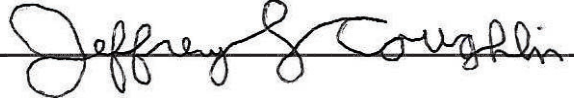


**KITSAP COUNTY  
LODGING TAX FUNDING AWARD APPLICATION**

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

Project Title: Kitsap History Museum: Exhibits, Programs and Marketing  
Project Dates: Beginning: 2025-01-01 Ending: 2025-12-31  
Name of Organization Kitsap County Historical Society Web Site www.kitsapmuseum.org  
Mailing Address: 280 4th St, Bremerton, WA 98337  
Contact Person: Jeffrey L. Coughlin E-Mail: director@kitsapmuseum.org Phone: 360-479-6226  
Amount Requested: \$ 105,960 Total Project Cost: \$ 403,480  
Portion of Total Project Cost Requested: 26.26 % ( )

**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](mailto:purchasing@kitsap.gov). Hardcopies will not be accepted.

**Questions?**

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

APPLICANT INFORMATION

TYPE OF PROPOSAL

SUBMISSION REQUIREMENTS

## Lodging Tax Request: Organization/Event Description

**Project Title:** Kitsap History Museum Exhibits, Programs, and Marketing

**Name of Organization:** Kitsap County Historical Society (DBA Kitsap History Museum)

**Size of Staff and Board:** 1 Full-time, 1 part-time, 1 intern & 10 board members      **Size of volunteer base:** (50)

**Geographic Area Served:** Kitsap County and Puget Sound

**Demographic Served:** All Ages and Backgrounds

**Type of Service Provided:** Operations of tourism-related facilities owned or operated by nonprofit 501(c)(3), as well as Tourism Marketing, and Marketing and operations of special events designed to attract tourists.

### Description of Proposed Projects

The Kitsap History Museum (KHM) is committed to its role as a vital component of Kitsap County's tourism infrastructure by continuously offering innovative cultural experiences and expanding accessibility and engagement. Our proposed projects attract tourists by focusing on three main areas — Exhibits, Programs, and Marketing — all in collaboration with organizations across the county and led by our full-time Director of Marketing and Development with help from our part-time Marketing and Administrative Assistant. These initiatives aim to attract a diverse audience, contributing to the region's economic growth and cultural vitality.

**Exhibits:** We have another momentous year of exhibits planned that highlight the rich history of Kitsap County. We maintain two permanent exhibits that provide a comprehensive overview of Kitsap's history: "Main Street," an immersive recreation of shops and storefronts from over 100 years ago with a self-guided and accessible audio tour, and "Timeline," depicting Kitsap County's history from the Ice Age to World War II with interactive elements and thematic portals. Additionally, we offer rotating exhibits. In 2024, we concluded the exhibit "The Journey to Kitsap," which highlighted immigrant contributions to the Kitsap Peninsula. This was followed by the "Trade of the Northwest" exhibit, in collaboration with the Jayhawk Institute, showcasing Native American trade along the Northwest Coast and the Chinook trade language, emphasizing the cultural significance of these trade networks. We also opened "Her Work, Our Story," which celebrates the achievements of trailblazing women in Kitsap County, challenging traditional gender roles and highlighting the limitless potential of women in society. For 2025, we are developing a new exhibit on Black history in partnership with local Black historians to coincide with the opening of Quincy Square in Bremerton. This exhibit aligns with our commitment to amplify diverse community histories, as we are also involved in creating historical interpretive signage for Quincy Square. We also launched the "Community Case" initiative, a monthly rotating display featuring local groups like Holly Ridge, Kitsap Search and Rescue, and the West Sound Film Festival, offering diverse perspectives on Kitsap's community life and fostering deeper community connections. Our digital exhibits on topics such as the Charleston neighborhood, Sinclair Heights, Black Trailblazers, and Filipino American Pioneers continue to reach broader audiences. This year, we partnered with Olympic College to digitize the history of the mosquito fleet, now available online, and we digitized over 60 oral history interviews with local leaders from the past 30 years, accessible via our website, along with over 2,000 photographs by Harry Ward. The Rural Heritage Building at the county fairgrounds, featuring exhibits on farming, fishing, and logging, attracted over 3,300 visitors during the 2024 County Fair. We are working on a maintenance MOU with the Kitsap Parks Department to open the building during other major events. KHM collaborates with other local museums and cultural organizations through museum roundtable discussions and projects.

