

CITY OF POULSBO 2021 LODGING TAX GRANT APPLICATION

Applicant/ Organization Information			
<input type="checkbox"/> Public <input type="checkbox"/> Other <input checked="" type="checkbox"/> Non Profit <input type="checkbox"/> Private			
Name Poulsbo Historical Society			
Address P.O. Box 844			
City Poulsbo	State WA	Zip 98370	Email poulsbohistory@gmail.com
Organization Purpose or Mission: The Poulsbo Historical Society (PHS) began in 1991 with the mission of collecting, recording, preserving and exhibiting the history, heritage and culture of Poulsbo and the surrounding communities. PHS is largely volunteer run and operated. The organization utilizes its many active volunteers as board members, event volunteers, store managers, tour guides, photographers, curators and display specialists. Since its beginnings, the Society has grown to include three museum sites: the Heritage Museum, the historic Martinson Cabin Museum, and most recently, the Maritime Museum (2015). All of the Museums are open free of charge.			
Contact Person			
Name Mary Ann Acosta			
Title Acting Executive Director			Phone 360-994-4943
Email maryann.poulsbohistory@gmail.com			

Geographic area served by this project Poulsbo, North Kitsap and beyond			Number of people served by this project:
Date of project (Start to finish): January 1-December 31, 2021			23,000+ people
2021 Project	Funding Request from the City of Poulsbo:\$30,000	Organization Match: \$90,000	Total Project Cost: \$120,000

Title of Project: Poulsbo Historical Society-Museums

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

The Poulsbo Historical Society (PHS) provides free access to three museum sites in Poulsbo- Heritage Museum, Maritime Museum and Martinson Cabin. PHS provides activities for visitors and residents, including families and children, to encourage, promote and educate patrons about the unique history of Poulsbo. Poulsbo LTAX funds will be used to keep all three museum sites open and operating. In addition, the Maritime Museum hosts the Kitsap Visitor Center where visitors can get information about other local activities, dining and lodging.

PHS has been adept at drawing visitors to Poulsbo. Before the COVID-19 closures, PHS was on track to serve over 23,000 visitors per year (based on 2019 actual tracking). From August 1, 2019 until mid-March 2020 when the museums closed, PHS saw 13,953 visitors- 6% at the Heritage Museum, 91% at the Maritime Museum and 3% at Martinson Cabin. (Martinson Cabin is only open on weekends and for special programs)

Established in 1991, PHS is proud to claim three museum venues with two libraries, a boat yard, an active education/research facilities in both the Maritime and Heritage museums, an informal genealogy group, educational activities for children on a monthly basis, and guided walking tours.

PHS has been increasing its online presence with a new program, PHS Aweigh, encouraging people to learn about Poulsbo and North Kitsap history with crafts, food demonstrations and trivia games online. (See attached chart for participation)

Since March 2020, PHS has had 244 Instagram followers, an E-newsletter with 255 weekly readers. Our Facebook page has reached 17,000-20,000 followers including 250 new followers in the last three months.

PHS is poised to reopen its museum sites in accordance with state and federal guidelines basis at the beginning of Phase 3. In addition, PHS has planned a Liberty Bay Festival for August 28-30, 2020, depending on COVID restrictions.

A replica of the steamship, Hyak, is almost complete. The large steamship replica on Front Street will be a draw for locals and tourists alike.

Currently, PHS will increase its online presence through our Heritage Museum, PHS Aweigh. During the COVID closure, PHS Aweigh has increased interest in PHS and Poulsbo (see statistics above). Once Kitsap County is granted Phase 3 opening, PHS will open its doors and encourage visitors through:

- x Advertising (print and digital)
- x Facebook and Instagram
- x Website (PHS and Visit Kitsap)
- x Newsletter (print and digital)
- x Flyers
- x Mailings
- x Events (including Liberty Bay Festival, Virginia V cruise on the Bay)
- x Signage (in front of museums)
- x Brochures
- x Listing in calendars of local press and in other calendars across Puget Sound e.g. Macaroni Kids)
- x FM radio ads (reaching Western Washington and lower British Columbia)
- x Collaboration with local businesses, nonprofits, merchant associations, Kitsap Regional Library, Suquamish Tribe and others.

FUNDING SOURCES FOR THIS PROJECT

List all firm commitments to date to fund this project:

Source	Amount
PHS Memberships	\$10,000
Unrestricted contributions	\$25,000
Online auction proceeds	\$35,000
Visit Kitsap	\$6,000
Store Sales	\$10,000
Grants/Kitsap Great Give	\$30,000
	\$116,000

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?

