

**KITSAP COUNTY
LODGING TAX FUNDING AWARD APPLICATION**

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

Project Title: Puget Sound Navy Museum Marketing
Project Dates: Beginning: Jan. 1, 2025 Ending: Dec 31, 2025
Name of Organization: Puget Sound Navy Museum Foundation Web Site: pugetsoundnavymuseum.org/foundation
Mailing Address: 251 First St. Bremerton WA 98337
Contact Person: Gerald Egan E-Mail: gerryegan.psnmf.board@gmail.com Phone: 360 871 6040
Amount Requested: \$7500 Total Project Cost: \$ 20,510
Portion of Total Project Cost Requested: 36.6 (%)

Signature of Authorized Representative

Gerald Egan

Indicate the Project Type:

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

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

Applicants Must Submit The Following:

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

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

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

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



Lodging Tax Request: Organization/Event Description

Project Title: **Puget Sound Navy Museum Marketing**

Name of Organization: **Puget Sound Navy Museum Foundation** (PSNMF)

Size of staff and board: **Staff 0 Board 14** Size of Volunteer Base: **Board Volunteers 14**

Geographic Area Served: **Local; Greater than 50 Miles; International**

Demographic Served: **Active Military; Veterans; Federal employees; Military Families; Non-military**

Type of Service Provided: **Tourism Marketing**

Description of Proposed Project:

The project for consideration is marketing of PSNM to increase museum visitation and thereby increase tourism in Kitsap County.

PSNMF's marketing strategy is to create a cohesive message conveying PSNM's identity to the public through a variety of communication forms. Marketing goals include:

1. Increase awareness of the Museum and the benefits of our programs, encouraging tourism
2. Reach new visitors and audiences, appeal to repeat visitors, and create new partnerships
3. Increase marketing to propel the Museum and our community in a direction of overall progress and growth

The target audience for Museum marketing efforts consist of four categories:

Demographic: Active Military; Veterans; Federal employees; Military Families; Non-military

Geographic: Local; Greater than 50 Miles; International

Psychographic: Patriotic; Values time with family; Quality experiences at a low or free cost

Behavioristic: Tourists; Ferry Riders; Military/Maritime History Enthusiasts; Internet users; Families looking for low cost or free local activities; Large Group Activities

Performance Indicators: Visitor data collected August 2023 – July 2024 from 4,016 visitor groups indicate that 81.56% of PSNM's visitors come from 50+ miles away. Our current visitation August 2023 – July 2024 is 64,017 thus, 52,212 visitors have travelled from 50+ miles away. 5% of visitors indicate they learned about PSNM via brochure, 1.98% via ads, 29.67% via online (org website/social media platforms and boosted ads), 4.35% via highway signage, 18.08% via word of mouth, 32.25% via our building signage, and 8.67% due to past visits. Overall, about 73.25% of visitors can be directly associated with marketing efforts, drawing 46,892 visitors to PSNM from August 2023 – July 2024. Online media is most effective, and PSNM provides the Foundation with monthly reports. July 2024 shows that the PSNM Facebook page earned 198,000 impressions.

Visitors to the museum are greeted by a volunteer, welcomed, and requested that the individual or group member complete a short survey on an Apple iPad. The Volunteers provide an actual count which when correlated with the survey shows that last year 46.96% of visitors – a total of 30,062 – indicated they were staying in local paid accommodations: 20.38% (13,046) staying 1-2 nights; 8.4% (5,377) 3 nights, and 18.18% (11,638) 4 or more nights.

Building Tourism: Our goal for 2025 visitation is to be at 86% of our 2019 visitation (77K). The current national average for museum visitation rates compared to 2019 is 71%. Thus, our goal with overall marketing efforts is to draw **66,220** visitors to PSNM and Kitsap County.

The Marketing Program utilizes traditional print advertising, internet (website, social media, email) and signage (building and highway). The most effective of these for enhancing tourism is internet related media. Our survey indicated that 29.67% of PSNM visitors used this. Over the past year, more than 36,000 people visited the PSNMF website to learn about PSNM. We have allocated additional funding for site security to improve reliability and increase the effectiveness of this media. Five July Facebook posts received more than 15,000 views each.

We continue to distribute PSNM and regional tourism brochures through Certified Folder Display Service Inc. The brochures are not only displayed in the museum but as a community service, PSNMF funds distribution of the brochures throughout the Kitsap Peninsula, on Washington State Ferries, and at the

Seattle International Airport, thus providing exposure to tens of thousands of regional tourists. We also provide brochures to the Port of Bremerton to promote cruise ship visits.

