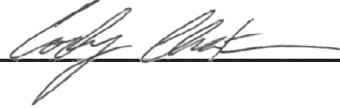


**KITSAP COUNTY
LODGING TAX FUNDING AWARD APPLICATION**

Application Deadline: August 30, 2024 @ 2:00 pm

Project Title: South Kitsap Chamber of Commerce Events
Project Dates: Beginning: 1/1/2024 Ending: 12/31/2025
Name of Organization South Kitsap Chamber of Commerce Web Site skchamber.org
Mailing Address: 1014 Bay St #3, Port Orchard, WA 98366
Contact Person: Cody Clark E-Mail: cody@portorchard.combPhone: 3608763505
Amount Requested: \$ 21,431 Total Project Cost: \$ 37,870
Portion of Total Project Cost Requested: 56.5%

Signature of Authorized Representative _____



Indicate the Project Type:

- ☐ Tourism marketing;
- ☒ Marketing and operations of special events and festivals designed to attract tourists;
- ☐ Operations and capital expenditures of tourism-related facilities owned or operated by a municipality or a public facilities district; or
- ☐ Operations of tourism-related facilities owned or operated by nonprofit 501(c)(3) and 501(c)(6) organizations.

NOTE: Applicants must refer to the Kitsap County Lodging Tax Funding Award Process Instructions for complete details of requirements.

Applicants Must Submit The Following:

- ☐ Application Funding Cover Sheet signed by an Authorized Representative
- ☐ Project Description
- ☐ Scope of Work
- ☐ Project Timeline
- ☐ Project Budget
- ☐ Project/Organizational History
- ☐ Business Qualification
- ☐ Tax Information
- ☐ Certificates of Insurance

If these basic criteria are not met, the application will not be considered by the Lodging Tax Committee.

Applications must be submitted in one combined PDF document and emailed to purchasing@kitsap.gov. Hardcopies will not be accepted.

Questions?

Contact Glen McNeill at (360) 337-4789 or gsmcneill@kitsap.gov
Kitsap County Administrative Services
614 Division St., MS-7
Port Orchard, WA 98366

TYPE OF PROPOSAL APPLICANT INFORMATION

SUBMISSION REQUIREMENTS



Size of Volunteer Base: 40

Demographic Served: ALL

Lodging Tax Request: Organization/Event Description

Project Title: South Kitsap Chamber of Commerce Events _____

Name of Organization: South Kitsap Chamber of Commerce

Size of staff and board: 2 Staff and 6 board Members _____

Geographic Area Served: I-5 Corridor from Marysville to Tacoma, Kitsap and Olympic Peninsulas

Type of Service Provided: Tourism

Description of Proposed Project:

The South Kitsap Chamber of Commerce is organizing two significant events to promote tourism and stimulate economic growth in our community: the Kitsap County Cornhole Classic Final Tournament and the South Kitsap Brew Fest.

Both events are strategically designed to attract visitors from across Kitsap County and surrounding areas, encouraging them to explore our region, enjoy local hospitality, and contribute to the vitality of our local economy.

The Kitsap County Cornhole Classic: Final Tournament will bring together the top three teams from three brackets in five preliminary tournaments organized by The South Kitsap Chamber of Commerce. These teams will compete for the inaugural Kitsap County Cornhole Classic Cup and can include teams from all over the county.

We are hoping to have major involvement from teams throughout the county and state to participate in this tournament. We also plan on having different preliminary tournaments throughout the county which will lead to the the Kitsap County Cornhole Classic Cup.

The South Kitsap Brew Fest aims to attract 300 attendees from across Western Washington, offering a vibrant atmosphere where visitors can enjoy exceptional local beers, shop with local vendors, support food trucks, and enjoy live music.

Participating breweries will compete for prizes in categories such as Best Coffee Beer, Most Coffee Forward Beer, and Most Unique Beer. They will collaborate with local coffee companies, using their products to craft distinctive and flavorful brews.

As this is the inaugural event hosted by the Chamber of Commerce, we plan to collect data from ticket purchases to track the geographic origin of attendees, allowing us to assess the event's reach and its ability to draw visitors from outside the area.



