KALAHARI COMMUNITY PROGRAM

SPOTSYLVANIA, VA

Kalahari Resorts & Conventions in Spotsylvania, VA, is dedicated to giving back to the communities in which it resides and practicing "Ubuntu," an African word meaning "humanity to others." Thank you for the opportunity to assist your organization! We designed the Kalahari Community Program to accommodate the many donation requests received. This program is only open to non-profit organizations classified as a 501(c)(3).

The Kalahari Community Program includes a reduced room rate for two of our most popular rooms and waterpark day passes. All items are presented as certificates. To best accommodate raffles and auctions where the recipient's name is unknown, the name of the purchasing organization is listed on the certificate. Organizations may purchase up to one night of each room type and up to six (6) waterpark passes.

- ***Our Double Queen Sofa Room*** features two queen beds and a sofa sleeper. This room will comfortably accommodate four people and allow admission to our 175,000-square-foot waterpark for all four guests ($175/night).
- ***Our 2-Bedroom 2-Bathroom Living Room Suite*** features a king bed in the master bedroom, two queen beds in the second bedroom, and a queen sofa sleeper in the living room. It also comes with three televisions and two bathrooms. This suite will comfortably accommodate up to six people and admission to the waterpark ($250/night).
- ***Waterpark Day Passes (Limit of 6).*** These passes cannot be used on Saturdays and are limited to first-come, first-served at the waterpark entrance. It is advised that the recipients of these passes call ahead to the waterpark front desk to ensure the outside entrance will be available. The full restrictions and phone numbers are on each pass ($40/day pass).

Certificate use is subject to specified blackout dates and other restricted dates based on resort availability and volume (see below). All dates are subject to availability and management discretion. Certificates must be purchased by the organization distributing the certificate. The following must be submitted for your request to be considered:

- Donation Request Form
- 1 Material promoting your non-profit event. Examples: flyer, website link, social media post, invitation, a request for a donation on your organization's letterhead, etc.
- If your organization is tax-exempt from VA Sales and Use Tax, you must complete the attached form NP-1
- Credit Card Authorization Form (Required unless you are mailing in a check)

If paying with a check, please complete the Kalahari Community Program Request Form and mail the documentation to the address below. Certificates will be sent within two weeks of receiving your payment.

Please contact us if your organization is interested in our Kalahari Community Program. We will happily assist you in purchasing certificates for your non-profit cause. We look forward to hearing from you!

Best Regards,

Todjenee Ford

Todjenee Ford
540.606.7402
VirginiaDonations@KalahariResorts.com

Kalahari
SPOTSLVANIA, VA

Mailing Address:

Pre-Opening Office - Donations
5510 Morris Road
Spotsylvania, VA 22551

BLACKOUT DATES: Holiday weekends, Spring Break, June 15 through August 15, and December 21 through January 1. Other dates may be restricted due to high volume. Dates are subject to availability and management discretion. This offer cannot be combined with any other offers. We are not responsible for lost or stolen certificates.

KALAHARI COMMUNITY PROGRAM
REQUEST FORM

Purchaser Information:

Name of Organization: _____

Date of Event: _____ Contact Person: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Send Certificates to the Following Address:

Name: _____

Address: _____

City, State, Zip: _____

Hotel Certificate and Waterpark Passes Purchased: Is your organization Tax-Exempt from V irginia Sales & Use Tax?

☐ NO *If no is selected, please see the "Non-Exempt" column in the Certificate request and pricing. This applies only to the Sales and Use Tax. Other taxes, such as Transient Occupancy and Lodging taxes are not exempted by the Virginia Department of Taxation.*

☐ YES *If yes is selected, please see the "Exempt" column in the Certificate request and pricing and attach a completed 01-339 form with your request.*

Certificate Request: *Limit of 2 Total Room Nights and 6 Waterpark Passes*	**Non-Exempt**	**Exempt**
# Double Queen Sofa Room (Sleeps 4)	$210.00	$200.72
# 2-Bedroom 2-Bathroom Living Room Suite (Sleeps 6)	$300.00	$286.75
# All-Day Waterpark Passes (Limit 6)	$32.48	$30.00

Shipping Fees: *Select a Shipping Method*

☐ FedEx $15.00 ☐ FedEx Next Day Air $50.00

Total Amount Due:

Double Queen Sofa Room	$
2-Bedroom 2-Bathroom Living Room Suite	$
All-Day Waterpark Passes	$
Shipping Fee	$
Total Amount Due:	$ 0

Kalahari
SPOTSLVANIA, VA

Payment Method: *Select One*

☐ Credit Card (Credit Card Authorization Form must be attached) ☐ Check (Must be mailed in with this form)

KALAHARI COMMUNITY PROGRAM

CREDIT CARD AUTHORIZATION FORM

Please complete this credit card authorization form and submit it with the donation request form. Once all forms are received, the donations coordinator will reach out via phone to get the full payment details.

