

Valdez Torpedoes Swim Club



City of Valdez
CSO Grant Application
August 23, 2019

III

GRANT FUNDING REQUEST FOR COMMUNITY SERVICE ORGANIZATIONS

2020 FUNDING REQUEST/CERTIFICATION FORM

ORGANIZATION NAME: Valdez Swim Club, Inc. PHONE: 907-255-1019
 ADDRESS: PO Box 3106, Valdez, Alaska ZIP: 99686
 CONTACT PERSON: Chris Mishmash PHONE: 907-255-1019
 CONTACT PERSON E-MAIL: valdezswimclubinc@gmail.com
 PROGRAM TITLE: Valdez Torpedoes Swim Club
 FUNDING REQUEST FOR 2020: \$ 6000

1. Non-Profit Corporation? Yes ☒ No ☐
 Date of incorporation: 1/3/1995 Federal Tax ID #: 92-0152408

2. Organization's estimated TOTAL 2020 operating budget: \$ 79,900

3. Historical Funding and Membership Information

	Total CSO Budget	City Funding	City % of Total	# of Members
2016	\$66,147	0	0	65
2017	\$65,827	0	0	53
2018	\$80,944	0	0	78
2019	\$85,150	0	0	80

4. What was previous grant funding used for? Be specific.


Not applicable - This is the first time we are submitting a funding request

ATTACHMENTS: (label as indicated)

- Copy of your organization's most recent fiscal year end financial statements including balance sheet and profit and loss, and sources and uses of revenues. These statements must also show all accumulated fund balances for all of the organization's assets. (label page 2)
- Copy of balance sheets from three prior fiscal years. (label page 3)
- Copy of your organization's estimated current operating budget, including revenues and expenditures. (label page 4)
- Copy of proposed 2020 budget, including revenues and expenditures. (label page 5)
- Copy of your organization's balance sheet and profit and loss as of 6/30/2019

CERTIFICATION: (must be signed by both individuals)

I certify that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of my knowledge.



EXECUTIVE DIRECTOR (or equivalent)

8/23/19

DATE



PRESIDENT, BOARD OF DIRECTORS (or equivalent)

8/23/19

DATE

9:33 PM

08/20/19

Cash Basis

Valdez Torpedoes Swim Club

Profit & Loss

January through December 2018

	Jan - Dec 18
Ordinary Income/Expense	
Income	
Concession Income	3,858.00
Donations	
United Way	8,000.00
Donations - Other	2,200.00
Total Donations	10,200.00
Fundraisers	
Ididaswim	5,183.26
Wreaths	18,230.00
Fundraisers - Other	350.00
Total Fundraisers	23,763.26
Learn to Swim	857.00
Meet fees collected	
Banana Meet	2,957.50
Meet fees collected - Other	577.50
Total Meet fees collected	3,535.00
Membership Dues	
USA Fees Collected	880.00
Membership Dues - Other	31,701.23
Total Membership Dues	32,581.23
Resale Items	
Goggles	390.00
Shirts	330.00
Total Resale Items	720.00
Sponsorships	
	5,430.00
Total Income	80,944.49
Expense	
Advertising	100.00
Banana Meet	2,426.81
Bank Service Charges	160.31

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08/20/19

Cash Basis

Valdez Torpedoes Swim Club
Profit & Loss
 January through December 2018

	Jan - Dec 18
Clothing	
Shirts	1,200.00
Swim Caps	396.00
Total Clothing	1,596.00
Coach Travel	6,701.65
Concessions Expense	2,609.17
Dues and Subscriptions	
Alaska Swimming Sanctions	272.00
USA Registration	5,828.00
Dues and Subscriptions - Other	439.34
Total Dues and Subscriptions	6,539.34
Equipment Purchase	947.65
Fees	194.13
Freight	300.00
Fund Raisers	
Ididaswim	493.15
Wreath sales	7,344.77
Fund Raisers - Other	52.00
Total Fund Raisers	7,889.92
Group Meal	662.96
Insurance	180.00
Items for Resale	589.00
Meet Fee Expense	
Banana Meet expense	20.00
Meet Fee Expense - Other	1,920.79
Total Meet Fee Expense	1,940.79
Miscellaneous	
Awards and Gifts	1,069.95
Parties	522.66
Miscellaneous - Other	1,094.24
Total Miscellaneous	2,686.85
Official Shirts	44.00
Official Test Fee	230.00
Payroll Expenses	31,891.03