**Programs:** KHM's continually innovative programming attracts visitors from near and far with interactive experiences that enhance understanding of local history and promote community involvement. The extremely popular "History Uncorked" series features presentations on local history, including events like "Women in Command" with Dr. Darlene Iskra, "Reviving Seabeck Cemetery," and "Charleston's Charm." 2025 will continue to draw audiences with new and exciting topics. The "Eat Your Way Through Kitsap County" program combines heritage tours with dining experiences, supporting local businesses, and offering unique ways to explore county history, with even more sites planned for 2025. In partnership with the Kitsap Children's Museum, we expanded family-friendly offerings with "Children's Days" and "Second Saturday" Kids' Days, featuring educational workshops to attract families and young audiences. We also participate in First Fridays, offering extended hours, special programs, and exclusive exhibits to engage the community and attract visitors. We worked with Leadership Kitsap to establish a historic walking tour in Bremerton, promoting tourism and local economic development by encouraging shopping at local businesses, and will expand it in 2025. Our previous collaboration with Port Orchard on a similar walking tour shows our ongoing commitment to community engagement. We support education through partnerships with Olympic College, such as lending historic photographic instruments and involving interns from their Work-First program and students from Colgate University. These initiatives reinforce our commitment to educational outreach and community engagement. We won the Krampus Best Participating Business award for the second year, showcasing the economic impact of the Krampus event, which will soon have a Netflix special and a Kitsap Krampus Conference.

**Marketing:** KHM's ongoing marketing strategy is designed to maximize outreach and engagement across both digital and traditional channels. In early 2024, we introduced a new touchscreen visitor survey that nearly half of all visitors complete, providing valuable data on key metrics such as point of origin, distance traveled, hotel stays, and the effectiveness of various marketing efforts. This data revealed that most visitors discover us through online searches, social media, and local signage within the city and county. As a result, we are strategically enhancing these areas to further boost visibility and attract more visitors, for example, working more closely with cruise ships to draw folks downtown and spending on digital advertisements to attract out-of-town visitors. According to current statistics, we are on track to reach approximately 10,000 in-person visitors for the year, with about a third traveling from over 50 miles away, and a fourth from outside Washington, including 33 U.S. states and 8 countries. We estimate that for 2024 we will have 4,700 paid people-nights (e.g., 2 people staying 3 nights in a paid hotel room equals 6 paid people-nights), demonstrating that we are an integral part of the county's tourism landscape. Over the past year, our Facebook reach increased by 106.8%, fueled by campaigns like "Bygone Business," which highlighted local businesses, with some posts going viral and achieving an organic reach of over 40,000, demonstrating the success of our digital efforts. Our website had a 50% increase in new users through organic searches (i.e., Google) and a 38% increase through direct searches (entering the URL), with over a 200% increase for some of our digital exhibits. We recently partnered with the Downtown Bremerton Association (DBA) for a multi-year endeavor that establishes their headquarters at our museum. This collaboration enhances our role as an unofficial visitor center and aligns with DBA's pursuit of Washington Main Street accreditation, boosting tourism and promoting historic preservation. It has also allowed us to extend operational hours from three to six days a week — Tuesday to Sunday, 10 a.m. to 5 p.m. — so stop on in!

### **History of Organization**

Founded in 1948, the Kitsap History Museum (KHM) has been a vital part of Kitsap County's cultural landscape for over 75 years. Operating in a 12,000-square-foot facility in Downtown Bremerton, KHM houses the largest collection of Kitsap historical artifacts, documents, and photographs — over 40,000 artifacts and over 100,000 photographs and documents! In addition to the main museum, KHM owns and manages the 1,800-square-foot Rural Heritage Building at the Kitsap County Fairgrounds, which contains significant artifacts related to the region's agricultural and logging history. For more than seven decades, KHM has fulfilled its mission to preserve and share the rich history of Kitsap County, serving a broad audience that includes inquiries from state and local governments, professional researchers, university students, the general public, and even national museums such as the Smithsonian.

KHM has a strong track record of creating tourism and driving economic impact in the region. The museum attracts about 10,000 visitors annually, including tourists from more than 30 states and 10 countries. Our active participation in local events, such as the Kitsap County Fair, Armed Forces Day Parade, Krampusnacht, etc. further establishes KHM as a cornerstone of the community's cultural and tourism infrastructure. KHM's role as an unofficial visitor center, now strengthened through our partnership with the Downtown Bremerton Association, underscores our importance in the local tourism landscape. Local businesses offer discounts to KHM members to encourage them to shop locally. Collaborations with organizations like the DBA, Kitsap Regional Library, Kitsap Children's Museum, and other local groups have allowed us to expand our reach and impact. Our recent roundtable discussions with other local museums and cultural organizations, such as the SEA Discovery Center and Poulsbo Historical Society, have fostered a spirit of collaboration that enhances tourism across Kitsap County. We continue to innovate and adapt, increasing our hours of operation, enhancing our digital presence, and developing innovative programs and exhibits that appeal to a broad and diverse audience. Through these efforts, we not only preserve Kitsap County's rich history but also contribute significantly to the region's economic vitality and cultural diversity, making KHM a key player in promoting tourism and community engagement year-round.

While the museum received direct funding from Kitsap County as a line item in the county budget for decades, for about the past fifteen years, we have relied on LTAC funds each year as a sizable portion of our operational funding. We also solicit donations, host fundraisers, apply for numerous grants, and collect revenue from programs, but **as a local non-profit cultural institution we will always rely on county funding for building operations, professional staff, and marketing expenses** in order to preserve our vast collection and share it with the world via exhibits, programs, and marketing.

