO Box 78

Kingston, WA 98346

(360) 297-3813

FEDERAL FORMSForm 990-EZ
Schedule O
Form 8453-EO2020 Return of Organization Exempt from Income Tax
Supplemental Information
Declaration for Electronic Filing**FEE SUMMARY**

Preparation Fee

2020**Federal Exempt Organization Tax Summary (EZ)****Page 1****Client 20E4003****Greater Kingston Community Chamber
of Commerce****91-1655808**

4/23/21

12:23 PM

	2020	2019	Diff
FORM 990-EZ REVENUE			
Contributions, gifts, and grants.....	26,856	79,146	-52,290
Membership dues and assessments.....	27,640	24,927	2,713
Total revenue.....	54,496	104,073	-49,577
EXPENSES			
Salaries and employee benefits.....	36,642	42,188	-5,546
Professional fees/pymt to contractors....	5,010	0	5,010
Occupancy/rent/utilities/maintenance.....	6,225	0	6,225
Other expenses.....	17,886	64,815	-46,929
Total expenses.....	65,763	107,003	-41,240
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year.....	-11,267	-2,930	-8,337
Net assets/fund bal. at beg. of year.....	14,049	16,979	-2,930
Net assets/fund bal. at end of year.....	2,782	14,049	-11,267

Federal Critical Diagnostics**General**

- ☐ PDF attachment: A PDF file of the signed Form 8453-EO must be attached to the return, when not using the e-file PIN signature option. Using an e-file PIN signature option to electronically sign the return eliminates the need to scan and attach a PDF copy of Form 8453-EO. If you choose to attach Form 8453-EO, you must enter either "1=Form 8453-EO(990/EZ/PF)" or "2=Form 8453-EO(8868)" for the 8453-EO PDF attachment on the "Electronic Return File Attachments" detail screen.

Federal Informational Diagnostics**General**

- ☐ E-File rejections can be a result of the information entered for this organization may not match the IRS Exempt Organization Business Master File (EO BMF). The mismatch can be the Name, EIN, tax year end, etc. Go verify the information at <https://www.irs.gov/charities-non-profits/exempt-organizations-business-master-file-extract-eo-bmf>. You may also need to contact the IRS e-File Help Desk at (866) 255-0654.

2020

General Information
Greater Kingston Community Chamber
of Commerce

Page 1

Client 20E4003

91-1655808

4/23/21

12:24PM

Forms needed for this return

Federal: 990-EZ, Sch 0

Carryovers to 2021

None

The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

Prior to transmission of the return

Form 990-EZ

The organization should review their Federal Return along with any accompanying schedules and statements.

Form 8453-EO

The organization should review, sign and date Form 8453-EO prior to you e-filing the return. The signed Form 8453-EO must be attached to the e-file as a PDF file.

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 8453-EO in your files for 3 years.

Do not mail:

Form 8453-EO

Form **8453-EO****Exempt Organization Declaration and Signature for
Electronic Filing**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or tax year beginning _____, 2020, and ending _____, 20 _____

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868

► Go to www.irs.gov/Form8453EO for the latest information.**2020**Name of exempt organization or person subject to tax
**Greater Kingston Community Chamber
of Commerce**Taxpayer identification number
91-1655808**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ► <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ► <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b <u>54,496.</u>
3a Form 1120-POL check here ► <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ► <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ► <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ► <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ► <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration of Officer or Person Subject to Tax

8 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that ☒ I am an officer of the above named organization or ☐ I am the person subject to tax with respect to (name of organization) _____, (EIN) _____, and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here ► _____ **Executive Dir.**
Signature of officer or person subject to tax Date Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, iModernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ►	Date 4/23/21	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN P00314405
	Firm's name (or yours if self-employed), address, and ZIP code	Parker Mooers & Cena PS, CPA's 9222 Bay Shore Dr NW Ste 150 Silverdale, WA 98383			EIN 91-1702384
					Phone no. (360) 692-8808

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

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

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

Form **8453-EO** (2020)

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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.

OMB No. 1545-0047

2020**Open to Public
Inspection****A** For the 2020 calendar year, or tax year beginning , 2020, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Greater Kingston Community Chamber of Commerce PO Box 78 Kingston, WA 98346	D Employer identification number 91-1655808 E Telephone number (360) 297-3813 F Group Exemption Number
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ I Website: ▶ www.kingstonchamber.com J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 54,496.		