The Poulsbo Lodging Tax funds will be used to support PHS' marketing and operations at its three museum site and its on-line PHS Aweigh program. Poulsbo Lodging Tax funds for operations are key to the outreach activities that we make available to visitors, salary for staff who create the events and projects, utilities/insurance that help us "keep the doors open").

PHS markets its museums and programs using a variety of methods:

- o Advertising-print and digital
- o Website (PHS and Visit Kitsap)
- o Facebook and Instagram
- o Updating Visitor's Center technology
- o FM Radio ads reaching Western Washington and lower British Columbia;
- o Flyers
- o Newsletter
- o Brochures-including distribution to Anderson Parkway kiosk and the Port of Poulsbo for boaters;
- o Products with PHS logos (i.e. shirts, bags, etc.)
- o Events
- o Listings in calendars of local press
- o Signage (in front of Museums)

PHS volunteers record attendance and where guests are visiting from at each of the three Museum locations. Success will be measured by an increase in physical visitors from over 50 miles away and an increase in followers on Facebook and Instagram.



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

PHS' museums attract people who are interested in the history and heritage of Poulsbo as well as casual visitors who are interested in the area. We have made a substantial commitment to maintaining the location of our Maritime Museum on Front Street to continue to engage the largest number of visitors possible in the iconic history of Poulsbo. Over 25,000 visited all three Museums in 2018-2019. PHS is poised to meet and exceed those numbers post-COVID-19. In addition, listings and advertising on the Visit Kitsap page and on FM radio provide information to people traveling to North Kitsap.

PHS is also hosting a Liberty Bay Festival, August 28-30, 2020, encouraging boaters from around the area to come to Poulsbo.

PHS is partnering with the Virginia V Foundation and the Liberty Bay Marina to expand the Liberty Bay Festival. MosquitoFleet aficionados from throughout the Pacific Northwest will be eager for a change to board (and possibly ride!!) the Virginia V. Activities and crafts will draw children and families. A parade of Poulsbo Boats, escorting the Virginia V on a tour of Liberty Bay, will be enhanced by inviting young yacht sailing students to demonstrate their skills during the day. This should bring friends and relatives from far and wide for this amazing display.

Due to COVID restrictions, we are not sure whether this Festival will go forward in 2020, however, PHS is committed to hosting the Festival in late August 2021.

How will this project be financed in the future?

The Lodging Tax funds are essential to keep the three historical museum sites open, active and available to visitors. The museums provide visitors with many resources from local history to information about lodging, restaurants and current activities in the area. All three museums are free to the public. Volunteer staff at all of the museums provide information to visitors above and beyond the history of the area.

Visit Kitsap has funded the Visitor's Information Center located at the Maritime Museum since August 1, 2018. The space in the front of the Maritime Museum serves as a draw for the Museum and provides brochures and maps of local businesses, activities and sites. The addition of the replica of the Hyak pilothouse will be a draw for more visitors in 2020 and beyond.

PHS continues to solicit members and donors to support its operations and advertising. In addition, PHS held its annual fundraiser online (due to COVID) and continues to apply for grant opportunities.

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	26,000	13,953	Direct count	
Attendees who traveled 50 miles or more to attend:				
Total:	15,000	8,500	Direct count	
Of total, attendees who traveled from another state or country:		7,116	Direct count	
Attendees who stayed overnight:				
Paid accommodations:	851*		*Calculated as 10% traveling 50 miles or more.	
Unpaid accommodations:	851*		*Calculated as 10% traveling 50 miles or more.	
Paid lodging nights:	851*			

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

PHS tracks visitors and asks where they are from on a daily basis. Some visitors do not want to give their information to us, however, the majority do. PHS is one of the few organizations in Poulsbo that keeps this valuable data. We conservatively estimate 20% of those traveling from over 50 miles away spend the night, although we do not track this info. Of those we assumed 50% would stay in paid accommodations. Our museums closed to the public in March 2020. Our visitation numbers are, obviously, down due to the closures.