## Scope of Work and Timeline (2025 Calendar Year)

As stated above, we attract visitors via continuous exhibits, programs, and marketing. The combined Scope of Work and Timeline below lists the steps of all of our projects, milestones, and dates.

### Each Month

- Planning for future, and marketing, *First Friday and Community Case exhibit, Eat Your Way through Kitsap History, History Uncorked*, and other community events & programs via email marketing, social media, online calendars, tourist magazines, and newspapers.
- Hosting each of the aforementioned events and programs.
- Planning for, researching, creating, and scheduling regular social media campaigns that highlight Kitsap History, e.g., *Bygone Businesses, This Year in 1948, On This Day in History*, etc.
- Promotion of KHM membership benefits, including NARM, Time Travelers, Blue Star which grant free visits to thousands of museums across the county, as well as 10% off local businesses.
- Promotion of our two permanent exhibits (“Main Street” and “Timeline”), as well as two rotating exhibits (currently “Her Work, Our Story” and “Trade in the Northwest”) to a wide audience online.
- Promotion of free museum admission and free programming.

### Each Quarter

- New Digital Exhibit on Website highlighting Kitsap County History.
- Develop new, modern programs and events that will engage local residents and visitors/tourists.
- Perform community outreach and networking to reach more diverse and underrepresented audiences and build relationships.
- Engage and coordinate with other Kitsap Museums.

### Q1 2025

- Plan *Eat Your Way Through Kitsap History* program and advertise via brochure and online.
- Planning and Preparation for new Black history and culture exhibit related to Quincy Square in our Mezzanine.
- Outreach to community groups and other museums to work on a new rotating exhibit for our back room.
- Announce new online access portal for the public to browse our collection remotely.

### Q2 2025

- Coordinate with Cruise Ships to attract passengers to visit the museum and shop locally.
- Refresh, order, & distribute new rack cards/brochures to ferries, hotels, visitor centers, and car rental agencies.
- Opening of the Exhibit in our Mezzanine focused on Black history and culture for Quincy Square opening.
- Planning and coordinating volunteers to staff our Rural Heritage Building for the Kitsap Fair and Stampede.
- Planning for implementation of new back room exhibit.

### Q3 2025

- Promotion and staffing of the Rural Heritage Building exhibits (logging, farming, fishing, and restored 1931 Chevrolet mail truck) during the *Kitsap County Fair and Stampede*.
- New rotating exhibit in our back room to replace the current “Trade of the Northwest” exhibit.
- Host Fall for History Online Auction fundraiser.
- Host a Fall in-person evening dining event fundraiser.

### Q4 2025

- Marketing materials for the Holiday Season, including promoting historical Kitsap book sales.
- Host Krampus First Friday and promote event via amazing historical photos documenting Krampus’ rich presence in Kitsap throughout time.

## Budget Narrative and Cashflow

As listed on the budget spreadsheet on the following page, we are requesting funding to cover the operational expenses necessary to preserve the collection (one-half of utility costs, with the other half to be requested to be covered by Bremerton LTAC), costs to run our programs and assist with our rotating exhibits, marketing costs (including office supplies vital to marketing), and most importantly, half of salary and payroll costs for our full-time Director of Marketing and Development, and our part-time Administrative and Marketing Assistant, who are both vital to museum operations and continued exhibits, programming, and marketing. Remaining income needed will come from Bremerton LTAC and our myriad sources of fundraising and state/federal grants. These expenses are identical to previously approved expenditures for the past several years of Kitsap County LTAC grant.

Month	Budget	Budget	Budget	Budget	Budget	Budget	Budget	Budget	Budget	Budget	Budget	Budget	Budget	Budget	Budget	Budget	Budget
	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Year	Year	Year	Year
Revenue	\$ 7,508.38	\$ 7,508.38	\$ 2,695.32	\$ 35,531.58	\$ 7,662.40	\$ 2,695.32	\$ 48,921.52	\$ 22,284.49	\$ 20,359.26	\$ 37,023.63	\$ 4,071.85	\$ 13,139.66	\$ 41,066.60	\$ 242,960.00	\$ 242,960.00	\$ 242,960.00	\$ 242,960.00
Expenses	\$ 25,738.10	\$ 25,289.53	\$ 25,289.53	\$ 20,682.48	\$ 19,152.07	\$ 18,677.12	\$ 19,732.57	\$ 18,962.09	\$ 18,677.12	\$ 18,677.12	\$ 20,017.54	\$ 18,677.12	\$ 18,677.12	\$ 242,960.00	\$ 242,960.00	\$ 242,960.00	\$ 242,960.00
Checking at End of Month	\$ 60,000.00	\$ 41,770.28	\$ 19,176.07	\$ 34,025.17	\$ 22,535.50	\$ 6,553.69	\$ 35,742.65	\$ 39,065.04	\$ 40,747.19	\$ 59,093.70	\$ 43,148.01	\$ 37,610.55	\$ 60,000.00	\$ 60,000.00	\$ 60,000.00	\$ 60,000.00	\$ 60,000.00