Based on past survey data showing **81.56% of visitors to PSNM travel more than 50 miles**, we project **54,009 tourists in 2025** and considering **46.96% of visitors to PSNM stay at least one night in paid accommodations**, we project that **31,096 visitors will travel to Kitsap County and stay overnight in 2025**.

Although we have no method to determine how much our visitors spend outside of the museum, if we assume those staying 1 night or more spend conservatively \$200 in the community, that amounts to an estimated **\$6,219,200** in 2025.

Sustainability: PSNMF is an all-volunteer organization; thus, other than the necessary administrative expenses of a non-profit, all expenses are related to the museum. A small but profitable gift shop within the museum building and donations from visitors provide a solid financial basis. The Foundation participates in the Kitsap Great Give and applies for grants for which we are eligible. Legacy giving has been a bonus factor, and we have established a committee to enhance this source. Careful financial management over the years has allowed the Foundation to operate with a reasonable reserve. This has been instrumental in funding major improvements to the museum including complete renovation of an aging exhibit to a student learning center and photographic exhibition space. The Foundation has recently funded the installation of an exhibit highlighting how the U.S. Navy has influenced popular fashion. This effort required several thousand dollars and were managed without serious depletion of our reserves. Currently the Navy is looking to Foundations to assume more of the maintenance cost of exhibits. We look to improve funding sources by aggressively pursuing our membership program. A fundraising lunch has been planned for 2024 to assist in this endeavor.

With financial assistance from grants like the Kitsap County Lodging Tax Grant, the PSNMF will continue to sustain its support of the museum.

Scope of Work:

Visitor data collected August 2023 – July 2024 from 4,016 visitor groups indicate that 81.56% of PSNM’s visitors come from 50+ miles away. Our current visitation August 2023 – July 2024 is 64,017; thus, 52,212 visitors have travelled from 50+ miles away. 5% of visitors indicate they learned about PSNM via brochure, 1.98% via ads, 29.67% via online (org website/social media platforms and boosted ads), 4.35% via highway signage, 18.08% via word of mouth, 32.25% via our building signage, and 8.67% due to past visits. Overall, **about 73.25% of visitors can be directly associated with marketing efforts, drawing 46,892 visitors to PSNM from August 2023 – July 2024.** Online media is most effective, and PSNM provides the Foundation with monthly reports. **July 2024 shows that the PSNM Facebook page earned 198,000 impressions.** Visitors to the museum are greeted by a volunteer, welcomed, and requested that the individual or group member complete a short survey on an Apple iPad. The Volunteers provide an actual count which when correlated with the survey shows that last year 46.96% of visitors – a total of 30,062 – indicated they were staying in local paid accommodations: 20.38% (13,046) staying 1-2 nights; 8.4% (5,377) 3 nights, and 18.18% (11,638) 4 or more nights.

Through this data, the PSNMF Board determines to budget for the following project scope of work:

- Website hosting, updates, security, maintenance
- WADOT highway signage and permits
- Rack Card/brochure design and printing for distribution during all outreach events
- Rack Card/brochure distribution via Certified Folder
- Constant Contact subscription for museum information and program/event announcements
- Social media platforms museum, program, and event announcements

Project Timeline:

Project	Action	Project Timeline
Website	Annual payments for website hosting and security/maintenance; budget for any necessary updates to website by outside company	Due Out: January; March
WADOT highway signage	Pay annual permit	Due Out: February
Rack Card/brochure	Periodic redesign/reprint of museum brochures	Due Out: May
Rack Card/brochure distribution	Annual distribution contract with Certified Folder is negotiated, signed, and finalized	Due Out: July

Puget Sound Navy Museum Foundation Budget

2025

Income		Budget	
Donations Total		\$ 34,950.00	
Donation Box	\$ 6,000.00		
Fred Meyer Comm Rewards	\$ 150.00		
Friendship Dues	\$ 2,000.00		
Fundraising Events	\$ 500.00		
Grants	\$ 15,000.00		
Individual Contributions	\$ 8,000.00		
Kitsap Great Give	\$ 3,000.00		
PayPal Giving Fund	\$ 100.00		
Penny Jar	\$ 200.00		
Gift Shop Income Total		\$ 37,000.00	
Gift Shop Cash Sales	\$ 9,000.00		
Nontaxable sales			
Gift Shop Credit Card Sales	\$ 28,000.00		
Interest		\$ 4,000.00	
TOTAL INCOME			\$ 75,950.00
Expenses			
Foundation Expense Total			\$ 33,930.00
Fundraiser Costs	\$ 2,500.00		
Gift Shop Expense Total		\$ 25,200.00	
Cost of Goods	\$ 20,000.00		
Credit Card Proc Fees	\$ 1,200.00		
Sales Tax Paid	\$ 3,500.00		
Store Supplies	\$ 500.00		
Insurance	\$ 600.00		
Licenses, Registrations, etc.	\$ 130.00		
Utilities	\$ 3,000.00		
Office Expense	\$ 1,500.00		
Website maintenance (foundation)	\$ 1,000.00		
General Museum Expense Total			\$ 10,903.00
Ferry Passage Reimbursement	\$ 300.00		
Field Trip Bus Trans	\$ 3,000.00		
History Day Awards	\$ 500.00		
Membership Chamber of Commerce	\$ 325.00		
STEM Bus Transportation	\$ 4,000.00		