Valdez Torpedoes Swim Club
Profit & Loss
January through December 2018

	Jan - Dec 18
Pool Fees	5,715.00
Postage and Delivery	10.00
Professional Fees	600.00
Supplies	229.50
Swim-a-thon Expenses	324.00
Swimsuits	725.00
Total Expense	75,293.11
Net Ordinary Income	5,651.38
Other Income/Expense	
Other Income	3.24
Interest Income	
Total Other Income	3.24
Net Other Income	3.24
Net Income	5,654.62

Valdez Torpedoes Swim Club
Balance Sheet
As of December 31, 2018

	Dec 31, 18
ASSETS	
Current Assets	
Checking/Savings	18,796.45
Savings	17,953.72
Wells Fargo Checking	
Total Checking/Savings	36,750.17
Total Current Assets	36,750.17
Fixed Assets	
Accumulated Depreciation	-9,266.00
Equipment	9,888.10
Total Fixed Assets	622.10
TOTAL ASSETS	37,372.27
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Payroll Liabilities	
Total Other Current Liabilities	18,536.70
Total Current Liabilities	18,536.70
Total Liabilities	18,536.70
Equity	
Retained Earnings	8,265.42
Net Income	10,570.15
Total Equity	18,835.57
TOTAL LIABILITIES & EQUITY	37,372.27

Valdez Torpedoes Swim Club
Balance Sheet
As of December 31, 2017

	Dec 31, 17
ASSETS	
Current Assets	
Checking/Savings	15,956.98
Savings	11,767.47
Wells Fargo Checking	
Total Checking/Savings	27,724.45
Total Current Assets	27,724.45
Fixed Assets	
Accumulated Depreciation	-9,266.00
Equipment	9,494.00
Total Fixed Assets	228.00
TOTAL ASSETS	27,952.45
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Payroll Liabilities	14,771.50
Total Other Current Liabilities	14,771.50
Total Current Liabilities	14,771.50
Total Liabilities	14,771.50
Equity	
Retained Earnings	14,024.56
Net Income	-843.61
Total Equity	13,180.95
TOTAL LIABILITIES & EQUITY	27,952.45

Valdez Torpedoes Swim Club
Balance Sheet
As of December 31, 2016

	Dec 31, 16
ASSETS	
Current Assets	
Checking/Savings	18,970.47
Savings	12,038.07
Wells Fargo Checking	
Total Checking/Savings	31,008.54
Total Current Assets	31,008.54
Fixed Assets	
Accumulated Depreciation	-9,266.00
Equipment	9,494.00
Total Fixed Assets	228.00
TOTAL ASSETS	31,236.54
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Payroll Liabilities	9,631.89
Total Other Current Liabilities	
Total Current Liabilities	9,631.89
Total Liabilities	9,631.89
Equity	
Retained Earnings	23,133.63
Net Income	-1,528.98
Total Equity	21,604.65
TOTAL LIABILITIES & EQUITY	31,236.54

2019 VTSC Estimated Budget

INCOME

Fundraisers

Wreaths Sales	16000
Fireweed 400	2800
Swim a thon	8000
Steak Night	1200
Concessions	1100
Other fundraising	450
Banana meet fees collected	2800

Donations

United Way	5000
Business Sponsorships	6000
Grants	1000

Membership Funds

Membership Dues	32000
USA Registration dues collected	6000
Equipment sales	800
Meet fees collected	2000

Total Income 85150

EXPENSES

Personel

Wages	32000
Official Expenses	200
Professional fees	1900

Fundraising Expenses

Banana Meet expenses	2200
Swim a thon expenses	800
Wreath expenses	9000
Concession expenses	300
Misc Fundraising expenses	150