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:

- x 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.
- x If awarded, the applicant organization/ agency will enter into a Tourism Promotion Services Agreement with the City.
- x 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.
- x 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>Mary Ann Acosta</i>	Date <i>28 July 2020</i>

Poulsbo Historical Society
2020 Budget
Income

Unrestricted Donations	\$15,000	
Museum Entry Donations & Walking Tours	\$4,000	
Membership Dues	\$10,000	
Gala Auction	\$35,000	
Visit Kitsap	\$6,000	
Store Sales	\$10,000	
Grants	\$30,000	Poulsbo LTAC
End of year mailer	\$5,000	
Kitsap Great Give	\$5,000	
Total Income	\$120,000	

Expenses

Salaries and taxes	\$37,000
Contract Services	\$22,000
Facilities Maintenance	\$500
Equipment Purchases	\$3,000
Janitorial Services & supplies	\$2,000
Other Facilities Costs	\$1,500
Property Insurance	\$3,000
Mortgage Interest	\$6,500
Storage Rent	\$3,000
Utilities	\$10,000
Collections & Displays	\$7,000
Operations	\$16,000
Marketing	\$6,000
Business Taxes & Fees	\$700
Insurance – Liability, D & O	\$2,000
Total Expenses	\$120,200



March 15 - July 15, 2020

Poulsbo Historical Society Communications during the Pandemic

poulsbohistory.org

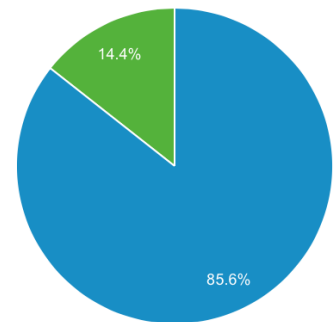
Since the pandemic's start:

1004 NEW site visitors
85% of all visitors have been new

Where do the visitors go?

Of 2,800 page views:
36% (1,008) visited the homepage
15% (420) visited PHS Aweigh, our educational outreach portal

■ New Visitor ■ Returning Visitor



Virtual Midsummer Fest

A Facebook Event

June 19-21
11 total posts
9 posts averaged a reach of 175 on Facebook

The reading of Paul's Place, about the naming of Poulsbo, had a reach of 4,734
The live Viking trivia contest had a reach of 5,881

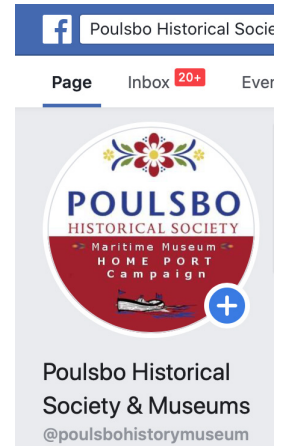


Social Media

We launched our Instagram account in March and now have 244 followers.

Over the last 3 months, we've acquired over 200 new followers to our Facebook page and 144 new page likes.

Our Facebook post reach has been climbing throughout the quarantine period, often hitting 17,000 or 20,000 people reached over a one-week period.



E-newsletters

Beginning early in the quarantine, we started sending our e-newsletters weekly (rather than monthly or ad hoc) to highlight our “fourth museum” (PHS Aweigh).

15 Educational Outreach emails

Average open rate is 30%, which represents 255 weekly readers.



Summer Fun!



Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.**2018****Open to Public Inspection**

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Poulsbo Historical Society</u>
	Doing business as
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>PO Box 844</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>Poulsbo WA 98370</u>
	D Employer identification number <u>91-1550524</u>
	E Telephone number <u>360 437 9508</u>
	G Gross receipts \$
F Name and address of principal officer:	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)	
H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ <u>POULSBOHISTORY.COM</u>	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: <u>1992</u> M State of legal domicile: <u>WA</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Owns and Operates three museums of local historical interest.</u>
	2 Check this box <input type="checkbox"/> 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>13</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 <u>13</u>
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 <u>2</u>
	6 Total number of volunteers (estimate if necessary) 6 <u>50</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a <u>0</u>
b Net unrelated business taxable income from Form 990-T, line 38 7b <u>0</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year <u>70666.86</u> Current Year <u>385208.22</u>
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>39.08</u> <u>30.47</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>65276.22</u> <u>71936.26</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>135982.16</u> <u>457174.95</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	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>9908.62</u> <u>16320.00</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e) <u>12983.70</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <u>68021.25</u> <u>82150.86</u>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <u>77929.87</u> <u>111454.56</u>
19 Revenue less expenses. Subtract line 18 from line 12 <u>58052.29</u> <u>345720.39</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year <u>539335.05</u> End of Year <u>873266.29</u>
	21 Total liabilities (Part X, line 26) <u>344349.89</u> <u>332560.74</u>
	22 Net assets or fund balances. Subtract line 21 from line 20 <u>194985.16</u> <u>540705.55</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 <u>Edward Habecker</u>	Date <u>July 7 2019</u>
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name <u>Edward Habecker</u>	Preparer's signature <u>EH</u>
	Firm's name ▶ <u>Habecker Waddell Habecker</u>	Firm's EIN ▶ <u>91-1550524</u>
	Firm's address ▶ <u>19062 State Highway 305 NE Poulsbo WA 98370</u>	Phone no. <u>360 6971666</u>
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		