To: Kalahari Resorts & Conventions

I, the undersigned, hereby authorize **Kalahari Resorts & Conventions** to charge my credit card the full amount of

$_____ for the certificates requested on the Donation Program Request Form.

Name on Credit Card: _____

Organization Name: _____

Billing Address: _____

Billing City, State, Zip Code: _____

I understand this authorization is valid for the specified transaction amount and is non-refundable once processed. This authorization shall remain in effect until the transaction is completed. By signing below, I acknowledge and accept the terms and conditions of this credit card authorization.

Authorized Signature: _____ **Date:** _____

Kalahari
SPOTSLVANIA, VA

Virginia Tax

Form NP-1

Virginia Department of Taxation
Sales and Use Tax Exemption Application for Nonprofit Organizations

- **Please read instructions carefully before completing this form. For assistance call (804) 371-4023**
- **For Faster Service register online @ www.tax.virginia.gov/npo**
- **Please allow 30 days for processing**
- **Virginia law provides a retail sales and use tax exemption to organizations exempt under Internal Revenue Code 501(c)(3), (c)(4), or (c)(19)**

Completed form can be faxed to (804) 786-2645 or mailed to:

Virginia Department of Taxation
Nonprofit Exemption Unit
Post Office Box 715
Richmond, VA 23218-0715

Section I: Reason for Submitting Form

Please select the appropriate box that applies to your request. ***See instructions.***

☐ New Exemption Application ☐ Renewal Application

Section II: Business Information

Legal Name of Organization			Federal employer identification number (FEIN)
Physical address *(number and street)*	City	State	ZIP code
Address where financial records are available for public inspection (If different from physical address)	City	State	ZIP code
Contact Person's Name			Contact Person's Title
Mailing address	City	State	ZIP code
Email address of person to be contacted			Contact Person's Telephone Number
Organization's Website			Contact Person's Fax Number

Select the box that **best** describes the primary purpose of the organization (choose only one)

See instructions.

☐ Civic and Community Service ☐ Church ☐ Cultural Organization

☐ Educational Organization ☐ Medical Organization

Section III: Nonprofit Church

If the organization is a church and is applying for a retail sales and use tax exemption, select only one option below. ***See instructions.***

Option 1- Form ST-13A: **Stop here.** Please visit www.tax.virginia.gov to download the ST-13A self-issued exemption certificate. The organization will not be assigned a tax-exempt number.

Option 2- Tax Exempt Number: Proceed to Section V: Financial Information. **You must provide a year-end financial statement if applying for Option 2.**

Section IV: Exemption Type

Select the box if you are exempt from collecting the sales tax on sales made by the organization, exempt from paying sales and use tax on taxable services or you are a Veterans Service organization. ***See instructions before making a selection.***

Organization Classifications – Make only one selection from the list below.

- ☐ Cancer Organizations
- ☐ Cardiovascular Organizations
- ☐ Diabetes Organizations
- ☐ Exempt Taxable Services
- ☐ Food Bank Organizations
- ☐ Fundraising activities for elementary or secondary schools, parent teacher associations or other groups associated with a nonprofit elementary or secondary school
- ☐ Lung Organizations
- ☐ Noncommercial Educational Telecommunications Entity
- ☐ Nonsectarian Youth Organizations (e.g. Boys and Girls Scouts)
- ☐ Nutrition Programs
- ☐ Physical Education Programs
- ☐ Provide Food Packages at Reduced Prices
- ☐ Services for the blind, deaf, hearing impaired, drug abuse programs, or musically talented children of Virginia (Lions Clubs)
- ☐ Supports Public Libraries
- ☐ Training and Education in Law Enforcement
- ☐ Veterans Service Organizations
- ☐ Virginia Federation of Humane Societies
- ☐ Volunteer Fire Department and Rescue Squads
- ☐ Volunteer Medical Service Organizations
- ☐ Youth Symphony Orchestras
- ☐ Other – If your organization does not meet any of the above choose this option