Competition Expenses

Travel	7000
Meet Expenses	2000

Membership Expenses

USA swimming registration	6500
Bank Charges	200
Awards/Gifts	1500
Parties/Meetings	1500
Equipment	3300

Administrative/Misc

Pool Fees	6000
Insurance	2000
Misc	300

Total Expenses 76850

Total Margins 8300

2020 VTSC Proposed Budget

INCOME

Fundraisers

Wreaths Sales	16000
Swim a thon	8000
Steak Night	1500
Concessions	800
Other fundraising	500
Banana meet fees collected	2800
Senior Championship fees	2000

Donations

United Way	3000
Business Sponsorships	6000
Grants	1000

Membership Funds

Membership Dues	30000
USA Registration dues collected	5500
Equipment sales	800
Meet fees collected	2000
Total Income	79900

EXPENSES

Personel

Wages	32000
Official Expenses	200
Professional fees	2300

Fundraising Expenses

Banana Meet expenses	2200
Senior Championship expense	2700
Swim a thon expenses	800
Wreath expenses	7000
Concession expenses	300
Misc Fundraising expenses	150

Competition Expenses

Travel	8000
Meet Expenses	2000

Membership Expenses

USA swimming registration	6500
Bank Charges	200
Awards/Gifts	1500
Parties/Meetings	1500
Equipment	3300

Administrative/Misc

Pool Fees	0
Insurance	2000
Misc	300
Total Expenses	72950

Total Margins 6950

PROGRAM INFORMATION

ORGANIZATION NAME: Valdez Swim Club, Inc.

Program Title: Valdez Torpedoes Swim Club (VTSC)

Complete section below. Limit comments to this page.

1. Summarize the program you are proposing. (You will provide the details in the scope of services form.)

VTSC is a long established organization dedicated to providing community based swim lessons and competitive swimming opportunities for youth on local, state and national levels.

2. Briefly, but specifically, describe why the program to be funded under this proposal is needed and how it will benefit the Valdez community. Is this a new or existing program? How have you determined the need for your program?

VTSC was formed in 1994 when a group of interested parents started it as a the next step in aquatic recreation after Parks and Recreation swim lessons were completed. The Club provides a continuation of lessons at more advanced level and allows members to compete in an official and well organized setting. VTSC regularly competes in Statewide competitions. We also host our annual Banana meet in April, bringing in outside teams from the region. This year we were nearly successful in bringing the statewide Senior Championships meet to the town and have an even better chance to have it here next year. These types of meets are an economic benefit to the town in addition to providing outstanding opportunities to our local youth.

3. Is this program year-round, seasonal, or a one-time event? Seasonal
Schedule: Beginning date: September 1 Ending date: April 30

4. Estimated number of people to be served by this program? 76
Provide formula for estimate:

Swimmers in the Club must be enrolled in the USA Swimming organization to participate. Rosters are regularly published and updated and numbers are available on their website.

5. Target population served: (ie: youth, adult, Senior Citizens, disadvantaged, etc.)

youth

6. Is membership in your organization required for participation: Yes X No

7. Fee to participant: Member \$ 115 per 7 weeks Non-Member \$

8. Number of paid program staff: Full-time Part-time 3 Temporary

ORGANIZATION NAME: Valdez Swim Club, Inc.

Program Information (continued)

9. Volunteer Services Information:

Number of volunteers:	Actual 2017	<u>45</u>
	Actual 2018	<u>55</u>
	Anticipated 2019	<u>65</u>
	Estimated 2020	<u>55</u>

Source of volunteers (parents, members, professionals, others):

Member parents and family along with a smattering of unaffiliated, generous community members

Types of services provided by volunteers:

Board members, officials, timers and various fundraising helpers

10. Where will you operate this program? What facilities?

Valdez Community Pool and occasional dry-land training in the school gyms

11. What is the specific impact on your program if City funding is available at the following percentages of your request?

75% operate as normal with normal fundraising efforts

50% operate as normal with normal fundraising efforts

25% operate as normal with increased fundraising by members and parents

0% operate as normal with constant fundraising by members and parents

12. The City is prohibited from contracting with businesses or persons that violate the Americans with Disabilities Act (ADA). What methods does your organization employ to comply with the requirements of ADA?