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. ☒

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 26,856.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 27,640.
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events:	
	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	
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶	9 54,496.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 36,642.
	13 Professional fees and other payments to independent contractors	13 5,010.
	14 Occupancy, rent, utilities, and maintenance	14 6,225.
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O) See Schedule O	16 17,886.
17 Total expenses. Add lines 10 through 16. ▶	17 65,763.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 -11,267.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 14,049.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	21 2,782.

BAA For Paperwork Reduction Act Notice, see the separate instructions.Form **990-EZ** (2020)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II. ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	16,655.	22 3,787.
23 Land and buildings		23
24 Other assets (describe in Schedule O) <u>See Schedule O</u>		24 835.
25 Total assets	16,655.	25 4,622.
26 Total liabilities (describe in Schedule O) <u>See Schedule O</u>	2,606.	26 1,840.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,049.	27 2,782.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III. ☒What is the organization's primary exempt purpose? See Schedule O

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

Expenses

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

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

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>MiaCate Kennedy</u> Executive Dir.	20	0.	0.	0.
<u>Mickey Munro</u> President	0	0.	0.	0.
<u>Nancy Martin</u> Past President	0	0.	0.	0.
<u>Linda Fyfe</u> Vice President	0	0.	0.	0.
<u>Shana Ramirez</u> Vice President	0	0.	0.	0.
<u>Dennis Bryan</u> Treasurer	0	0.	0.	0.
<u>Methia Gordon</u> Secretary	0	0.	0.	0.
<u>Bim Prince</u> Director	0	0.	0.	0.
<u>Kate Moglia</u> Director	0	0.	0.	0.
<u>Debi Tanner</u> Director	0	0.	0.	0.
<u>Lisa Maxwell</u> Director	0	0.	0.	0.
<u>Blair Anderson</u> Director	0	0.	0.	0.
<u>Greg Englin</u> Director	0	0.	0.	0.

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.	33	X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.	35c	X
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.	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved.	38b 0.	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9.	39a 0.	
b Gross receipts, included on line 9, for public use of club facilities.	39b 0.	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
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	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.		
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	X
41 List the states with which a copy of this return is filed ▶ <u>WA</u>		

42a The organization's books are in care of ▶ <u>Parker, Mooers & Cens PS</u> Telephone no. ▶ <u>(360) 692-8808</u> Located at ▶ <u>9222 Bay Shore Dr NW Suite 150 Silverdale WA</u> ZIP + 4 ▶ <u>98383</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
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).		
c At any time during the calendar year, did the organization maintain an office outside the United States?	42c	X
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 <input type="checkbox"/> N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A		
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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	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)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.

	Yes	No
46		X

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.

	Yes	No
47		
48		
49 a		
49 b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.

49 a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A.

▶ ☐ Yes ☐ No

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

Sign Here	Signature of officer		Date		
	MiaCate Kennedy		Executive Dir.		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Dennis Bryan CPA		4/23/21		P00314405
	Firm's name ▶	Parker Mooers & Cena PS, CPA's			Firm's EIN ▶
	Firm's address ▶	9222 Bay Shore Dr NW Ste 150 Silverdale, WA 98383			Phone no. (360) 692-8808

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

BAA

Form 990-EZ (2020)

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020**Open to Public
Inspection**Name of the organization **Greater Kingston Community Chamber
of Commerce**Employer identification number
91-1655808**Form 990-EZ, Part I, Line 16**
Other Expenses

Advertising and Promotion.....	\$	6,170.
Bank Fees.....		103.
Dues & Subscriptions.....		410.
Fundraising Costs.....		1,706.
Insurance.....		1,535.
Meals.....		51.
Meeting Costs.....		221.
Member Luncheons.....		1,647.
Office Expenses.....		4,151.
Repairs & Maintenance.....		90.
Telephone.....		622.
Utilities.....		1,180.
Total	\$	17,886.

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
.....	\$ 0.	\$ 835.
Total	\$ 0.	\$ 835.

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 2,606.	\$ 1,840.
Total	\$ 2,606.	\$ 1,840.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Maintain and operate visitor center, support local businesses with
advertising,promotion, committees, education, government relations, networking
events, newsletters forums, other business support activities.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Maintain and operate visitor center, support local businesses with
advertising,promotion, committees, education, government relations, networking
events, newsletters forums, other business support activities.