# Kitsap County Historical Society Lodging Tax Request 2025 Budget

Expenses	Amount	% of Expenses
Building maintenance (elevator, alarm, HVAC, repair supplies, etc.)	\$19,500.00	8.03%
Rural Heritage Building at Kitsap Fairgrounds Maintenance	\$1,000.00	0.41%
Utilities (gas, electricity, trash, water, internet, security, phone, fire)	\$28,320.00	11.66%
Insurance, loan costs, licenses, permits, and processing fees	\$37,440.00	15.41%
Copier/Printer/Scanner lease	\$5,400.00	2.22%
Office paper, supplies, equipment, and software subscriptions	\$7,200.00	2.96%
Website, E-mail, and Social Media Expenses	\$1,200.00	0.49%
Professional membership dues and conference travel	\$2,400.00	0.99%
New Rotating Exhibit Costs	\$3,500.00	1.44%
Marketing costs (social media buys, printing, and rack card restock)	\$5,200.00	2.14%
Events & Programs (Eat Your Way, History Uncorked, etc.)	\$6,800.00	2.80%
Payroll + Taxes + Insurance (Dir. of Marketing, & Admin/Marketing Assist)	\$125,000.00	51.45%
<b>Expense Total</b>	<b>\$242,960.00</b>	<b>100.00%</b>

County Lodging Tax Budget	Amount	% of Expenses
Marketing costs + Website, E-mail, and Social Media Expenses	\$6,400.00	2.63%
Copier lease + Office paper, supplies, and software subscriptions	\$12,600.00	5.19%
Events & Programs Expenses	\$6,800.00	2.80%
Rotating Exhibit Supplies	\$3,500.00	1.44%
One-Half of Utility Expense (Preserve collection)	\$14,160.00	5.83%
One-Half of Marketing Assistant (Salary and Payroll Costs)	\$15,625.00	6.43%
One-Half of Marketing Director (Salary, Taxes, and Benefits)	\$46,875.00	19.29%
<b>County Lodging Tax Total</b>	<b>\$105,960.00</b>	<b>43.61%</b>

<b>County Lodging Tax as a Percentage of Cash Operations</b>	<b>43.61%</b>
<b>County Lodging Tax as a Percentage of Cash Operations &amp; In Kind Donations</b>	<b>26.26%</b>

Income	Amount	% of Income
Kitsap County Lodging Tax Grant	\$105,960.00	43.61%
Bremerton Lodging Tax Grant	\$25,000.00	10.29%
Annual Fund Drive Donations and Kitsap Great Give	\$20,000.00	8.23%
Recurring Annual Donations and Memorials	\$24,000.00	9.88%
Lobby Donations	\$6,000.00	2.47%
Store and Book Sales Net Revenue	\$5,000.00	2.06%
Memberships	\$5,000.00	2.06%
Event & Program Revenue (Eat Your Way tickets, donations, etc.)	\$10,000.00	4.12%
Annual History Online Auction	\$10,000.00	4.12%
Annual In-Person Fundraiser Gala	\$10,000.00	4.12%
State and Federal Operational Grants	\$12,000.00	4.94%
Sponsorships by Local Businesses	\$10,000.00	4.12%
<b>Income Cash Total</b>	<b>\$242,960.00</b>	<b>100.00%</b>

In Kind Contributions	Amount	% of In Kind
Volunteer hours: 4,000 @ \$37.63/hour*	\$150,520.00	93.77%
Donated auction items and misc. supplies	\$10,000.00	6.23%
<b>Total</b>	<b>\$160,520.00</b>	<b>100.00%</b>

\*Volunteer hourly rate is derived from the most recent (2023) "Independent Sector" rate for WA

<b>Total Cash Income and In Kind Contributions</b>		
Total Cash Income	\$242,960.00	60.22%
Total In Kind Contributions	\$160,520.00	39.78%
<b>Total Cash and In Kind</b>	<b>\$403,480.00</b>	<b>100.00%</b>

*Two-thirds of total fixed and operating expenses, excluding salaries and payroll taxes, are spent with vendors located in Kitsap County.*



**Internal Revenue Service**

**Department of the Treasury**

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

**Date:** October 23, 2002

**Person to Contact:**  
Mrs. Swana Smith - 31-07418  
Customer Service Specialist  
**Toll Free Telephone Number:**  
8:00 a.m. to 6:30 p.m. EST  
877-829-5500  
**Fax Number:**  
513-263-3756  
**Federal Identification Number:**  
91-6049044

Kitsap County Historical Society  
P.O. Box 903  
Bremerton, WA 98337-0206

Dear Sir or Madam:

This letter is in response to your telephone request on October 23, 2002, for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in June 1957 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

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

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

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

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

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

Kitsap County Historical Society  
91-6049044

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

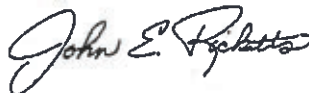
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

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

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

This letter affirms your organization's exempt status.