Lodging Tax Request: Organization/Event Description

Scope of Work:

Project Budget: South Kitsap Brew Fest		w
Actions	Milestones	Time Lines
Event Committee Meets - Creates Format	5 person committee	November 1st
Recruit Community Partners (initial)	10 Breweries and WASHINGTON BREWERS GUILD	December 1st
Develop Budget and Finalizing pricing	Working budget	January 15th
Book Venue, submit permit and SOL, get insurance	All Finalized	January 31st
Create application process for vendors	Applications for breweries, food, and vendors	February 10th
Market Event and finalize brewery numbers		March 15th
Book concert experience/Food Trucks	book talent and food	March 15th
Finalize Sponsorship	\$10,000 in sponsorship	April 1st
Marketing plan execution		April 1st
Order cups and shirts	orders made and delivered	April 1st
Recruit Volunteers	15+ Volunteers	April 15th
Purchase event supplies and medals for breweries	Purchased	May 1st

Measure of Success: Event attracts 300 attended, measured by tickets sold. We will capture data on overnight stay and postal codes from each ticket holder when they collect their pass. A final report, including lessons learned, will be completed after the event.

Project Budget: Kitsap County Cornhole Classic FINAL TOURNAMENT		
Actions	Milestones	Time Lines
Committee and Chambers ask for sponsors	\$10000 in sponsorship	February 15th
Find venue, apply for SOL, get insurance, coordinate with Kitsap Cornholers	All Finalized	March 15th
Develop Budget and Finalizing pricing	Working budget	March 15th
Find food vendors and beer vendor	All Finalized	April 1st
Recruit Volunteers	15+ Volunteers (set up, tear down, event)	May 1st
Open Registration	Registration open for winners of preliminaries	May 1st
Market all cornhole tournaments	Billboard up, spotify ads, facebook ads	May 1st
Order Swag	Place Order	June 1st
Find Emcee	Emcee booked	June 15th
Order Trophies	Place Order	July 1st
Purchase event supplies/ find raffle prizes	supplies purchased & 5 big raffle items found	July 15th
Final details for event	planned and executed	August 1st

Measure of Success: Event attracts 300 attended, measured by tickets sold. We will capture data on overnight stay and postal codes from each ticket holder when they collect their pass. A final report, including lessons learned, will be completed after the event.

2023 EXEMPT ORG. RETURN

PREPARED FOR:

PORT ORCHARD CHAMBER OF COMMERCE

1014 BAY STREET #3

PORT ORCHARD, WA 98366-5243

DAWN M JAKE CPA PLLC

420 CLINE AVE

PORT ORCHARD, WA 98366

(360) 329-7090

DAWN M JAKE CPA PLLC
420 CLINE AVE
PORT ORCHARD, WA 98366
(360) 329-7090

March 20, 2024

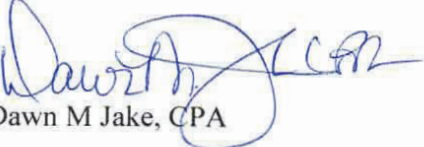
PORT ORCHARD CHAMBER OF COMMERCE
1014 BAY STREET #3
PORT ORCHARD, WA 98366-5243

Dear Client:

Your 2023 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - 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,



A handwritten signature in blue ink, appearing to read 'Dawn M Jake', is written over a circular blue ink stamp. The stamp contains the text 'Dawn M Jake, CPA'.

Dawn M Jake, CPA

PORT ORCHARD CHAMBER OF COMMERCE

91-0519613

	2023	2022	Diff
FORM 990-EZ REVENUE			
Contributions, gifts, and grants.....	46,789	0	46,789
Program service revenue.....	9,695	9,240	455
Membership dues and assessments.....	45,890	51,116	-5,226
Investment income.....	18	16	2
Net income (loss) - special events.....	64,343	62,522	1,821
Total revenue.....	166,735	122,894	43,841
EXPENSES			
Salaries and employee benefits.....	90,482	83,787	6,695
Professional fees/pymt to contractors....	2,025	4,218	-2,193
Occupancy/rent/utilities/maintenance....	13,779	13,072	707
Printing, publications, and postage.....	559	1,125	-566
Other expenses.....	34,683	30,688	3,995
Total expenses.....	141,528	132,890	8,638
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year.....	25,207	-9,996	35,203
Net assets/fund bal. at beg. of year.....	101,606	111,602	-9,996
Net assets/fund bal. at end of year.....	126,813	101,606	25,207

2023

General Information

Page 1

PORT ORCHARD CHAMBER OF COMMERCE

91-0519613

Forms needed for this return

Federal: 990-EZ, Sch G, Sch O

Carryovers to 2024

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.

