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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning 2/1/2009, and ending 1/31/2010

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization KITSAP PENINSULA VISITOR & CONVENTION BUREAU
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) 9481 SILVERDALE WAY NW STE 281
 Room/suite
 City or town, state or country, and ZIP + 4 SILVERDALE WA 98383

D Employer identification number 91-1146544

E Telephone number (800) 337-0580

F Name and address of principal officer
PATRICIA GRAF-HOKE 9481 SILVERDALE WAY SUITE 281, SILVERDALE, WA 98383

G Gross receipts \$ 243,021

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

I Tax-exempt status 501(c) (6) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1981 **M** State of legal domicile WA

Part I Summary		Prior Year	Current Year
1	Briefly describe the organization's mission or most significant activities <u>TO PROMOTE TOURIST, VISITOR AND CONVENTION BUSINESS IN THE KITSAP COUNTY AREA.</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)	<u>3</u>	<u>10</u>
4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>10</u>
5	Total number of employees (Part V, line 2a)	<u>5</u>	<u>8</u>
6	Total number of volunteers (estimate if necessary)	<u>6</u>	<u>2</u>
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
7b	Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>
8	Contributions and grants (Part VIII, line 1h)	<u>22,831</u>	<u>243,020</u>
9	Program service revenue (Part VIII, line 2g)		<u>0</u>
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>-20,705</u>
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>3,643</u>	<u>0</u>
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>26,474</u>	<u>222,315</u>
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		<u>0</u>
14	Benefits paid to or for members (Part IX, column (A), line 4)		<u>0</u>
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>14,500</u>	<u>146,412</u>
16a	Professional fundraising fees (Part IX, column (A), line 11e)		<u>1,030</u>
16b	Total fundraising expenses (Part IX, column (D), line 25)	<u>8,887</u>	
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–11g, 11i–11j, 11k, 11l, 11m, 11n, 11o, 11p, 11q, 11r, 11s, 11t, 11u, 11v, 11w, 11x, 11y, 11z)	<u>6,502</u>	<u>109,506</u>
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>21,002</u>	<u>256,948</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>5,472</u>	<u>-34,633</u>
20	Total assets (Part X, line 16)	Beginning of Current Year <u>54,432</u>	End of Year <u>36,787</u>
21	Total liabilities (Part X, line 26)	<u>662</u>	<u>17,635</u>
22	Net assets or fund balances. Subtract line 21 from line 20	<u>53,770</u>	<u>19,152</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: Sharon Shrader Date: 1-12-10
 Type or print name and title: **SHARON SHRADER** **TREASURER**

Paid Preparer's Use Only
 Preparer's signature: Christina W. Bailey EA Date: 12/16/2010
 Check if self-employed: Preparer's identifying number (see instructions): P00018004
 Firm's name (or yours if self-employed), address, and ZIP + 4: EASTSIDE TAX & ACCOUNTING EIN: 91-1354530
4171 WHEATON WAY STE 2, BREMERTON, WA 98310 Phone no: (360) 373-6701

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

SCANNED JAN 10 2011

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 IRS-OSC

8P

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission.

TO CREATE POSITIVE ECONOMIC GROWTH AND DEVELOPMENT THROUGH ENCOURAGING AND INCREASING TOURIST, VISITOR, AND CONVENTION BUSINESS IN THE KITSAP COUNTY AREA.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ _____ 0 including grants of \$ _____ 0) (Revenue \$ _____ 0)

KITSAP PENINSULA VISITOR & CONVENTION BUREAU (KPVCB) WORKED WITH AND ASSISTED NUMEROUS GROUPS THAT CAME TO KITSAP COUNTY FOR CONFERENCES, CONVENTIONS, WORKSHOPS, REUNIONS, ATHLETIC EVENTS, AND MEETINGS.

4b (Code _____) (Expenses \$ _____ 0 including grants of \$ _____ 0) (Revenue \$ _____ 0)

KPVCB WORKED CLOSELY WITH ALL OF THE KITSAP PENINSULA'S CHAMBERS OF COMMERCE.

4c (Code. _____) (Expenses \$ _____ 0 including grants of \$ _____ 0) (Revenue \$ _____ 0)

KPVCB MAINTAINED A WEBSITE TO PROMOTE TOURISM AND OTHER VISITORS TO THE KITSAP PENINSULA.