Vol of Qtr Plaques	\$	143.00	
Website maintenance	\$	2,635.00	
Annual website hosting (Godaddy)	\$	1,200.00	
Website add-ons	\$	115.00	
Website security/updates Fus Cr	\$	1,320.00	
Museum Expense Total			\$ 107,631.00
Administrative Support			
Facilities/Visitor Svcs Supt.			\$ 600.00
Garbage Removal Support			\$ 1,200.00
Inst. Memberships/Subscriptions			\$ 706.00
Volunteer Recognition			\$7,600.00
Drinking Water	\$	1,300.00	
Summer Vol. Appreciation Event	\$	3,000.00	
Winter Vol. Appreciation Event	\$	2,500.00	
Vol. Thank You Program	\$	200.00	
Vol. PSNM/Logo Shirts	\$	200.00	
Vol. Badges	\$	400.00	
Communications Support			\$39,225.00
Annual WSDOT Highway Signage	\$	975.00	
Volunteer Brochure/Rack Card Printing	\$	325.00	
Volunteer Brochure/Rack Card Redesign	\$	500.00	
Brochure/Rack Card Printing	\$	-	
Brochure/Rack Card Distribution	\$	7,300.00	
Business cards	\$	750.00	
Constant Contact Subscription	\$	700.00	
Exterior Banner Project	\$	15,000.00	
Facebook Event Info Online Placement	\$	2,900.00	
Macaroni Kid Event info Online Placement	\$	2,650.00	
Professional Exhibit/Bldg Photos	\$	2,500.00	
Professional Program/Event Photos	\$	2,000.00	
Survey Monkey Subscription	\$	525.00	
Volunteer Recruitment Ad	\$	2,500.00	
Volunteeer Recruitment Ad Facebook	\$	600.00	
Collections Management			\$ 4,000.00
Scanning	\$	500.00	
Environ. Preservation	\$	500.00	
Artifact Conservation	\$	3,000.00	

	Curatorial Support		\$ 100.00
	Education & Public Prog Total		\$ 24,700.00
	3D Printer Maint & Supplies	\$ 1,000.00	
	First Friday Suppl & Honorarium	\$ 1,200.00	
	Full Steam Ahead Suppl/Equip	\$ 500.00	
	Navy 250th Program Support	\$ 7,500.00	
	Navy Stem Days Rentals	\$ 6,000.00	
	Navy Stem Days Supplies	\$ 2,500.00	
KCF Grant	Navy Stem Days Tech Refresh	\$ 5,500.00	
	Set Sail Friday Suppl/Equip	\$ 500.00	
	Exhibits Support Total		\$ 29,500.00
	Exhibit Supplies/Materials	\$ 7,500.00	
	Navy 250th Birthday Exhibit	\$ 20,000.00	
	Exhibit Software Apps	\$ 2,000.00	
TOTAL EXPENSE			\$ 152,464.00
		NET	\$ (76,514.00)
	Transfer funds from existing assets	\$76.514	\$ 76,514
		Final net	zero

**Puget Sound Navy Museum Foundation
Tourism Marketing Budget**

Expense Description	Cost \$
Annual website hosting (Godaddy)	1,200.00
Website add-ons	115.00
Website security/updates	1,320.00

Annual WSDOT highway signage	975.00
Volunteer Rack Card Redesign	500.00
Volunteer Brochure/Rack Card Printing	325.00
Brochure/ distribution through Certified Folder on Seattle-Bremerton ferry runs/SEATAC/Kitsap Peninsula	7,300.00
Constant Contact Subscription	700.00
Survey Monkey Subscription	525.00
Facebook Event Information Online Placement (Facebook Boosts)	2,900.00
Macaroni Kid Event Information Online Placement	2,650.00
Professional Program/ Event Photos	2,000.00