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, access the program and get your first acknowledgement (ACK) that the program has received your transmission file.

Access the program 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

PORT ORCHARD CHAMBER OF COMMERCE

91-0519613

Special Events Worksheet

Special Event	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income or Loss
CORNHOLE CONTEST	\$ 23,630.	\$ 0.	\$ 23,630.	\$ 3,534.	\$ 20,096.
ANNUAL MEMBER EVENT	19,915.	0.	19,915.	0.	19,915.
Subtotal	\$ 43,545.	\$ 0.	\$ 43,545.	\$ 3,534.	\$ 40,011.
TOURISM & PROMOTION	13,965.	0.	13,965.	5,950.	8,015.
MISC LOCAL EVENTS	10,607.	0.	10,607.	2,613.	7,994.
CHAMBER DIRECTORY	10,477.	0.	10,477.	2,154.	8,323.
*Subtotal	\$ 35,049.	\$ 0.	\$ 35,049.	\$ 10,717.	\$ 24,332.
Total	<u>\$ 78,594.</u>	<u>\$ 0.</u>	<u>\$ 78,594.</u>	<u>\$ 14,251.</u>	<u>\$ 64,343.</u>

*Events combined on the return as the third event.

12/31/23

2023 Federal Book Depreciation Schedule

Page 1

PORT ORCHARD CHAMBER OF COMMERCE

91-0519613

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Dep. Allow.	Prior 179/ Bonus/ Sp. Dep.	Prior Dec. Bal. Dep.	Salvage /Basis Reductn	Dep. Basis	Prior Dep.	Method	Life	Rate	Current Dep.
Form 990/990-PF																
Furniture and Fixtures																
3	PRINTER STAND	1/13/00		279							279	279	S/L	HY	7	0
4	SHELVING	1/18/00		284							284	284	S/L	HY	7	0
5	SIGNS	5/02/00		541							541	541	S/L	HY	7	0
12	CORKBOARDS (2)	12/03/13		205							205	205	200DB	MQ	7	0
13	POCKET WALL RACKS (2)	12/03/13		231							231	231	200DB	MQ	7	0
14	BUSINESS CARD HOLDERS (2)	12/03/13		175							175	175	200DB	MQ	7	0
15	FLYER RACKS (6)	12/03/13		960							960	960	200DB	MQ	7	0
16	OFFICE FURNITURE	12/12/13		3,157							3,157	3,157	200DB	MQ	7	0
18	DROP LIGHTING	12/19/13		174							174	174	200DB	MQ	7	0
Total Furniture and Fixtures				6,006		0	0	0	0	0	6,006	6,006				0
Improvements																
2	IMPROVEMENTS	1/31/00		828							828	828	S/L	HY	20	0
Total Improvements				828		0	0	0	0	0	828	828				0
Machinery and Equipment																
1	COMPUTER PRINTER	12/08/95		2,312							2,312	2,312	S/L	HY	5	0
6	2 COMPUTERS	9/10/02		1,940							1,940	1,940	S/L	HY	5	0
7	COMPUTER SYSTEM	4/23/08		4,056							4,056	4,056	200DB	HY	5	0
8	NURIT 8000 CR CARD MACH	5/12/08		507							507	507	200DB	HY	5	0
9	PROJECTOR	4/02/10		608							608	608	200DB	HY	5	0
10	COMPUTER	2/13/12		1,838							1,838	1,838	200DB	HY	5	0