Sincerely,



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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/01/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> PROPEL INSURANCE/PHS 52701950 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (866) 467-8730		<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> KITSAP COUNTY HISTORICAL SOCIETY 280 4TH ST BREMERTON WA 98337-1813		<b>INSURER A:</b> Hartford Underwriters Insurance Company	<b>NAIC#</b> 30104
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liability	X	X	52 SBA BA7MH5	04/30/2024	04/30/2025	EACH OCCURRENCE	\$1,000,000	
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$1,000,000		
	MED EXP (Any one person)						\$10,000		
	PERSONAL & ADV INJURY						\$1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE	\$2,000,000		
						PRODUCTS - COMP/OP AGG	\$2,000,000		
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			52 SBA BA7MH5	04/30/2024	04/30/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
							BODILY INJURY (Per person)		
							BODILY INJURY (Per accident)		
							PROPERTY DAMAGE (Per accident)		
	<b>UMBRELLA LIAB EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE		
						AGGREGATE			
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	52 SBA BA7MH5	04/30/2024	04/30/2025	PER STATUTE	OTH-ER	
	E.L. EACH ACCIDENT						\$1,000,000		
	E.L. DISEASE -EA EMPLOYEE						\$1,000,000		
						E.L. DISEASE - POLICY LIMIT	\$1,000,000		
A	Employment Practices Liability Insurance			52 SBA BA7MH5	04/30/2024	04/30/2025	Each Claim Limit	\$25,000	
						Annual Aggregate Limit	\$25,000		

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

Those usual to the Insured's Operations. Reference: CONTRACT NO. KC-560-23. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy. Waiver of Subrogation applies in favor of the Certificate Holder per the Business Liability Coverage Form SS0008, attached to this policy.

**CERTIFICATE HOLDER****CANCELLATION**

Kitsap County, its elected and appointed officials, officers, employees, and agents 614 DIVISION ST PORT ORCHARD WA 98366	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b>  <i>Susan L. Castaneda</i>
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Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: KITSAP COUNTY HISTORICAL SOCIETY
D Employer identification number: 91-6049044
E Telephone number: 360-479-6226
G Gross receipts \$: 169,071.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.KITSAPHISTORY.ORG
K Form of organization:
L Year of formation: 1948
M State of legal domicile: WA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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.

Signature of officer: JEFF COUGHLIN, VICE PRESIDENT
Date:
Print/Type preparer's name: CHRISTOPHER COOK, CPA
Preparer's signature: CHRISTOPHER COOK, CP
Date: 10/30/23
Check if self-employed:
PTIN: P00353915
Firm's name: HEARTHSTONE CPA GROUP PS
Firm's EIN: 91-1397083
Firm's address: 4312 KITSAP WAY, SUITE 102, BREMERTON, WA 98312
Phone no.: 360-479-4611

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO OPERATE A HISTORICAL MUSEUM AND TO COLLECT, PRESERVE, AND EXHIBIT THE DIVERSE CULTURE, HERITAGE, AND HISTORY OF KITSAP COUNTY FOR THE EDUCATION AND ENJOYMENT OF THE PUBLIC.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 126,165. including grants of \$ ) (Revenue \$ 13,323. ) EXHIBITS AND COLLECTIONS: THE MUSEUM MAINTAINS OVER 100,000 PHOTOGRAPHS, 40,000 ARTIFACTS AND TEXTILES, AND EXTENSIVE ARCHIVAL MATERIALS OF DOCUMENTS, BOOKS, RECORDS, MAPS, AND ORAL HISTORIES. IN 2022 WE FINISHED A MAJOR UPGRADE OF OUR KITSAP COUNTY TIMELINE THAT FEATURES NEW INTERACTIVE EXHIBITS, ENGAGING THEMATIC PORTALS, AND MODERN READER PANELS THAT HIGHLIGHT THE DIVERSE HISTORY OF OUR COUNTY. WE REFRESHED OUR CURRENT ROTATING EXHIBIT, "THE STATE OF THE UNION IN BLACK AND WHITE: THE ROOSEVELT SMITH COLLECTION OF BLACK AMERICANA.", ONE OF SEVERAL IN A SERIES IN COLLABORATION WITH HISTORICALLY UNDERREPRESENTED KITSAP COMMUNITIES AS WE CONTINUALLY WORK TO BOLSTER HISTORICALLY UNHEARD VOICES. OVER THE PAST YEAR, EACH MONTH WE HAVE HAD A NEW MINI-EXHIBIT IN OUR FRONT LOBBY CORRESPONDING TO THAT