Total Tourism Marketing Expense **\$ 20,510**

PSNMF Marketing Cash Flow

Cash Flow Expense	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Total
Annual website hosting (Godaddy)	\$ 600		\$ 600										\$1,200
Website add-ons	\$ 115												\$115
Website security/updates	\$ 660		\$ 660										\$1,320
Annual WSDOT highway signage		\$ 975											\$975
Rack Card Redesign					\$ 500								\$500
Brochure/Rack Card Printing						\$ 325							\$325
Brochure/distribution through Certified Folder on Seattle-Bremerton ferry runs/SEAT AC/Kitsap Peninsula							\$ 7,300						\$7,300
Constant Cost	\$ 62	\$ 58	\$ 58	\$ 58	\$ 58	\$ 58	\$ 58	\$ 58	\$ 58	\$ 58	\$ 58	\$ 58	\$700
Survey Monk	\$ 525												\$525
Facebook Event Information Online Placement (Facebook Boosts) & social media		\$ 290	\$ 290	\$ 290	\$ 290	\$ 290		\$ 290	\$ 290	\$ 290	\$ 290	\$ 290	\$2,900
Macaroni Kid Event Information Online Placement													\$2,650
Professional Program/Event Photos	\$ 250	\$ 250	\$ 250	\$ 250	\$ 250				\$ 250	\$ 250	\$ 250		\$2,000
	\$ 2,212	\$ 1,573	\$ 1,858	\$ 598	\$ 1,098	\$ 673	\$ 7,358	\$ 348	\$ 598	\$ 598	\$ 598	\$ 348	\$20,510

Puget Sound Navy Museum Foundation History

The Puget Sound Navy Museum Foundation (PSNMF) is a non-profit organization that obtains financial support for the development of the Museum (PSNM) and its educational/interpretive programs. The museum is free to all and provides no cost venues for active-duty military and federal employees for meetings, ceremonies and training. The Foundation is all volunteer including the PSNMF Board and supports a gift shop within the museum. Nominally 40 volunteers managed by tPSNM greet and guide arriving visitors. The PSNM 6-person professional staff is funded by the Navy Historical and Heritage Command. Marketing, educational, and community outreach along with several other programs are funded by PSNMF

The Puget Sound Navy Museum is one of ten museums funded and administered by the U.S. Navy. With the Naval Undersea Museum (NUM) in Keyport, WA, it forms Navy Museums Northwest (NMNW). NMNW is a unit of the Naval History and Heritage Command with headquarters in Washington, D.C. The Museum began operation as a not-for-profit on December 3, 1954. Named the Puget Sound Naval Shipyard Museum, it was established by the U.S. Navy. Puget Sound Naval Shipyard employees provided staff for the Museum. The City of Bremerton financially assisted the museum until 1998 When the Foundation assumed full responsibility. In 2002 the Foundation was designated a nonprofit 501(3)(C) named the "Naval Memorial Museum of The Pacific". Negotiations between City officials, the Foundation and U.S. Congressman Norm Dicks resulted in a decision to create a permanent home for the Museum in historic Building 50. The building was moved from the shipyard to its current location and in 2007 the staff moved to the newly renovated Building 50 at 251 First Street. The Museum officially reopened on August 25, 2007. It was renamed the Puget Sound Navy Museum and became an official U.S. Navy Museum in March of 2008. In 2009 The nonprofit was renamed "Puget Sound Navy "Museum Foundation". The Foundation has an office inside the museum and operates a small store within the museum. Building 50 is owned by the City of Bremerton which leases it to the Navy History and Heritage Command.

PSNMF has been fortunate to receive funding from the Kitsap County Lodging Tax Grant in previous years. The most recent grant was in 2024 for \$5000.

Business Qualification



BUSINESS LICENSE

Nonprofit Corporation

PUGET SOUND NAVY MUSEUM FOUNDATION
251 1ST ST
BREMERTON WA 98337-5612
TAX REGISTRATION - ACTIVE

Issue Date: Feb 23, 2024
Unified Business ID #: 601169218
Business ID #: 001
Location: 0002
Expires: Mar 31, 2025

CITY/COUNTY ENDORSEMENTS:
BREMERTON GENERAL BUSINESS - NON-RESIDENT #15129 - ACTIVE

REGISTERED TRADE NAMES:
PUGET SOUND NAVY MUSEUM FOUNDATION

This document is the property of the State of Washington and is loaned to you for the business purpose only. It is not to be distributed, sold, or used for any other purpose. If you are not the applicant, you must return this document to the Department of Revenue. If you are the applicant, you must keep this document safe and return it to the Department of Revenue if you are no longer the owner of the business. If you are no longer the owner of the business, you must return this document to the Department of Revenue. If you are no longer the owner of the business, you must return this document to the Department of Revenue.