Department of the Treasury
Internal Revenue Service
Ogden UT 84201

143104.808249.145928.20567 1 AB 0.412 373



POULSBO HISTORICAL SOCIETY
% D J BRUCE TREAS
PO BOX 844
POULSBO WA 98370-0844



143104

Notice	CP211A
Tax period	December 31, 2018
Notice date	April 29, 2019
Employer ID number	91-1550524
To contact us	Phone 877-829-5500 FAX 877-792-2864

Page 1 of 1

Important information about your December 31, 2018 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your
December 31, 2018 Form 990.
Your new due date is November 15, 2019.

What you need to do

File your December 31, 2018 Form 990 by November 15, 2019. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.irs.gov/forms-pubs or call 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Form **8868**

(Rev. January 2019)

Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. <i>Poulsbo Historical Society</i>	Employer identification number (EIN) or <i>91-1550524</i>
	Number, street, and room or suite no. If a P.O. box, see instructions. <i>PO Box 844</i>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <i>Poulsbo WA 98370</i>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► *Ed Habecker*

Telephone No. ► *360 697 1666* Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until _____, 20____, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☒ calendar year 20 18 or
 ► ☐ tax year beginning _____, 20____, and ending _____, 20____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ <i>0</i>

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Cat. No. 27916D

Form **8868** (Rev. 1-2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

Organization maintains and makes available to the public 3 separate museums that have local interest.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 95548.63 including grants of \$ —) (Revenue \$ 100,805.76)

Poulsbo Historical Society owns or leases 3 museum sites, all dedicated to recognizing, preserving, displaying, sharing and interpreting the diverse aspects of local history of Poulsbo and surrounding area. The museums are open to local residents and visitors without charge. Members conduct walking tours of historic Poulsbo which provides information as to the history and culture of the area. Educational programs are periodically conducted by volunteers.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)**4e** Total program service expenses **▶** 95548.63

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a <u>2</u>		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<input checked="" type="checkbox"/>	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a 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)?		<input checked="" type="checkbox"/>
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<input checked="" type="checkbox"/>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<input checked="" type="checkbox"/>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	<input checked="" type="checkbox"/>	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<input checked="" type="checkbox"/>
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<input checked="" type="checkbox"/>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<input checked="" type="checkbox"/>
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<input checked="" type="checkbox"/>
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		<input checked="" type="checkbox"/>
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		<input checked="" type="checkbox"/>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☐

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
Mr. Wayne Paulson, Box 844, Poulsbo WA 98370 360 437 9508

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

**Open to Public
Inspection**

Name of the organization

Poulsbo Historical Society

Employer identification number

91-1550524

Part VI - Governance Management & Disclosure

Line 11 - Form 990

The Treasurer provides a local accountant with financial financial data compiled by the organization who, in turn, prepares the annual Form 990. After preparation, the return is reviewed by the Treasurer who is responsible for filing the returns.

Line 18 - Disclosure

Upon receipt of a request for disclosure, the President and other officers or directors obtain the requested information and arrange to have it made available to the requester at a mutually convenient time and place.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Tom Henderson President	As Needed			✓						
(2) Jim Shields Past President	"			✓						
(3) David Shields Vice President	"			✓						
(4) Judy Driscoll Secretary	"			✓						
(5) Wayne Paulson Treasurer	"			✓						
(6) Andrea Rowe Director	"	✓								
(7) Karin Nelson Director	"	✓								
(8) Dave Lambert Director	"	✓								
(9) David Rice Director	"	✓								
(10) Donna Jean Bruce Director	"	✓								
(11) Grant Alexander Director	"	✓								
(12) Jean Charters Director	"	✓								
(13) Mary Ann Acosta Director	"	✓								
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **None**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

	Yes	No
4		X

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **None**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☒