4b (Code: ) (Expenses \$ 66,860. including grants of \$ ) (Revenue \$ 9,432. ) PROGRAMS AND EVENTS: WE WERE HAPPY TO PARTICIPATE IN THIS YEAR'S BRIDGING BREMERTON EVENT BY SUPPORTING SEVERAL STOPS, INCLUDING DISPLAYING OUR 1931 RESTORED KITSAP MAIL TRUCK AT THE DOWNTOWN BREMERTON POST OFFICE. WE RAN A POPULAR SUMMER PROGRAM, "EAT YOUR WAY THROUGH KITSAP COUNTY", WHERE WE HAD GROUP OUTINGS TO HISTORIC SITES IN KITSAP COUNTY AND THEN TO A LOCAL RESTAURANT FOR A MEAL. WE LAUNCHED A NEW PROGRAM THIS YEAR CALLED "HISTORY UNCORKED", WHERE WE PROVIDED FREE REFRESHMENTS AND A SPEAKER ON A LOCAL TOPIC, E.G., THE HISTORY OF TYPEWRITERS GIVEN BY THE OWNER OF THE LAST TYPEWRITER REPAIR SHOP IN PUGET SOUND, LOCATED IN BREMERTON. WE PARTNERED WITH THE PUGET SOUND GENEALOGICAL SOCIETY FOR THE ANNUAL KITSAP ANTIQUE SHOW, A TWO-DAY EVENT THAT DRAWS ABOUT 2,000 VENDORS AND VISITORS FROM WASHINGTON,

4c (Code: ) (Expenses \$ 4,833. including grants of \$ ) (Revenue \$ ) COLLABORATION AND MARKETING: WE REGULARLY PARTNER WITH OTHER MUSEUMS, ARTISTIC AND CULTURAL ORGANIZATIONS, EDUCATIONAL INSTITUTIONS, GOVERNMENT ORGANIZATIONS, AND PRIVATE BUSINESSES ACROSS KITSAP COUNTY TO ENCOURAGE COLLABORATION AND CROSS-PROMOTE TOURISM. AS WE RENT SPACE TO THE AURORA VALENTINETTI PUPPET MUSEUM, WE WORK CLOSELY WITH THEM TO OPERATE UNDER A TOURISM MODEL OF "TWO MUSEUMS UNDER ONE ROOF". WE PARTNER WITH THE ROXY THEATRE, EXHIBITING ITEMS FROM OUR COLLECTION IN THEIR DISPLAY AREA TO CORRESPOND WITH THE MOVIES THEY ARE SHOWING, E.G., WE CONTRIBUTED RESEARCH TO THE FILM "HONOR THY MOTHER", SHOWN AT THE WEST SOUND FILM FESTIVAL, WHICH DREW NUMEROUS INTERNATIONAL AND OVERNIGHT VISITORS, DURING WHICH WE DISPLAYED OUR TRAVELING EXHIBIT, "BEYOND BORDERS: THE INDIPINO COMMUNITY OF BAINBRIDGE ISLAND". WE ARE

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 197,858.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b> X	
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>	X



**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.



**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		
<b>6</b>	Did the organization have members or stockholders?		
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?		
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?		
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13		
<b>12b</b>	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>12c</b>	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		
<b>13</b>	Did the organization have a written whistleblower policy?		
<b>14</b>	Did the organization have a written document retention and destruction policy?		
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official		
<b>15b</b>	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
<b>16b</b>	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed \_\_\_\_\_
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 \_\_\_\_\_