Director, Department of Revenue

STATE OF WASHINGTON

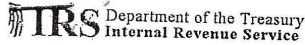
IBI: 601169218 001 0002

Expires: Mar 31, 2025

PUGET SOUND NAVY MUSEUM
FOUNDATION
51 1ST ST
BREMERTON WA 98337-5612

TAX REGISTRATION - ACTIVE
BREMERTON GENERAL BUSINESS -
NON-RESIDENT #15129 - ACTIVE

Director, Department of Revenue



OGDEN UT 84201-0046

In reply refer to: 0423371862
Sep. 22, 2009 LTR 252C E0
91-1445011 000000 00
00004923
BODC: TE

PUGET SOUND NAVY MUSEUM FOUNDATION
251 1ST ST
BREMERTON WA 98337-5612

8

Taxpayer Identification Number: 91-1445011

Dear Taxpayer:

Thank you for your Form 990-EZ.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you need forms, schedules, or publications, you may get them by visiting the IRS website at www.irs.gov or by calling toll-free at 1-800-TAX-FORM (1-800-829-3676).

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

Sincerely yours,

Kim L. Tolsma
Dept. Manager, Code & Edit/Entity 3

Enclosure(s):
Copy of this letter

Internal Revenue Service

Date: April 17, 2002

Naval Memorial Museum of The Pacific
130 Washington Avenue

Bremerton, WA 98337

Department of the Treasury

P. O. Box 2508

Cincinnati, OH 45201

Person to Contact:

Kaye Keyes 31-07416 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:

911445011

. Dear Sir or Madam:

This letter is in response to your request 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.March 1989, 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 section 509(a)(2). . ;

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 exel]lpt status and foundation status of your organization.

Your organization is required to file Form 990, Ret\Jrn 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. •

..-2-

Naval Memorial Museum of The Pacific 91-1445011

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. You are also required to make available for public inspection a copy of your organization's 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

Form 990EZ

Short Form

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

2023

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning 01-01-2023, and ending 12-31-2023

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: PUGET SOUND NAVY MUSEUM FOUNDATION. Address: 251 1st St, Bremerton, WA 98337.

D Employer identification number: 91-1445011. E Telephone number: (360) 479-7447. F Group Exemption Number

G Accounting Method: Cash (checked), Accrual, Other

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website:

J Tax-exempt status (check only one): 501(c)(3) (checked), 501(c)() (insert no.), 4947(a)(1), 527

K Form of organization: Corporation (checked), Trust, Association, Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$92,796

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Table with 9 rows for Revenue. Columns include line number, description, and amount. Total revenue: 65,909.

Table with 8 rows for Expenses. Columns include line number, description, and amount. Total expenses: 46,650.

Table with 4 rows for Net Assets. Columns include line number, description, and amount. Total net assets at end of year: 277,556.

Part II Balance Sheets(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	258,297	22	277,556
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	258,297	25	277,556
26 Total liabilities (describe in Schedule O).	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	258,297	27	277,556

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?
 The Puget Sound Navy Museum Foundation is a non-profit organization. It's mission is to obtain financial support for the development of the Puget Sound Navy Museum and its educational, cultural, and historical programs.

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

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

28 Provided funds for mission exhibits library, educational programs, marketing and administration. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	37,954
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	37,954

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated ; see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
George Holden Treasurer	16.00	0	0	0
Rosln Wages Director	4.00	0	0	0
Jim Stark Director	2.00	0	0	0
Gerr Egan Secretary	10.00	0	0	0
Kira Khaden Director	2.00	0	0	0
Patty Lent Director	2.00	0	0	0
George Bieda President	10.00	0	0	0
Carol Sue Barker Director	2.00	0	0	0
Rich Kalyn Director	2.00	0	0	0
Mark Williamson Director	2.00	0	0	0
Patt Schrader Director	2.00	0	0	0

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		No
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		No
41	List the states with which a copy of this return is filed. ▶ WA		
42a	The organization's books are in care of ▶ George H Holden Telephone no. ▶ (360) 473-8417 Located at ▶ 1605 NW Viewmont Ct Silverdale , WA ZIP + 4 ▶ 98383		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b		No
	If "Yes," enter the name of the foreign country: ▶ _____		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c		No
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
c	Did the organization receive any payments for indoor tanning services during the year?		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		No

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	No

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

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	No
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	No
b If "Yes," was the related organization a section 527 organization?	49b	No

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 **0**

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. **0**

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A **Yes** **No**

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

Sign Here	***** Signature of officer	2024-03-02 Date
	George Holden Treasurer Type or print name and title	

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

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 for instructions and the latest information.

OMB No. 1545-0047 2023 Open to Public Inspection

Name of the organization PUGET SOUND NAVY MUSEUM FOUNDATION

Employer identification number 91-1445011

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 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 [checked] 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 0
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Description. Rows include: 14 Public support percentage for 2023; 15 Public support percentage for 2022; 16a 33 1/3% support test—2023; 17a 10%-facts-and-circumstances test—2023; 18 Private foundation.