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	6650.00			
	c	Fundraising events	1c	339525.39			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	17500.00			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	21532.83			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		365208.22			
Program Service Revenue	2a	<u>Walking Tours</u>	Business Code	7575.00	7575.00		
	b						
	c						
	d						
	e						
	f	All other program service revenue .					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		30.47	30.47	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
			(i) Real	(ii) Personal			
6a		Gross rents	4500.00				
b		Less: rental expenses					
c		Rental income or (loss)	4500.00				
d		Net rental income or (loss)	4500.00	4500.00			
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ <u>0</u> of contributions reported on line 1c). See Part IV, line 18	a	44240.65			
b		Less: direct expenses	b	12306.71			
c		Net income or (loss) from fundraising events		31933.94		31933.94	
9a		Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	a	53795.22	Statement			
b	Less: cost of goods sold	b	30840.14				
c	Net income or (loss) from sales of inventory		22955.08	22955.08			
Miscellaneous Revenue			Business Code				
11a	<u>Refunds/Rebates</u>		4972.24	4972.24			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		4972.24				
12	Total revenue. See instructions		457174.96	40032.79		31933.94	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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Open to Public
Inspection

Name of the organization

Poulsbo Historical Society

Employer identification number

91-1550524

Part VIII Statement of Revenues

Line 10 Sales of Inventory

Gross Sales Museum Gift Shop

5379522

Purchases

2996645

Bank Charges/Credit Card Merchant Fees

275421

Inventory Adjustment

(188052)

Cost of Goods Sold

3084014

Net Income

2295508

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	16320.00	16320.00		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	1155.58	1155.58		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	500.00		500.00	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	12983.70			12983.70
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	2185.72	2185.72		
13 Office expenses	2422.23		2422.23	
14 Information technology				
15 Royalties				
16 Occupancy	25948.77	25948.77		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	18498.19	18498.19		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8937.00	8937.00		
23 Insurance	4361.29	4361.29		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Statement</u>	18142.08	18142.08		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	111454.56	95548.63	2422.23	12983.70
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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**Open to Public
Inspection**

Employer identification number

Pueblo Historical Society

91-1550524

Part IX - Statement of Expenses

Line 24 - Other Expenses

Total
Expense

Program
Services

Mgmt &
General

Fundraising

Supplies

727783

727783

Dues

27300

27300

Communications

214825

214825

Security

20949

20949

Miscellaneous

132662

132662

Repairs/mtnce

118164

118164

Exhibits/Displays/Library

145843

145843

Newsletter

170369

170369

Printing

162677

162677

Taxes

62040

62040

Bank Charges

31596

31596

Total

1814208

1814208

-

-

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☒

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	20907.41	1	324600.14
	2 Savings and temporary cash investments	83474.29	2	48508.30
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	8825.72	8	70706.24
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b Statement	426177.63	10c 489451.61
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	539335.05	16	873266.29	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	344349.89	23	330749.88
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	1810.86
	26 Total liabilities. Add lines 17 through 25	344349.89	26	332560.74
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	194985.16	27	540705.55
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	194985.16	33	540705.55
	34 Total liabilities and net assets/fund balances.	539335.25	34	873266.29

Prepared By	Initials	Date
Approved By		

Asset	Placed in Service	Cost	Method	Life	Prior Years Depreciation	2015	2016	2017	2018
Commercial Space - Heritage	11/1/2011	200,000.00	SL	40	180,000.00	415,000.00	500,000.00	500,000.00	500,000.00
Household Improvements - Martine	2015	28,188.40	SL	20	-	70,500.00	140,900.00	140,900.00	140,900.00
Addition	2016	384,798.00	SL	20	-	-	96,000.00	192,000.00	192,000.00
Bookcase	2016	255,800.00	SL	10	-	-	143,000.00	285,000.00	285,000.00
Computer	2016	8,985.20	SL	3	-	-	150,000.00	299,000.00	299,000.00
Boat Shed	2017/2018	83,478.10	SL	30	NY	-	-	-	139,500.00
Alarm	2018	500,000.00	SL	7	NY	-	-	-	857,000.00
Construction - Hyak Display	2018	98,114.46	-	-	-	-	-	-	-
Total Depreciable Assets		331,932.66				180,000.00	679,800.00	718,500.00	893,700.00
Land									
Port Grant lot	12/1/17	201,273.95	-	-	-	-	-	-	-
Total Land: Depreciable Assets		535,576.61				180,000.00	679,800.00	718,500.00	893,700.00