PORT ORCHARD CHAMBER OF COMMERCE

91-0519613

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Dep. Allow.	Prior 179/ Bonus/ Sp. Dep.	Prior Dec. Bal. Dep.	Salvage /Basis Reductn	Dep. Basis	Prior Dep.	Method	Life	Rate	Current Dep.
11	FLATSCREEN TV	11/28/13		228							228	228	200DB MQ	5		0
17	PHONE SYSTEM	12/12/13		1,347							1,347	1,347	200DB MQ	7		0
19	COMPUTERS & LAPTOP	7/07/15		930							930	930	200DB HY	5		0
Total Machinery and Equipment																
				13,766		0	0	0	0	0	13,766	13,766				0
Total Depreciation																
				20,600		0	0	0	0	0	20,600	20,600				0
Grand Total Depreciation																
				20,600		0	0	0	0	0	20,600	20,600				0

Form **990-EZ**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.

OMB No. 1545-0047

2023**Open to Public
Inspection****A** For the 2023 calendar year, or tax year beginning , 2023, and ending ,**B** Check if applicable: **C**

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

PORT ORCHARD CHAMBER OF COMMERCE
1014 BAY STREET #3
PORT ORCHARD, WA 98366-5243**D** Employer identification number

91-0519613

E Telephone number

(360) 876-3505

F Group Exemption
Number**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify):**I** Website: WWW.PORTORCHARD.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).**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. \$ 180,986.**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	46,789.
	2	Program service revenue including government fees and contracts	2	9,695.
	3	Membership dues and assessments	3	45,890.
	4	Investment income	4	18.
	5a	Gross amount from sale of assets other than inventory	5a	
	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	78,594.
6c	Less: direct expenses from gaming and fundraising events	6c	14,251.	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	64,343.	
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	166,735.	
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	90,482.
	13	Professional fees and other payments to independent contractors	13	2,025.
	14	Occupancy, rent, utilities, and maintenance	14	13,779.
	15	Printing, publications, postage, and shipping	15	559.
	16	Other expenses (describe in Schedule O) See Schedule O	16	34,683.
	17	Total expenses. Add lines 10 through 16	17	141,528.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	25,207.
	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	101,606.
	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	126,813.

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

Form 990-EZ (2023)

X☒

7

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.		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.		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)?		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		
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		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.		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?		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?		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.		
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.		X
41 List the states with which a copy of this return is filed: <u>None</u>		
42a The organization's books are in care of: <u>CODY CLARK</u> Telephone no. <u>(360) 876-3505</u> Located at: <u>1014 BAY STREET #3 PORT ORCHARD WA</u> ZIP + 4 <u>98366</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)?		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?		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.		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.		X
c Did the organization receive any payments for indoor tanning services during the year?		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.		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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.		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 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

48		
----	--	--

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

49a		
-----	--	--

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

49b		
-----	--	--

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/1099-NEC)	(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

CODY CLARK

Executive Direc

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Dawn M Jake, CPA

Dawn M Jake, CPA

P00365238

Firm's name Dawn M Jake CPA PLLC

Firm's address 420 Cline Ave
Port Orchard, WA 98366

Original Signed By:
Dawn Jake, C.P.A.

Firm's EIN 20-0433597

Phone no. (360) 329-7090

May the IRS discuss this return with the preparer shown above? See instructions.

☒ Yes ☐ No

BAA

Form 990-EZ (2023)

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

PORT ORCHARD CHAMBER OF COMMERCE

Employer identification number

91-0519613

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

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

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

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

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

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

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

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

		(a) Event #1 CORNHOLE CONTE (event type)	(b) Event #2 ANNUAL MEMBER (event type)	(c) Other events 3 (total number)	(d) Total events (add column (a) through column (c))
Revenue	1 Gross receipts	23,630.	19,915.	35,049.	78,594.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	23,630.	19,915.	35,049.	78,594.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	3,534.		10,717.	14,251.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				14,251.
	11 Net income summary. Subtract line 10 from line 3, column (d)				64,343.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation

\$

Description of services provided

☐

Director/officer

☐

Employee

☐

Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. \$

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2023

**Open to Public
Inspection**

PORT ORCHARD CHAMBER OF COMMERCE

Employer identification number

91-0519613

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

Advertising and Promotion	\$	704.
ASSOCIATION DUES		2,182.
BANK SERVICE CHARGES		6.
CAPITAL EXPENDITURES		995.
COMMITTEE EXPENSE		545.
COPIER LEASE		2,559.
EDUCATION		2,090.
GRANT SPECIFIC EXPENSE		2,718.
Insurance		1,324.
INTERNET SUPPORT SERV.		3,986.
LICENSE RENEWAL		110.
MEETINGS		950.
MONTHLY LUNCHEON		5,853.
PROCESSING FEES		1,780.
PROGRAM SUPPLIES		208.
SUPPLIES		133.
TELEPHONE		1,969.
Travel		1,601.
WEBSITE		4,970.
Total	\$	34,683.