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,509	5,671	23,155	64,588	44,898	156,821
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	53,410	4,950	22,922	34,395	40,074	155,751
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge	10,000	10,000	10,000	10,000	10,000	50,000
6 Total. Add lines 1 through 5	81,919	20,621	56,077	108,983	94,972	362,572
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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.						0
c Add lines 7a and 7b.						0
8 Public support. (Subtract line 7c from line 6.)						362,572

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6.	81,919	20,621	56,077	108,983	94,972	362,572
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	3,816	3,400	1,534	2,099	7,824	18,673
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	3,816	3,400	1,534	2,099	7,824	18,673
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	85,735	24,021	57,611	111,082	102,796	381,245

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f))	15	95.100 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	96.730 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f))	17	4.900 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	3.270 %

19a 33 1/3% support tests-2023. 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-2022. 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, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>		
	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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 Total annual distributions. 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 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2021.			
e From 2022.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

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).

Facts And Circumstances Test

Return Reference	Explanation
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Schedule B

(Form 990) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization PUGET SOUND NAVY MUSEUM FOUNDATION

Employer identification number 91-1445011

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 other 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...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
PUGET SOUND NAVY MUSEUM FOUNDATION

Employer identification number
91-1445011

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Eileen Okazaki 6019 Watauga Beach Drive E Port Orchard, WA 98366	\$ 10,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
2	City of Bremerton 345 6th Street Suite 100 Bremerton, WA 98337	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
3	Kitsap County 619 Division Street Port Orchard, WA 98366	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>

Name of organization
 PUGET SOUND NAVY MUSEUM FOUNDATION

Employer identification number

91-1445011

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 PUGET SOUND NAVY MUSEUM FOUNDATION	Employer identification number 91-1445011
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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 information once. See instructions.) ► \$ _____
 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 G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

Name of the organization PUGET SOUND NAVY MUSEUM FOUNDATION

Employer identification number 91-1445011

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

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

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

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

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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

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

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		Charity Luncheon (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	16,466			16,466
	2 Less: Contributions	0			0
	3 Gross income (line 1 minus line 2)	16,466	0	0	16,466
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	0			0
	6 Rent/facility costs	340			340
	7 Food and beverages	1,463			1,463
	8 Entertainment				0
	9 Other direct expenses				0
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,803
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				14,663	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----
 Address ▶ -----

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

Name ▶ -----
 Address ▶ -----

16 Gaming manager information:
 Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

- Director/officer Employee Independent contractor

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

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

Return Reference	Explanation
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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 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization
PUGET SOUND NAVY MUSEUM FOUNDATION

Employer identification number

91-1445011

Return Reference	Explanation
Part 1 Line 16	Sales Tax 3262 Credit Card Processing Fees 1068 Gift Shop Supplies 257 Insurance 610 Licenses & Registrations 210 Office Expenses 688 Museum Support 37954

Certificates of Insurance

The Certificate of Insurance form requires Commercial Insurance. PSNMF holds Directors & Officers Insurance thus our agent could not complete the form. PSNMF does not own property, automobiles nor have any employees. We operate a small store and office within the museum. The museum is owned by the City of Bremerton and leased to the Navy History and Heritage Command. The policy described below provides appropriate coverage for PSNMF as a Foundation. The complete policy was submitted to Contract Specialist, Wanda Lowery, on April 2, 2024, and found to be acceptable. The policy coverage is until February 2025 and is automatically renewable. The agent declined our request for extension throughout 2025 as the new premium had not been set.



Insurance Policy Enclosed

December 6, 2023

Insurance Policy

George Bieda Puget Sound Naval Museum Foundation
251 First Street
Bremerton, WA 98337

Subject:

Directors & Officers Insurance Policy
Number: NFP0131720-06
Insurance Carrier: Arch Insurance Group
Policy Period: 02/15/2024 to 02/15/2025

Dear George:

Your new insurance policy is enclosed. We have also enclosed our invoice.

This policy qualifies for automatic renewal because no claims or material changes to this risk have been reported during the expiring policy period. If there have been

any claims or material changes to the insurable risk during the past year this renewal offer is void ab initio and you must contact our office to review available renewal terms.

The renewal policy enclosed may contain an increase in premium as well as other changes in terms and conditions. The premium is indicated on the renewal policy declarations page. This will serve as your only notice of any such changes.

Please remit payment in full, including a \$35 policy administrative charge, no later than the date provided on the invoice. Untimely payment may result in cancellation pursuant to the terms and conditions of the policy.

Please review and verify the information included. If any changes need to be made, please contact us prior to the inception of the Policy Period.

If you have any questions, or would like additional information, please feel free to call us at 800-432-7465 Monday through Friday from 8:00 a.m. to 5:00 p.m. Eastern Standard Time. You may also contact us at info@affinitynonprofits.com.