VTSC operates in an ADA compliant facility and is willing to accept and work with ADA members. Our head coach is trained in and has experience in the instruction of special needs youth.

ORGANIZATION NAME: Valdez Swim Club, Inc.

Program Information (continued)

13. Any other comments you would like to make about your program?

VTSC is a long established and well organized entity with strong ties to both Alaska Swimming and USA Swimming, the governing bodies for the sport of swimming in the state and in the nation. Through the Torpedoes program Valdez youth have the opportunity to train and compete on the local, state and national levels. What other sports organizations in Valdez have a direct, organized connection to the national level?

This past season numerous VTSC club members competed at the State Championship level through annual meets held in Anchorage and some even earned state champion status in their events. One member was able to join the state team, which traveled to Oregon in August for a regional meet with a chance to continue even further. Imagine for a moment that a Valdez born youth has an existing avenue to learn to swim in Valdez through our organization's lesson program and then receive the instruction and coaching necessary to compete with the top swimmers in the state and then accompany them to national events.

This opportunity is not made easy however and it rests on the efforts of club members and parents to keep the organization financially healthy enough to allow it to happen. The current board of directors is committed to bringing in the necessary funding to ensure that we are viable not only for this season but for seasons to come. Fundraising is not easy and we are constantly reaching out to bring in the money that allows us to operate at a successful level. United Way and generous donations from community businesses are key funding partners, but the kids pounding the pavement for the annual wreath sales and swim-a-thon fundraisers are equally effective and encouraged. Without both we stand the chance to fail.

We are asking here for a donation to cover the cost of our pool rental for lessons and our competitive program. This donation need not be in the form of cash because the City of Valdez has the ability to fund our request as an in-kind settlement through a simple act of waiving our current fees. This \$6,000 gesture will allow us to use other fundraising dollars more effectively on other necessary items such as insurance, travel funds, scholarships, and event organization.

ORGANIZATION NAME: Valdez Swim Club, Inc.

OPERATING EXPENSES OF PROPOSED PROGRAM

(Budget Form #1)

<u>Program Expenses:</u>	<u>Budget</u>	<u>Breakdown</u>
PERSONAL SERVICES:	\$ 32000	
Salaries/wages		\$ 32000
Employee benefits		\$
Other: _____		\$
CONTRACTUAL SERVICES:	\$ 9200	
Reproduction/copying		\$
Equipment rental		\$
Data processing		\$
Dues/subscriptions		\$ 6500
Contractual services		\$
Professional fees & services		\$ 2500
Other: <u>Bank fees</u>		\$ 200
OTHER SERVICES:	\$ 13000	
Volunteer services		\$ 3000
Communications/postage		\$
Printing		\$
Advertising/promotion		\$
Electricity		\$
Heating		\$
Travel/transportation		\$ 8000
Other: <u>meet expenses</u>		\$ 2000
COMMODITIES:	\$ 3300	
Clothing		\$
Office supplies		\$
Building maintenance		\$
Operating supplies		\$
Parts & supplies - equipment		\$ 3300
OTHER CHARGES/EXPENSES:	\$ 21450	
Insurance		\$ 2000
Contingencies		\$
Training		\$
Rent		\$ 6000
Capital equipment		\$
Office equipment		\$
Other expenses: <u>fundraising expenses/misc</u>		\$ 13450
TOTAL COST FOR OPERATION OF THIS PROGRAM:	\$ 78950	

ORGANIZATION NAME: Valdez Swim Club, Inc.