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	457174.95
2	Total expenses (must equal Part IX, column (A), line 25)	2	111454.56
3	Revenue less expenses. Subtract line 2 from line 1	3	345720.39
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	194985.16
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	540705.55

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? . . .
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . .
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b		X
2c		X
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

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

2018

**Open to Public
Inspection**

Name of the organization

Poulsbo Historical Society

Employer identification number

91-1550524

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 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☒ An organization that normally receives: (1) more than 33 $\frac{1}{3}$ % 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 $\frac{1}{3}$ % 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		52075-	82755-	49667-	* 87808-	
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		40413-	33283-	41546-	53795-	
3 Gross receipts from activities that are not an unrelated trade or business under section 513		8909-	43549-	50145-	44240-	
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		25602-	20944-	21000-	17500-	
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5		93629-	119531-	162358-	203243	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		1000-	4000-	6250-	8330-	
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				3247-	10927-	
c Add lines 7a and 7b		1000-	4000-	9497-	19257-	
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

* Statement

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6		93629-	119531-	162358-	483243-	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		11-	10-	39-	30-	
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		11-	10-	39-	30-	
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		8612-	7028-	-	4972-	
13 Total support. (Add lines 9, 10c, 11, and 12.)		96252-	122489-	162397-	488245-	
14 First five 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 <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2018.** 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—2017.** 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 ☐

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

**Open to Public
Inspection**

Name of the organization

Poulsbo Historical Society

Employer identification number

91-1550524

Schedule A Part III Support Schedule

Line 1 - "Unusual Grants" excluded from computation - 2018

<i>Donor A</i>	<i>200000-</i>
<i>Donor B</i>	<i>30000-</i>
<i>Donor C</i>	<i>25000-</i>
<i>Donor D</i>	<i>25000-</i>
<i>Total Unusual Grants Excluded</i>	<i>280000-</i>

Total Contributions: Membership Dues Received

367708-

"Unusual Grants Excluded"

(280000-)

Line 1 Col E Amount

87708-

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Poulsbo Historical Society

Employer identification number

91-1550524

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

NA

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

NA

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

NA

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		201274-		201274-
b Buildings		288698-	39252-	249446-
c Leasehold improvements		32036-	5412-	26624-
d Equipment		3752-	1461-	2291-
e Other		9617-	-	9617-
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				489452-

Powder Mill Historical Society
Land & Depreciable Assets

91-1550524

Prepared By	Initials	Date
Approved By		

1	2	3	4	5	6	7	8	9	10	11
Asset	Placed in Service	Cost	Method	Life	Prior Years Depreciation	2015	2016	2017	2018	
Commercial Space - Heritage	11/1/2011	200,000.00	SL	40	180,000.00	115,000.00	50,000.00	50,000.00	50,000.00	
Household Expenditures - Maritime Addition	2015 2016	28,188.40 38,179.8	SL	20 20	-	70,500	140,900 96.00	140,900 192.00	140,900 192.00	
Boat Shed	2016	28,530.00	SL	10	-	-	14,300	28,500	28,500	
Computer	2016	8,985.2	SL	3	-	-	150.00	299.00	299.00	
Boat Shed Alarm	2017/2018 2018	88,698.10 50,000.00	SL	30 7	NY NY	-	-	-	13,950 357.00	
Construction - Hyak Display	2018	98,114.46	-	-	-	-	-	-	-	
Total Depreciable Assets		334,302.66				180,000.00	67,980.00	71,850.00	89,370.00	
Land										
Port Street lot	12/1/17	301,238.95	-	-						
Total Land: Depreciable Assets		535,571.61				180,000.00	67,980.00	71,850.00	89,370.00	

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Payroll Taxes Payable	807.50
(3) Sales Tax Payable	1003.36
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

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

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

Part XIII Supplemental Information.

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

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Poulsbo Historical Society

Employer identification number

91-1550524

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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

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

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

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

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

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

		(a) Event #1 <i>Capital Campaign</i> (event type)	(b) Event #2 <i>Dinner / Auction</i> (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	339525.39	44240.65		383766.04
	2 Less: Contributions	339525.39	0		339525.39
	3 Gross income (line 1 minus line 2)	0	44240.65		44240.65
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		12306.71		12306.71
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				12306.71
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				31933.94	

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))
Revenue	1 Gross revenue	NA			
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: _____