Thank you for your business. We look forward to serving you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jason Tharpe', with a long horizontal flourish extending to the right.

Jason Tharpe
Vice President

The individual servicing this account will be:
Kendra Walker
Phone Number: 202-429-8521
Fax Number: 847-953-2652
Email:

Directors' and Officers' (D&O) Liability Insurance Program

Provided Exclusively by Affinity Nonprofits and Arch Insurance Company

Endorsed by the Council on Foundations (COF)

Cyber Liability Coverage Extension: Reimburses expenses resulting from network security breaches. Includes up to \$100,000 for notification and monitoring costs, as well as public relations firm to aid in image restoration.

Duty-to-Defend Coverage: Arch will assign experienced defense counsel for covered claims, even if allegations are groundless, false, or fraudulent.

Broad Definition of Insured: Includes the Foundation and any director, officer, trustee, committee member, employee or volunteer. Employee definition includes part-time, seasonal, temporary, and leased employees.

Employment Practices Liability Coverage: Protects against employee related allegations of discrimination, wrongful termination and sexual harassment, as well as failure to hire or promote.

Third Party Coverage: Protects against third party allegations of discrimination and sexual harassment.

Expanded Claim Trigger: Broadened wording to include Insureds once identified in a Wells Notice, subpoena or target letter as a target against whom a formal proceeding may be commenced.

Defense Costs Outside the Limit of Liability Options: Amount of limits varies by insured. Uncapped defense costs may be available. Helps to preserve policy limit for indemnity payments.

Personal Injury & Publishers Liability Coverage: Protects against allegations of libel, slander and copyright or trademark infringement. Broadened wording includes coverage for electronic media.

Fair Labor Standards Act (FLSA) Sublimit: Provides a defense cost sublimit for Wage and Hour claims. Insureds outside of California, with under 15 employees, are eligible for limits as high as \$500,000.

First Party Coverage Enhancements: See our separate highlight sheet on the Arch Strength Endorsement to learn more about over a dozen additional first party coverage features.

10% Premium Credit: We are pleased to offer both COF members and Regional Association of Grantmakers members a 10% premium credit for directors' and officers' liability insurance.

IRS Fines and Penalties Coverage: Defense costs coverage provided for alleged violations of IRS tax code provisions. This feature protects the Foundation against allegations of self-dealing, jeopardizing investments and taxable expenditures.

Breach of Contract Coverage (Defense Costs): Provides defense for allegations of non-employment related breach of contract.




Free Fiduciary Liability Coverage Sublimit: Provides a \$250,000 sublimit defense AND settlement for allegations of mismanagement of employee benefit plans. This includes \$100,000 in Settlement Program Coverage and \$25,000 in HIPAA.

Fundraising Fraud Coverage: Provides a \$250,000 sublimit for public relations and related costs should the Foundation learn that a third party has improperly used the Foundation's name to solicit funds.

Excess Benefit Transaction Excise Tax: Provides coverage for defense costs as well as up to \$250,000 in penalties pertaining to IRS section 4958, 4941(a)(2), 4965(a)(2), 4966(a)(2) and 4967(a)(2), for both Public and Private Foundations.

Fiscal Sponsor Activities Coverage: Provides protection for the Foundation and its employees acting in a fiscal sponsorship capacity for other nonprofits.

Optional Coverage Parts:

-  Fiduciary Liability – Protects against allegations of mismanagement of employee benefit plans.
-  Crime Coverage – Reimburses loss caused by theft, robbery, forgery or alteration, computer fraud, and currency fraud.
-  Kidnap & Ransom – Reimburses loss caused by kidnapping and extortion type incidents, including ransom payments, defense costs for negligent mishandling of incidents, and response costs to incidents (i.e., security consultant, public relations, negotiator, etc.)

Arch Insurance Company is rated A+ (Superior), XV (\$2 billion or more in capital and surplus and conditional reserves) by A.M. Best Co.

Contact us or have your agent call **1.800.432.7465** or email us at **info@affinitynonprofits.com**

Endorsed by:



Underwritten by:



Administered by:



2001 K Street, NW, Suite 625 North • Washington, DC 20006 • www.affinitynonprofits.com • 800.432.7465 • info@affinitynonprofits.com