FUNDING SOURCES FOR PROPOSED PROGRAM
(Budget Form #2)

This program budget covers the period of 1/1/2020 to 12/31/2020

<u>SOURCES OF PROGRAM FUNDING</u>	<u>GOAL AMOUNT</u>	<u>%</u>	<u>COMMITTED (Y/N)</u>
Parent Organization	\$ _____	_____	_____
Gifts and Contributions	\$ _____	_____	_____
Membership Dues	\$ <u>30000</u>	<u>34.9</u>	<u>N</u>
Fees & charges to participants	\$ <u>8300</u>	<u>9.7</u>	<u>N</u>
Private sector grants (specify source and date of award)			
<u>United Way</u>	<u>\$ 3000</u>	<u>3.5</u>	<u>N</u>
<u>Business Donations</u>	<u>\$ 6000</u>	<u>7.0</u>	<u>N</u>
<u>CVEA/Gold Rush</u>	<u>\$ 1000</u>	<u>1.2</u>	<u>N</u>
Fundraisers (specify major fundraising events/programs)			
<u>Holiday Wreath Sales</u>	<u>\$ 16000</u>	<u>18.6</u>	<u>N</u>
<u>Swim-a-thon</u>	<u>\$ 8000</u>	<u>9.3</u>	<u>N</u>
<u>misc</u>	<u>\$ 7600</u>	<u>8.8</u>	<u>N</u>
Subtotal of Financial Support for this program:	\$ <u>79900</u>	<u>93.0</u>	
Supplemental Funding Requested from City of Valdez:	\$ <u>6000</u>	<u>7.0</u>	
<u>TOTAL FUNDING FOR OPERATION OF THIS PROGRAM:</u>	\$ <u>85900</u>	<u>100%</u>	

NOTE: Projected program financial support should meet or exceed projected program expenditures. If not, you must provide an explanation. If the financial support is projected to exceed the expenditures by a substantial amount, please provide an explanation as to why grant funds are being requested for this program.

ORGANIZATION NAME: Valdez Swim Club, Inc.

SCOPE OF SERVICES

Timeline OUTCOMES for 2020 (What do you plan to accomplish in 2020 - be specific)

In 2020 we will continue to promote swim lesson graduates in to our competitive program where they have the chance to progress through the various levels of competition or at least to a life long ability to be confident and safe in the water.

A focus of the current board of directors is to build its financial reserves to a point where constant fundraising is not critical to continued operation. Fundraising will always be important to the health of the organization, but a more comfortable level, where members are not continually asked to give, will help to boost membership closer to a self sustaining level and keep participation costs within reach of all community members.

Attach additional pages if necessary

Definition: Outcome - End product or result accomplished.

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
2 CUPANIA CIRCLE
MONTEREY PARK, CA 91755-7406

DEPARTMENT OF THE TREASURY

Date: *Jan 3 1995*

VALDEZ SWIM CLUB, INC.
P O BOX 3106
VALDEZ, AK 99686

Employer Identification Number:
92-0152408
Case Number:
955234019
Contact Person:
HUGH RAMIREZ
Contact Telephone Number:
(213) 725-7002
Accounting Period Ending:
December 31
Foundation Status Classification:
509(a)(2)
Advance Ruling Period Begins:
January 3, 1995
Advance Ruling Period Ends:
December 31, 1999
Addendum Applies:
No

*Letter
granting
501(c)(3)
status*

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in section 509(a)(2).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we

Letter 1045 (DO/CG)

VALDEZ SWIM CLUB, INC.

will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

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

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If you are required to file a return you must file it by the 15th day of the fifth month after the end of your annual accounting period. We charge a penalty of \$10 a day when a return is filed late, unless there is reasonable

Letter 1045 (DO/CG)

VALDEZ SWIM CLUB, INC.

cause for the delay. However, the maximum penalty we charge cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. We may also charge this penalty if a return is not complete. So, please be sure your return is complete before you file it.

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

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

This determination is based on evidence that your funds are dedicated to the purposes listed in section 501(c)(3) of the Code. To assure your continued exemption, you should keep records to show that funds are spent only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), you must have evidence that the funds will remain dedicated to the required purposes and that the recipient will use the funds for those purposes.

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Richard R. Oroasco
District Director

Letter 1045 (DO/CG)



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Valdez Swim Club Inc.