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANGIE TOMISSER PRESIDENT	8.00			X				0.	0.	0.
(2) JEFF COUGHLIN VICE PRESIDENT	3.00			X				0.	0.	0.
(3) SARA NELL DAVIS SECRETARY	4.00			X				0.	0.	0.
(4) CHAD BIRKENFIELD BOARD MEMBER	2.00	X						0.	0.	0.
(5) PRIYA CHARRY BOARD MEMBER	2.00	X						0.	0.	0.
(6) KYLIE FINNELL BOARD MEMBER	2.00	X						0.	0.	0.
(7) ELIN HEADRICK BOARD MEMBER	2.00	X						0.	0.	0.
(8) CLAUDIA HUNT BOARD MEMBER	2.00	X						0.	0.	0.
(9) JOHN SLEDD BOARD MEMBER	2.00	X						0.	0.	0.
(10) ROOSEVELT SMITH BOARD MEMBER	2.00	X						0.	0.	0.
(11) GEORGE WILLOCK BOARD MEMBER	2.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							0.	0.	0.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>	2,915.			
	<b>c</b>	Fundraising events .....	<b>1c</b>	10,706.			
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	48,148.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	77,500.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		139,269.			
	Program Service Revenue	<b>2 a</b>	<b>PROGRAMS</b>	<b>Business Code</b>			
			713990	1,719.	1,719.		
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue .....	900099				
<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		1,719.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		21.	21.		
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....		497.	497.		
	<b>6 a</b>	Gross rents .....	(i) Real				
			(ii) Personal				
				14,000.			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>	0.			
	<b>c</b>	Rental income or (loss)	<b>6c</b>	14,000.			
	<b>d</b>	Net rental income or (loss) .....		14,000.	14,000.		
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities				
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>				
<b>c</b>	Gain or (loss) .....	<b>7c</b>					
<b>d</b>	Net gain or (loss) .....						
<b>8 a</b>	Gross income from fundraising events (not including \$ <u>10,706.</u> of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>	7,047.				
		<b>8b</b>	4,610.				
<b>c</b>	Net income or (loss) from fundraising events .....		2,437.		2,437.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
		<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>	6,518.				
		<b>10b</b>	0.				
		<b>c</b>	Net income or (loss) from sales of inventory .....		6,518.	6,518.	
Miscellaneous Revenue	<b>11 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
<b>12</b>	<b>Total revenue.</b> See instructions .....		164,461.	22,755.	0.	2,437.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	115,308.	70,665.	33,112.	11,531.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	17,919.	14,335.	3,046.	538.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	15,935.	12,748.	2,709.	478.
10 Payroll taxes	13,405.	10,724.	2,279.	402.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	2,960.	1,480.	1,480.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	4,601.	4,601.		
13 Office expenses	10,771.	10,771.		
14 Information technology				
15 Royalties				
16 Occupancy	57,959.	57,959.		
17 Travel	12.	12.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	7,873.	7,873.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>PARKING</b>	1,920.	1,920.		
b <b>ARCHIVES &amp; RESEARCH</b>	1,749.	1,749.		
c <b>FINANCE CHARGES</b>	1,388.	1,388.		
d <b>EXHIBITS</b>	1,263.	1,263.		
e All other expenses	370.	370.		
<b>25 Total functional expenses.</b> Add lines 1 through 24e	253,433.	197,858.	42,626.	12,949.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	67,253.	<b>1</b>	52,248.
	<b>2</b> Savings and temporary cash investments .....	18,132.	<b>2</b>	10,001.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	59,517.	<b>8</b>	59,517.
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,193,984.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 0.	1,193,984.	<b>10c</b> 1,193,984.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	181,848.	<b>15</b>	161,848.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1,520,734.	<b>16</b>	1,477,598.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,004.	<b>17</b>	50,840.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	5,004.	<b>26</b>	50,840.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....		<b>27</b>	
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....	0.	<b>29</b>	0.
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....	0.	<b>30</b>	0.
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....	1,515,730.	<b>31</b>	1,426,758.
	<b>32</b> Total net assets or fund balances .....	1,515,730.	<b>32</b>	1,426,758.
<b>33</b> Total liabilities and net assets/fund balances .....	1,520,734.	<b>33</b>	1,477,598.	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	164,461.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	253,433.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-88,972.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,515,730.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,426,758.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization **KITSAP COUNTY HISTORICAL SOCIETY** Employer identification number **91-6049044**

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	138,438.	133,012.	105,147.	151,498.	139,569.	667,664.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	138,438.	133,012.	105,147.	151,498.	139,569.	667,664.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						667,664.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	138,438.	133,012.	105,147.	151,498.	139,569.	667,664.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	12,769.	12,161.	5,586.	12,528.	14,519.	57,563.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						725,227.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	29,862.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	92.06	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	92.60	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Series of horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**KITSAP COUNTY HISTORICAL SOCIETY**

Employer identification number

**91-6049044**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization  <b>KITSAP COUNTY HISTORICAL SOCIETY</b>	Employer identification number  <b>91-6049044</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF BREMERTON  345 SIXTH STREET  BREMERTON, WA 98337	\$ 14,398.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	KITSAP COUNTY  614 DIVISION STREET, 4TH FLOOR  PORT ORCHARD, WA 98366	\$ 33,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**KITSAP COUNTY HISTORICAL SOCIETY**

**91-6049044**

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____



Name of organization  <b>KITSAP COUNTY HISTORICAL SOCIETY</b>	Employer identification number  <b>91-6049044</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: KITSAP COUNTY HISTORICAL SOCIETY; Employer identification number: 91-6049044

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, details of conservation contributions (2a-2d), number of modified easements, states where located, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures (1a, 1b) and amounts for financial gain (2a, 2b).

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		49,000.		49,000.
b Buildings		1,107,583.		1,107,583.
c Leasehold improvements				
d Equipment		37,401.		37,401.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>1,193,984.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) COLLECTION ITEMS/PERMANENT EXHIBITS	147,651.
(2) 1931 CHEVROLET MAIL TRUCK	14,197.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	161,848.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4:

THE MUSEUM MAINTAINS OVER 86,000 PHOTOGRAPHS, 35,000 ARTIFACTS, AND EXTENSIVE ARCHIVAL MATERIALS OF DOCUMENTS, BOOKS, RECORDS, MAPS, AND ORAL HISTORIES. MAJOR PERMANENT EXHIBITS ON THE HISTORY OF KITSAP COUNTY ARE OPEN TO THE PUBLIC AND FOR SCHOOL AND GROUP TOURS.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

KITSAP COUNTY HISTORICAL SOCIETY

Employer identification number

91-6049044

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND HISTORY OF KITSAP COUNTY THE EDUCATION AND ENJOYMENT OF THE PUBLIC.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MONTH'S HERITAGE CELEBRATION OR MAJOR LOCAL EVENT, E.G., JUST RECENTLY

