



**CITY OF POULSBO
2021 LODGING TAX GRANT APPLICATION**

Applicant/Organization Information
 Public Other Non Profit Private

Name

Address

City	State	Zip	Email
-------------	--------------	------------	--------------

Organization Purpose or Mission:

Contact Person

Name

Title	Phone
--------------	--------------

Email

Geographic area served by this project			Number of people served by this project:
Date of project (Start to finish):			
2021 Project	Funding Request from the City of Poulsbo: \$21,000	Organization Match: \$ 9,000	Total Project Cost:

Title of Project:

Brief Description of Project; *please be specific on which events will receive Lodging Tax funding.*

FUNDING SOURCES FOR THIS PROJECT

List all firm commitments to date to fund this project:

Source	Amount

List any other sources of funding you have applied for:

Source	Amount	Status

Specifically how will this grant be used? What kinds of advertising will be used? How will you distribute the information? How do you document your successes and results?

Identify the specific tourism audience/market located more than 50 miles from Poulsbo that your organization will target with these funds.

How will this project be financed in the future?

State law RCW 67.28.1816(2) requires organizations to provide estimates of potential economic impact. In addition, *the City requires you to provide a brief description of how you calculated the estimates.* The estimates are specifically for the event, activity or facility for which you are requesting funding.

All recipients must submit a report to the municipality describing the actual number of people traveling for business or pleasure on a trip:

	<i>Projected</i>	<i>Actual</i>	<i>Methodology (Indirect count? Direct count? Did the hotels supply counts?)</i>	
Overall Attendance				
Attendees who traveled 50 miles or more to attend:				
Total:				
Of total, attendees who traveled from another state or country:	Stemne-100 Weddings	Stemne Cancelled All weddings cancelled or postponed		
Attendees who stayed overnight:				
Paid accommodations:	100	unknown		
Unpaid accommodations:	100-stayed with lodge members	unknown		
Paid lodging nights:	100	unknown		

1. Is there any other information you wish to add:

An attendance recording committee for Events in 2020 was put in place to satisfy Tax Grant requirements. However, due to cancellation of of all events after March we have no data for 2020. Due to challenging circumstances it is difficult to predict what 2020 attendance records would have been.

The Lodge does have an Audit committee in place that meets monthly along with the Treasurer to monitor all Group finances and expenditures under our umbrella.

Application Certification

I attest and affirm I am an authorized agent of the organization/agency applying for funding and the information I have provided in this application is true, complete and accurate. I understand and agree to the following:

- The Lodging Tax Funds, for which the organization/agency is applying, can only be used in accordance with the purposes outlined in RCW 67.28.
- If awarded, the applicant organization/agency will enter into a Tourism Promotion Services Agreement with the City.
- If awarded, the City of Poulsbo will only reimburse those costs actually incurred by the organization/agency and only after the service is rendered, or paid for if provided by a third party, and a signed City of Poulsbo payment form (or other form acceptable to the City) has been submitted to the City, including copies of invoices and payment documentation.
- The agency will be required to submit a mid-year and end-of-the-year report documenting economic impact results in a format determined by the City.

Signatures	
<i>Stacy White</i>	Date 7-31-2020
Gerald Block - attached	
<i>[Signature]</i>	7-31-2020
<i>[Signature]</i>	7-31-2020

Application Certification

I attest and affirm I am an authorized agent of the organization/agency applying for funding and the information I have provided in this application is true, complete and accurate. I understand and agree to the following:

- The Lodging Tax Funds, for which the organization/agency is applying, can only be used in accordance with the purposes outlined in RCW 67.28.
- If awarded, the applicant organization/agency will enter into a Tourism Promotion Services Agreement with the City.
- If awarded, the City of Poulsbo will only reimburse those costs actually incurred by the organization/agency and only after the service is rendered, or paid for if provided by a third party, and a signed City of Poulsbo payment form (or other form acceptable to the City) has been submitted to the City, including copies of invoices and payment documentation.
- The agency will be required to submit a mid-year and end-of-the-year report documenting economic impact results in a format determined by the City.

Signatures	
<i>Donald E. Blood (Lodge Treasurer)</i>	Date 7-31-2020

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 2019, and ending 2020

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

C Name of organization Sons of Norway Lodge 2-044
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) PO Box 653 Room/suite _____
 City or town, state or province, country, and ZIP or foreign postal code Poulsbo WA 98370

D Employer identification number 91-6037058
E Telephone number 360 779 5209
G Gross receipts \$ 404830.89

F Name and address of principal officer: Sherry White, President
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) (8) (insert no.) 4947(a)(1) or 527
J Website: Poulsbosons of Norway .com
H(c) Group exemption number ▶ 0108

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1940 **M** State of legal domicile: WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Fraternal lodge providing social and cultural activities as well as insurance for its members.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>28</u>
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>28</u>
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	<u>9</u>
6 Total number of volunteers (estimate if necessary)	6	<u>150</u>
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0</u>
7b Net unrelated business taxable income from Form 990-T, line 39	7b	<u>0</u>

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	<u>33466.42</u>	<u>54105.36</u>
9 Program service revenue (Part VIII, line 2g)	<u>59951.52</u>	<u>77710.68</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>1665.64</u>	<u>1817.34</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>129585.20</u>	<u>115257.57</u>
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>224668.78</u>	<u>248890.95</u>
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>900.00</u>	
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>65262.40</u>	<u>66536.71</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>156695.73</u>	<u>169527.86</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>222858.13</u>	<u>236064.57</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>1810.65</u>	<u>12826.38</u>
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	<u>140406.14</u>	<u>151880.11</u>
21 Total liabilities (Part X, line 26)	<u>20186.26</u>	<u>19532.11</u>
22 Net assets or fund balances. Subtract line 21 from line 20	<u>120219.88</u>	<u>132348.00</u>

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.

Sign Here

Signature of officer: _____ Date: _____
 Type or print name and title: _____

Paid Preparer Use Only

Print/Type preparer's name: Edward B Habecker Preparer's signature: [Signature] Date: 6/7/2020
 Check if self-employed PTIN: P00842344
 Firm's name ▶ HABECKER • WADDELL • HABECKER Firm's EIN ▶ 91-1398495
 Firm's address ▶ 19062 HWY. 305 STE. 201, POULSBRO, WA 98370 Phone no. 360 697 1666

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No