EIN: 92-0152408 | Valdez, AK, United States

Publication 78 Data ⓘ

Organizations eligible to receive tax deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

On Publication 78 Data List: Yes

Deductibility Code: PC



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/23/2019

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

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

PRODUCER Aurora National Insurance 4730 Business Park Blvd, H-16 Anchorage, AK 99503	CONTACT NAME: Scott Spooner PHONE (A/C No, Ext): (907)562-3020 FAX (A/C, No): (907)644-4449 E-MAIL ADDRESS: sales@aurorainsurance.net														
INSURED Valdez Swim Club Inc DBA Valdez Swim Club P.O. Box 3106 Valdez, AK 99686	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: NCCI</td><td></td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: NCCI		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: NCCI															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER: 00000000-6997****REVISION NUMBER: 2**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$												
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$												
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$												
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	48727860	08/24/2019	08/24/2020	<table><tr><td>X</td><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td>500,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td>500,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td>500,000</td></tr></table>	X	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	500,000	E.L. DISEASE - EA EMPLOYEE	\$	500,000	E.L. DISEASE - POLICY LIMIT	\$	500,000
X	PER STATUTE	OTH-ER																
E.L. EACH ACCIDENT	\$	500,000																
E.L. DISEASE - EA EMPLOYEE	\$	500,000																
E.L. DISEASE - POLICY LIMIT	\$	500,000																

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

CERTIFICATE HOLDER**CANCELLATION**

City of Valdez 212 Chenega Ave Valdez, AK 99686	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE (SDS)
--	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/29/2018

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

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

PRODUCER
Risk Management Services, Inc.
P.O. BOX 32712

Phoenix AZ 85064-2712

CONTACT
NAME: John E Peterson

PHONE
(A/C No. Ext): (602) 840-3234

FAX
(A/C No.): (602) 274-9138

E-MAIL
ADDRESS: info@theriskpeople.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: National Casualty

11991

INSURER B: Nationwide Life Ins Co

66869

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
(12/8/2018-12/31/2019)
Valdez Torpedoes Swim Club
Carl Young
PO Box 2441
Valdez, AK 99686-2441

COVERAGES

CERTIFICATE NUMBER: Cert ID 21339

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Participant Legal <input checked="" type="checkbox"/> Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		KK00000007443500	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ No Limit PRODUCTS - COMP/OP AGG \$ 2,000,000 Abuse/Molestation \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		KK00000007443600	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	<input checked="" type="checkbox"/> XS Accident-Medical		SPX00000289648-00	01/01/2019	01/01/2020	Maximum Limit \$ 25,000 \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Verification of General Liability, Excess Liability & Abuse/Molestation coverage for COVERED ACTIVITIES (See Attachment). Abuse/Molestation Aggregate on the General Liability Policy is \$5,000,000. Abuse/Molestation is excluded on the Excess Liability Policy. Excess Medical/Dental Accident coverage provided for members only. 30 Day Notice Of Cancellation per Policy Provisions.

CERTIFICATE HOLDER

Whom It May Concern

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Carlynn J. Blum

ACORD™**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY K&K Insurance Group, Inc.		NAMED INSURED	
POLICY NUMBER KKO-74435-00		USA SWIMMING, INC. DBA USA Swimming Etal <small>MEMBER NO:</small>	
CARRIER SEE ACORD 25	NAIC CODE		
		EFFECTIVE DATE: SEE ACORD 25	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 2FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**"COVERED ACTIVITIES"**

With respect to USA Swimming member clubs, group members, member coaches, volunteers and additional insured owners/lessors of premises, sponsors and co-promoters, "Covered Activities" are defined as:

- 1) Swimming meets that have been issued a written sanction or approval. Approval means a permit issued by one of the USA Swimming, Inc. Local Swimming Committees for swimming meets conducted in conformance with USA Swimming, Inc. technical rules in which members and non-members may compete. USA Swimming, Inc. member clubs that either host or participate in a swimming meet that has been issued an approval will be considered an insured provided that all of its athletes or participants and coaches are members of USA Swimming, Inc.
- 2) Swimming practices, dry land training activities, camps and learn to swim programs where all swimmers or participants are members of USA Swimming, Inc. or United States Masters Swimming and are conducted under direct and active supervision of a member coach. Dry land training activities means weight training, running, calisthenics, exercise machine training, and any other activity for which an insured has received approval from USA Swimming, Inc. or its authorized representative.
- 3) USA Swimming, Inc. Swim-A-Thons, Fund raising activity which clubs can purchase for lap-athons
- 4) Approved social events and approved fund raising activities that are social events and activities for which an insured has received approval from USA Swimming, Inc. or its authorized representative.
- 5) Swimming tryouts. Swimming Tryouts means swimming practices where a swimmer(s) who is not and who has never been a member of USA Swimming, Inc. participates with a USA Swimming, Inc. club for a period not to exceed thirty consecutive days in a twelve month period to determine the swimmer's interest in becoming a member of USA Swimming, Inc.
- 6) Office premises liability for Member Clubs and LSCs
- 7) STSC, CPR, and Lifeguard Certifications of USA Swimming member coaches done by USA Swimming member coaches that are member representatives of one of the approved agencies listed on the USA Swimming STSC In-Water Skills Checklist.
- 8) "Organized practices" that have been reported and a premium has been paid for. Organized practices are defined as recreation league meets hosted by USA Swim Teams with community teams that are not USA Swimming member teams.

10:47 PM

08/21/19

Cash Basis

Valdez Torpedoes Swim Club
Balance Sheet
 As of June 30, 2019

	Jun 30, 19
ASSETS	
Current Assets	
Checking/Savings	13,797.63
Savings	15,526.21
Wells Fargo Checking	
Total Checking/Savings	29,323.84
Total Current Assets	29,323.84
Fixed Assets	
Accumulated Depreciation	-9,266.00
Equipment	9,888.10
Total Fixed Assets	622.10
TOTAL ASSETS	29,945.94
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Payroll Liabilities	17,091.54
Total Other Current Liabilities	17,091.54
Total Current Liabilities	17,091.54
Total Liabilities	17,091.54
Equity	
Retained Earnings	5,429.51
Net Income	7,424.89
Total Equity	12,854.40
TOTAL LIABILITIES & EQUITY	29,945.94

10:47 PM

08/21/19

Cash Basis

Valdez Torpedoes Swim Club Profit & Loss January through June 2019

	Jan - Jun 19
Ordinary Income/Expense	
Income	
Donations	
Fireweed 400 Inc.	2,800.00
United Way	5,000.00
Donations - Other	778.16
Total Donations	8,578.16
Fundraisers	
Ididaswim	4,822.25
Wreaths	603.24
Total Fundraisers	5,425.49
Meet fees collected	1,572.17
Membership Dues	
USA Fees Collected	160.00
Membership Dues - Other	10,572.94
Total Membership Dues	10,732.94
Resale Items	
Goggles	167.00
Shirts	229.50
Total Resale Items	396.50
Total Income	26,705.26
Expense	
Advertising	365.00
Background Check	38.00
Banana Meet	672.06
Coach Travel	
Airfare	795.99
Lodging	584.79
Mileage	715.50
Per Diem	630.00
Total Coach Travel	2,726.28
Dues and Subscriptions	
USA Registration	3,440.00
Dues and Subscriptions - Other	587.95
Total Dues and Subscriptions	4,027.95
Fees	781.03

10:47 PM

08/21/19

Cash Basis

Valdez Torpedoes Swim Club
Profit & Loss
 January through June 2019

	Jan - Jun 19
Fund Raisers	
Idlidaswim	999.22
Total Fund Raisers	999.22
Group Meal	160.00
Lodging	1,416.00
Meet Fee Expense	1,047.50
Miscellaneous	
Awards and Gifts	202.32
Parties	57.07
Total Miscellaneous	259.39
Payroll Expenses	16,490.69
Pool Fees	3,368.75
Supplies	
Office	55.74
Total Supplies	55.74
Training	280.00
Total Expense	32,687.61
Net Ordinary Income	-5,982.35
Other Income/Expense	
Other Income	1.18
Interest Income	
Total Other Income	1.18
Net Other Income	1.18
Net Income	-5,981.17