A JAPANESE HISTORY OF BAINBRIDGE ISLAND FOR MAY, THE HISTORY OF KITSAP

PRIDE FOR JUNE, AND A KITSAP FARMING AND COUNTY FAIR EXHIBIT FOR

AUGUST. THIS YEAR WE STARTED CREATING AND HOSTING DIGITAL EXHIBITS ON

OUR WEBSITE, SUCH AS AN EXHIBIT OF THE CHARLESTON NEIGHBORHOOD IN

BREMERTON BASED ON A 1908 POEM, AND AN IN-DEPTH HISTORY OF THE WORLD

WAR II SEGREGATED HOUSING DEVELOPMENT OF SINCLAIR HEIGHTS. WE ALSO

HAVE EXHIBITS ON FARMING, FISHING, AND LOGGING IN OUR RURAL HERITAGE

BUILDING AT THE COUNTY FAIRGROUNDS THAT WE OPEN AT FAIRGROUND EVENTS,

INCLUDING THE COUNTY FAIR EACH YEAR.

ANNUAL ATTENDANCE IN 2022 WAS 3,781 PEOPLE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

OREGON, AND CALIFORNIA TO THE KITSAP FAIRGROUNDS. WE REGULARLY

PARTICIPATED IN FIRST FRIDAY ART WALKS, JUNETEENTH, WINTERFEST, SAFE

TRICK-OR-TREAT, ARMED FORCES DAY PARADE, KITSAP FAIR AND

RODEO/STAMPEDE, AND OTHER LOCAL EVENTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

WORKING WITH OTHER LOCAL BUSINESSES TO LOAN OUT AND EXHIBIT ITEMS FROM

OUR COLLECTION THAT CORRESPOND TO THEIR MOTIF TO ENCOURAGE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Name of the organization

KITSAP COUNTY HISTORICAL SOCIETY

Employer identification number

91-6049044

CROSS-BUSINESS TOURISM AND WE ARE WORKING ON A "SELFIE WALL" FOR TOURISTS IN CONJUNCTION WITH OTHER LOCAL BUSINESSES AS PART OF A GRASSROOTS BREMERTON MARKETING CAMPAIGN. WE PARTNER WITH SOUND WEST GROUP TO DISPLAY A PIANO IN OUR LOBBY THAT IS THE ONE HIGHLY LIKELY TO HAVE BEEN PLAYED BY QUINCY JONES AS A CHILD WHILE HE WAS IN BREMERTON. WE ARE LOOKING FORWARD TO BEING INVOLVED IN THE MULTI-MILLION DOLLAR QUINCY SQUARE CITY RENOVATION PROJECT, SLATED FOR CONSTRUCTION IN 2024 AND DESIGNED TO ATTRACT MORE LOCALS AND VISITORS TO DOWNTOWN BREMERTON. WE ARE PARTNERING WITH THE NEWLY FORMED KITSAP CHILDREN'S MUSEUM TO GIVE THEM SPACE FOR ACTIVITIES, AS THEY DO NOT YET HAVE A PHYSICAL LOCATION.

FORM 990, PART VI, SECTION A, LINE 6:

PER THE ORGANIZATION'S BY-LAWS, ARTICLE IV, SECTION 1, THE ORGANIZATION IS GOVERNED AND MANAGED BY A BOARD OF TRUSTEES. THE TRUSTEES ARE MEMBERS OF THE ORGANIZATION IN GOOD STANDING (PAID-UP MEMBERSHIP DUES). PER THE ORGANIZATION'S BY-LAWS THE BOARD SHALL CONSIST OF NOT LESS THAN NINE, NOR MORE THAN FIFTEEN TRUSTEES, INCLUDING OFFICERS.

FORM 990, PART VI, SECTION A, LINE 7A:

PER THE ORGANIZATION'S BY-LAWS, ARTICLE IV, SECTION 4, TRUSTEES SHALL BE ELECTED BEFORE THE END OF EACH CALENDAR YEAR. THE ELECTION OF TRUSTEES MAY BE CONDUCTED IN SUCH MANNER AS THE BOARD OF TRUSTEES SHALL DETERMINE. BALLOTS CLEARLY STATING THE DEADLINE FOR VOTING SHALL BE DELIVERED ELECTRONICALLY OR BY MAIL TO ALL MEMBERS IN GOOD STANDING NO LATER THAN OCTOBER 15. TRUSTEES MAY ALSO BE APPOINTED BY THE PRESIDENT, WITH THE APPROVAL OF THE BOARD, AT ANY OTHER TIME DURING THE YEAR.



Name of the organization KITSAP COUNTY HISTORICAL SOCIETY	Employer identification number 91-6049044
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FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PRESENTED TO THE BOARD PRESIDENT IN NOVEMBER 2023 AT WHICH TIME IT WAS REVIEWED AND DISCUSSED PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION C, LINE 19:

THE MUSEUM MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AT ITS OFFICE LOCATED AT 280 FOURTH STREET, BREMERTON, WA 98337 DURING NORMAL BUSINESS HOURS.