Section V: Financial Information

Enter the total dollar amount of the organization's annual gross revenue (AGR), fundraising expenses, and administrative expenses for the previous year. If you are a new organization and have no financial information at this time, enter zero(s) in the applicable fields. *If the annual gross revenue is less than $5,000, you must attach a copy of the organization's mission statement or statement of purpose.* ***See instructions.***

a) Enter organization's total annual gross revenue for the previous year. $ _____

b) Enter organization's total fundraising expenses incurred for the previous year. $ _____

c) Enter organization's total administrative expenses for the previous year. $ _____

Section VI: Total Purchases Made in Virginia

Does the organization intend to make purchases in Virginia? ***See instructions.***
Please select one:

☐ **YES** ☐ **NO**

a) If yes, enter an estimate of the dollar amount of Virginia purchases of tangible personal property made in the preceding calendar year and those made or to be made in the current calendar year in the boxes below. If no purchases were made in a region enter "zero." If your organization has no plans to make purchases in Virginia, enter "zero" in all the boxes below and proceed to 10(b). Do not include the sales tax when calculating your purchase amounts.

Virginia Regions	**Estimated Purchases In Previous Year**	**Estimated Purchases For Current Year**
Northern Virginia Region: Alexandria City, Arlington County, Fairfax City, Fairfax County, Falls Church City, Loudon County, Manassas City, Manassas Park City, Prince William County		
Hampton Roads Region: Chesapeake City, Franklin City, Hampton City, Isle of Wight County, James City County, Newport News City, Norfolk City, Poquoson City, Portsmouth City, Southampton County, Suffolk City, Virginia Beach City, Williamsburg City, York County		
Elsewhere throughout Virginia		

NOTE: Failure to provide this information may result in the denial of the exemption request.

b) If no, please provide a brief explanation why the organization is requesting an exemption but has no plans to make purchases in Virginia.

_____

_____

Section VII: Filing Requirement

Are you required to file a federal Form 990, 990-EZ, 990-PF, or 990-N with the IRS? ***See instructions.***

☐ **YES** ☐ **NO**

a) If yes, enter the due date of the **most recent filed return (MM/DD/YYYY)** _____ Provide a complete copy of the current federal form filed by the organization. If you are newly organized and you have not filed your federal form, enter the date the form is due.

b) If no, submit a copy of the organization's prior year-end financial statement and provide the names, addresses and telephone numbers of two members of the Board of Directors.

1. NAME: _____ TITLE: _____

   ADDRESS: _____

   CITY: _____ STATE: _____ ZIP: _____

   PHONE NUMBER: _____ EMAIL ADDRESS: _____

2. NAME: _____ TITLE: _____

   ADDRESS: _____

   CITY: _____ STATE: _____ ZIP: _____

   PHONE NUMBER: _____ EMAIL ADDRESS: _____

Section VIII: Solicitation Laws

Will the organization solicit contributions or donations in Virginia? ***See instructions***.

☐ **YES** ☐ **NO**

a) If yes, you must provide proof of registration from the Virginia Department of Agriculture and Consumer Services. If you have any questions, **call (804) 786-1343**.

b) If no, there is no additional information is required.

Section IV: Signature

Certification: I declare that this organization's financial information is true, accurate, and complete.

_____ Date _____
Authorized Representative

CHECKLIST OF REQUIREMENTS

Please make sure all questions are answered and that the following documents are included with the application, if required:

- ✓ **501(c)(3), 501(c)(4) or 501(c)(19) - IRS Determination Letter**
- ✓ **Mission Statement or Statement of Purpose for organizations with Annual Gross Revenue less than $5,000**
- ✓ **New organizations must submit a signed budget with the anticipated revenues and expenses for the current year**
- ✓ **Proof of registration for Virginia Solicitation of Contributions Law**
- ✓ **Complete copy of Federal Form 990, 990EZ, 990PF, or 990-N e-Postcard**
- ✓ **Organizations that file the 990-N e-Postcard must provide an income and expense statement for the most recently completed year, signed by an officer of the organization certifying that the submitted information is valid.**
- ✓ **Financial Review prepared by an independent Certified Public Accountant if AGR is greater than $750,000**
- ✓ **Financial Audit prepared by an independent Certified Public Accountant if AGR is greater than $1.5 million**
- ✓ **Yearend Financial Statement for nonprofit churches with AGR at least $750,000**
- ✓ **Total Taxable Purchases Made in Virginia (estimates are acceptable)**
- ✓ **Authorized Representative's Signature**

NOTE: Please allow 30 days for processing
Incomplete applications will not be processed

(**02/2026)**