4d Other program services (Describe in Schedule O.)

(Expenses \$ _____ 0 including grants of \$ _____ 0) (Revenue \$ _____ 0)

4e Total program service expenses ▶ 0

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various organizational questions and their corresponding Yes/No status. Row 12A includes a sub-table with Yes/No columns.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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>		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 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) 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>		
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>		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		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>		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>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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>		
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1a	0		
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?	X	
1c			
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	8		
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 this return. (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
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)?		X
4a			
b	If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
4b			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
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?	X	
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
6b			
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?		
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
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?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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?		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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		X
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		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.		X
b	Other officers or key employees of the organization		X
	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?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **WASHINGTON**

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **THE ORGANIZATION** (800) 337-0580
9481 SILVERDALE WAY SUITE 281, SILVERDALE, WA 98383

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

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. Use Schedule J-2 if additional space is needed.

- 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 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
LINDA THURROT PRESIDENT	0.	X		X			0	0	0	
SAM ASKEW FIRST VICE PRESIDENT	0.	X		X			0	0	0	
PETE ATHA SECOND VICE PRESIDENT	0.	X		X			0	0	0	
VAL TORRENS SECRETARY	0.	X		X			0	0	0	
BILL ARCHER TREASURER (IN TAX YEAR)	0.	X		X			0	0	0	
CLIFF HIGASHI PAST PRESIDENT	0.	X		X			0	0	0	
JACK HARRINGTON DIRECTOR	0.	X					0	0	0	
HILARY RENFER DIRECTOR	0.	X					0	0	0	
STEVE SLATON DIRECTOR	0.	X					0	0	0	
DIANE ROBINSON DIRECTOR	0.	X					0	0	0	

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 0				
	b Membership dues	1b 29,786				
	c Fundraising events	1c 309				
	d Related organizations	1d 0				
	e Government grants (contributions)	1e 204,143				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 8,782				
	g Noncash contributions included in lines 1a-1f: \$	0				
	h Total. Add lines 1a-1f	▶ 243,020				
Program Service Revenue	Business Code					
	2a	0				
	b	0				
	c	0				
	d	0				
	e	0				
	f All other program service revenue	0				
g Total. Add lines 2a-2f	▶ 0					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 0				
	4 Income from investment of tax-exempt bond proceeds	▶ 0				
	5 Royalties	▶ 0				
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)	0	0		
	d Net rental income or (loss)	▶ 0				
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses	0	20,706		
		c Gain or (loss)	0	-20,705		
	d Net gain or (loss)	▶ -20,705	-20,705			
	8a Gross income from fundraising events (not including \$ 309 of contributions reported on line 1c). See Part IV, line 18	a 0				
	b Less direct expenses	b 0				
c Net income or (loss) from fundraising events	▶ 0					
9a Gross income from gaming activities See Part IV, line 19	a 0					
b Less direct expenses	b 0					
c Net income or (loss) from gaming activities	▶ 0					
10a Gross sales of inventory, less returns and allowances	a 0					
b Less cost of goods sold	b 0					
c Net income or (loss) from sales of inventory	▶ 0					
Miscellaneous Revenue		Business Code				
11a	0					
b	0					
c	0					
d All other revenue	0					
e Total. Add lines 11a-11d	▶ 0					
12 Total revenue. See instructions	▶ 222,315	-20,705	0	0		