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

	<u>Beginning</u>	<u>Ending</u>
LUNCHEON MONEY DUE	\$ 1,069.	\$ 818.
Total	\$ 1,069.	\$ 818.

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

	<u>Beginning</u>	<u>Ending</u>
BENEVOLENT FUND	\$ 93.	\$ 93.
CREDIT CARD	286.	130.
EDUCATION FUND	276.	276.
PAYROLL LIABILITIES	1,841.	1,865.
UNREALIZED GAIN	42,374.	42,374.
Total	\$ 44,870.	\$ 44,738.

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

PROMOTE BUSINESS IN THE COMMUNITY

IRS E-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20____

2023

Department of the Treasury
Internal Revenue ServiceDo not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

PORT ORCHARD CHAMBER OF COMMERCE

EIN or SSN

91-0519613

Name and title of officer or person subject to tax

CODY CLARK Executive Direc

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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.

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	166,735.
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 V, 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	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2023 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, 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize Dawn M Jake CPA PLLC to enter my PIN 15701 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 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.

Signature of officer or person subject to tax

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.

91049833597

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return 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

Dawn M Jake, CPA

Original Signed By:
Dawn Jake, C.P.A.

Date

3/20/2024

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



business resource center



As a policyholder through USLI, you have access to many free and discounted services that will assist you in operating and growing your business through the Business Resource Center (BRC). Consider the following services and associated cost savings when deciding where to place your insurance!

Cybersecurity

- Complimentary access to eRiskHub®, a data breach prevention and response resource that will help you understand your exposure to a data breach and the importance of a response plan
- Best practice checklists for securing personal and payment card information, plus tips on protecting against cyberattacks

Background Checks and Screenings

- Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- Best practices for performing a background check
- Discounted tenant and drug screenings and motor vehicle reports (MVRs)

Disaster Preparation and Recovery

- Guidance on preparing for natural disasters and severe weather
- Business planning and recovery toolkit
- Sample incident reporting form and disaster loan assistance resource

Human Resources

- Free PeopleSystems' human resources consultation helpline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- Online library with information, forms and articles pertaining to human resources
- Discounted HR and payroll management system by PrimePoint
- Discounted employee workplace assessment by Talogy, previously PSI Caliper
- Resources for recruiting, interviewing and terminating employees

Marketing

- Resources marketing via email and social media, capturing leads and building surveys
- Free and discounted stock imagery sites and photo and video editing programs
- Discount stationery, signage, promotional items and gifts

Property Safety

- Free workplace safety and occupational health consultation
- Tips for building maintenance, fire prevention and water safety

Industry-specific Resources For:

- Health, wellness and sports
- Hospitality, food and beverage
- Nonprofits and social services
- Residential and rental properties
- Retail and professional services
- Youth services and child care
- ... and more!



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Properly preparing new employees can be time-consuming and expensive. We offer a variety of free and discounted industry-specific training and certifications to help you save time and money!

Topics include:

- Food manager and handler safety
- Liquor safety
- CPR, first aid and concussion
- Sexual harassment
- Leadership and professional development



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In our continuing effort to provide you with excellent claim service, you may now report a claim and get claim assistance 24 hours a day/7 days a week.

For claim reporting, call toll free 1-888-875-5231 or visit USLI.COM and select the “report a claim” option.

For emergency claims requiring immediate assistance, please use the toll free option. Your call will be referred to a claims professional who will respond within an hour of your call with direction and assistance.

Thank you for placing your trust in our company. We pledge to work hard every day to earn and maintain that trust.



USLI.COM
888-523-5545