Insurance coverage is underwritten by one or more member companies of Arch Insurance Group in North America, which consists of (1) Arch Insurance Company (a Missouri corporation, NAIC # 11150) with admitted assets of \$3.74 billion, total liabilities of \$2.87 billion and surplus to policyholders of \$875.38 million, (2) Arch Specialty Insurance Company (a Missouri corporation, NAIC #21199) with admitted assets of \$512.72 million, total liabilities of \$215.26 million and surplus to policyholders of \$297.45 million, (3) Arch Excess & Surplus Insurance Company (a Missouri corporation, NAIC # 10946) with admitted assets of \$66.25 million, total liabilities of \$612,846 and surplus to policyholders of \$65.64 million and (4) Arch Indemnity Insurance Company (a Missouri corporation, NAIC# 30830) with admitted assets of \$76.19 million, total liabilities of \$48.43 million and surplus to policyholders of \$27.76 million. All figures are as shown in each entity's respective Quarterly Statement for the quarter ended September 30, 2016. Executive offices are located at One Liberty Plaza, New York, NY 10006. Not all insurance coverages or products are available in all jurisdictions. Coverage is subject to actual policy language. This information is intended for use by licensed insurance producers. The information contained in this document is for general information only. It is intended to provide a general overview of the services and products offered. Only the relevant policy can provide the actual terms, coverages, amounts, conditions and exclusions. All coverages are not available in all states. This document is not intended to be advertising or solicitation in states where the local regulations prohibit such usage.




Affinity Nonprofits is the program name for the brokerage and program administration operations of Affinity Insurance Services, Inc. (TX 13695); (AR 100106022); in CA & MN, AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services, Inc.; in CA, Aon Affinity Insurance Services, Inc. (CA 0G94493), Aon Direct Insurance Administrators and Berkeley Insurance Agency and in NY, AIS Affinity Insurance Agency.

Arch Strength Endorsement

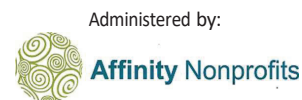
Directors' & Officers' Liability Insurance

Affinity Nonprofits has been providing insurance to the nonprofit community for over 35 years. Together with Arch Insurance Company, rated A+ (Superior) by A.M. Best Company, we are dedicated to providing comprehensive, affordable solutions to the nonprofit organizations that are the cornerstone of our communities.

In keeping with that mission, we are excited to introduce the Arch Strength Endorsement to our Directors' & Officers' Liability Insurance policy crafted for nonprofit organizations. The first party coverage items available under the Strength Endorsement combine with the broad coverage available under the Arch D&O to form one of the most robust policy offerings available in the market today.

 Arch Strength Endorsement	 Limit	 Description
Business Travel Accident	\$50,000	Reimbursement of travel accident costs if the insured person suffers injury while traveling on insured business.
Conference Cancellation	\$25,000	Reimbursement of business related expenses when an employee is scheduled to attend a conference that is cancelled due to a natural catastrophe or communicable disease outbreak.
Destroyed Records	\$25,000	Reimbursement of expenses required to reconstruct paper or electronic business records which are lost during a natural catastrophe or terrorism related event.
Death Benefit	\$50,000	Payment to the insured for terrorism related death of an executive.
Donation Failure	\$50,000	Reimbursement for any donation pledged by and not received due to bankruptcy, unemployment or incapacitation of the donor which prevents them from honoring the pledge.
Emergency Real Estate Fees	\$50,000	Reimbursement for real estate consulting fees resulting from the relocation of the insured's office due to the unforeseeable destruction of the office.
Immigration	\$25,000	Reimbursement of civil fines or penalties incurred for non-willful violations of the U.S. Immigration and Nationality Act.
Fundraising Event Power Outage	\$25,000	Reimbursement of costs incurred when a fundraising event is cancelled due to a power outage.
Identity Theft	\$50,000	Reimbursement of notarization costs and loan application fees required by financial institutions, as well as mailing costs to law enforcement or credit agencies, due to an act of identity theft.
Executive Replacement	\$50,000	Reimbursement of costs associated with finding a replacement if an executive suffers an accidental injury that results in their death.
Kidnapping	\$50,000	Reimbursement of response costs if an executive, their spouse, domestic partner, parent or child is kidnapped.
Repatriation	\$10,000 per employee / \$50,000 aggregate	Reimbursement of travel expenses, lodging and compensation of an employee from a country they reside in to the nearest place of safety or to a country in which the insured person is a legal resident.
Temporary Meeting Space	\$25,000	Reimbursement for the costs of renting meeting space due to the temporary unavailability of the insured's office due to terrorism, natural catastrophe, or failure of a climate control system.
Terrorism Travel	\$50,000	Reimbursement of an executive's hotel and travel costs if stranded due to a terrorism related event.
Trip Cancellation	\$2,500	Reimbursement of meals, lodging and alternate transportation costs resulting from the cancellation of a regularly scheduled business trip.

Call us or have your agent call **1.800.432.7465** or email us at **info@affinitynonprofits.com**



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Conflict of Interest

This applicant has no immediate family of or engaged in any business with County employees or special or appointed officials with authority to award the contract.