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	58,456		58,456	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	67,590	33,160	27,680	6,750
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,259	819	1,440	
9 Other employee benefits	7,037		7,037	
10 Payroll taxes	11,070	5,424	4,539	1,107
11 Fees for services (non-employees):				
a Management	0			
b Legal	212		212	
c Accounting	3,226		3,226	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	1,030			1,030
f Investment management fees	0			
g Other	4,841		4,841	
12 Advertising and promotion	47,449	47,449		
13 Office expenses	24,575		24,575	
14 Information technology	7,463	4,003	3,460	
15 Royalties	0			
16 Occupancy	13,124		13,124	
17 Travel	4,351	4,351		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,420		2,420	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	361	0	361	0
23 Insurance	0			
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a DUES AND SUBSCRIPTIONS	1,293		1,293	
b TRAINING	121		121	
c LICENSE	70		70	
d	0			
e	0			
f All other expenses	0			
25 Total functional expenses. Add lines 1 through 24f	256,948	95,206	152,855	8,887
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year			
Assets	1	Cash—non-interest-bearing	32,312	1	19,759		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	0	3	0		
	4	Accounts receivable, net	833	4	15,410		
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6			
	7	Notes and loans receivable, net	0	7	0		
	8	Inventories for sale or use		8			
	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	21,651			
	b	Less accumulated depreciation	10b	21,083	21,037	10c	568
	11	Investments—publicly traded securities	0	11	0		
	12	Investments—other securities. See Part IV, line 11	0	12	0		
	13	Investments—program-related See Part IV, line 11	0	13	0		
	14	Intangible assets	0	14	0		
	15	Other assets See Part IV, line 11	250	15	1,050		
16	Total assets. Add lines 1 through 15 (must equal line 34)	54,432	16	36,787			
Liabilities	17	Accounts payable and accrued expenses	543	17	16,068		
	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	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	0	23	0		
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0		
25	Other liabilities Complete Part X of Schedule D	119	25	1,567			
26	Total liabilities. Add lines 17 through 25	662	26	17,635			
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		27			
	28	Temporarily restricted net assets		28			
	29	Permanently restricted net assets		29			
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds	41,580	30	41,580		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
	32	Retained earnings, endowment, accumulated income, or other funds	12,190	32	-22,428		
33	Total net assets or fund balances	53,770	33	19,152			
34	Total liabilities and net assets/fund balances	54,432	34	36,787			

Part XI Financial Statements and Reporting

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?

b Were the organization's financial statements audited by an independent accountant?

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

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: . . .

Separate basis Consolidated basis Both consolidated and separate basis

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		
3a		X
3b		

Supplemental Financial Statements

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Name of the organization

Employer identification number

KITSAP PENINSULA VISITOR AND CONVENTION BUREAU

91-1146544

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two Yes/No questions regarding donor advisement.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
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.
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06
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?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, 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)?
9 In Part XIV, 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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items:
a Revenues included in 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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 0 |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | 0 |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0			

- 2 Provide the estimated percentage of the year end balance held as
- a Board designated or quasi-endowment%
 - b Permanent endowment%
 - c Term endowment%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations | | |
| (ii) related organizations | | |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	21,651	0	21,083	568
e Other	0	0	0	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				568

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

OMB No 1545-0047

2009

**Open to Public
Inspection**

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

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

KITSAP PENINSULA VISITOR & CONVENTION BUREAU

91-1146544

PART VI, LINE 6: THIS IS A NONPROFIT CORPORATION WITH THREE CLASSES OF MEMBERS: MEMBER IN
GOOD STANDING, INACTIVE MEMBER, AND HONORARY MEMBER. ONLY MEMBERS IN GOOD STANDING HAVE VOTING
RIGHTS. MEMBERS ELECT THE BOARD AND APPROVE SIGNIFICANT DECISIONS. MEMBERS MAY RECEIVE A REFUND
OF ALL OR PART OF THE CURRENT YEAR DUES PAID IN THE EVENT OF DISSOLUTION.

PART VI, LINE 11a: THIS FORM 990 HAS BEEN REVIEWED BY THE CURRENT TREASURER BEFORE SIGNING.

PART VI, LINE 19: THE ARTICLES OF INCORPORATION AND BYLAWS ARE KEPT AT THE MAIN OFFICE AND
CAN BE REVIEWED BY THE PUBLIC UPON REQUEST. PART OF THIS INFORMATION IS ALSO POSTED ON THE
ORGANIZATION'S WEBSITE.

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3 month extension on a previously filed Form 8868

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)	
Type or print	Name of Exempt Organization KITSAP PENINSULA VISITOR & CONVENTION BUREAU	Employer identification number	91-1146544
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 9481 SILVERDALE WAY NW, NO. 281	For IRS use only	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SILVERDALE, WA 98383		

COPY

Check type of return to be filed (File a separate application for each return):

- Form 990
- Form 990-EZ
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

• The books are in the care of **9481 SILVERDALE WAY NW, NO. 281 - SILVERDALE, WA 98383**

Telephone No **800-337-0580**

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

4 I request an additional 3-month extension of time until **DECEMBER 15, 2010.**

5 For calendar year _____, or other tax year beginning **FEB 1, 2009**, and ending **JAN 31, 2010**

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension

ACCOUNTING NOT YET COMPLETE

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 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 and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA**

Date **9/14/10**