Original

# Kitsap County 2020 Lodging Tax Proposal for 2021 Tourism Promotion Program



# FATHOMS O' FUN 2020 LODGING TAX PROPOSAL FOR 2021 TOURISM PROMOTION PROGRAM

## DOCUMENTS ENCLOSED:

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4)	Organization/Event Description	page 4
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# TOURISM PROMOTION PROGRAM • APPLICATION FOR FUNDING

Project Title: Fathoms O' Fun Festival, Inc. Regional Promotion						
Project Dates: Beginning: January 1, 2021 Ending: December 31, 2021						
Name of Organization Fathoms O' Fun Festival Web Site www.fathomsofun.org						
Mailing Address: PO Box 312, Port Orchard, WA 98366						
Contact Person: Sharron King	E-Mail: kingcreations@					
Amount Requested: \$12,250	Total Project Cost: \$\\$8	5,680				
Portion of Total Project Cost Requested: 14.3 (%)						
Signature of Authorized Representative Thursday Sing Resident						
	_	0/				

#### ☐ Tourism Infrastructure:

Support tourism-related facilities, which is defined as real or tangible personal property with a usable life of three or more years or constructed with volunteer labor and used to support tourism, performing arts, or to accommodate tourist activities.

**☑** Tourism Marketing Activities:

Activities and expenditures designed to increase tourism, including but not limited to advertising, publicizing or otherwise distributing information for the purpose of attracting and welcoming tourists; developing strategies to expand tourism; operating tourism promotion agencies; and funding marketing of special events and festivals designed to attract tourists (not a current funding priority).

#### APPLICANTS MUST SUBMIT THE FOLLOWING:

- A one-page budget including all income and expenses for the entire project (including matching funds and in-kind contributions) and clearly showing expenses for which County lodging tax dollars will be used.
- 2. Documentation of non-profit status.
- 3. Your organization's **most recent tax return** or most recent annual financial statement created by an independent source should a tax return not be available. Other documentation showing financial viability may be considered if agency is newly created and the documentation is prepared by an independent source.
- 4. A two-page document including a description of the proposed project with an explanation of how it will assist in building tourism and/or promoting events or activities that will bring tourists to Kitsap County. Include marketing plans and examples of performance indicators and well as plans for future sustainability. For more information see the included template.
- 5. No additional materials will be accepted.
- 6. If these basic criteria are not met, the application will not be reviewed

OR

7. Certificate of Insurance evidencing that any required insurance coverages are, or will be, in effect through the 2021 calendar year.

Send Completed Application and Required Documentation to:

Please submit by mail to:
MAILING ADDRESS

Vicki Martin, Buyer Kitsap County Purchasing Office

614 Division Street, MS-7 Port Orchard, WA 98366 Hand deliver to:

PHYSICAL ADDRESS

Vicki Martin, Buyer

Kitsap County Administration Building Purchasing Office – Fourth Floor

619 Division Street

Port Orchard, WA 98366

All documentation must be received by deadline and contain ALL submission requirements to be considered for funding. Please provide (7) copies of submission package without staples. Questions? Call Vicki Martin at 360.337.4788 or e mail vmartin@co.kitsap.wa.us

# AMENDMENT TO COUNTY CONTRACT KC-619-19 FATHOMS O' FUN FESTIVAL, INC.

#### **Submitted on 8/11/2020**

**AMENDMENT REASON: COVID-19 PANDEMIC** – Due to the Pandemic, in which the whole world has been affected by it since 2019, Fathoms O' Fun Festival has had to cancel every festival event that was planned for the year 2020.

**AMENDMENT REQUEST:** Reference page 15, Attachment B, Compensation, in the original contact, Fathoms O' Fun kindly requests that the following unspent items be carried forward to the 2021 year LTAC award due to cancellations as stated above.

- \$3,520 for regional advertising and marketing not used
- \$3,000 for the 54<sup>th</sup> Annual Fireworks Show (53<sup>rd</sup> show was cancelled)

Signed by: (Fathoms O' Fun Festival, Inc.)  Sharron E. King, President	Dated: 8/10/2020
Printed Name:	
Signed by: (Kitsap County)	
	Dated:
Signature	
Title:	
Printed Name:	

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#### ATTACHMENT B

#### COMPENSATION

Award amount: \$12,000

Total contract shall not exceed \$12,000 towards the 2020 Regional promotions as outlined below:

\$5,000 for regional advertising and marketing;

larry forward \$3520

\$2,000 for rebuilding of float;

\$2,000 for purchase of canopy for use in hauling necessary equipment during the

\$3,000 for the 53<sup>rd</sup> annual fireworks show

Carry forward All payments by the County are dependent on adequate cash flow in the Lodging Tax fund.

All invoices submitted for payment must be accompanied by a completed copy of the form identified in Attachment D. In the case of a special event or festival, a separate form must be completed and provided to the County upon conclusion of the event.

Contractor must submit quarterly invoices and project summary reports to:

Sylvia Sims Kitsap County Department of Administrative Services 614 Division Street, MS-7 Port Orchard, Washington 98366 Email: ssims@co.kitsap.wa.us



## Lodging Tax Request: Organization/Event Description

Final length may not exceed two pages

Project Title: Event Marketing & Advertising

Name of Organization: Fathoms O' Fun Festival, Inc.

Size of staff and board: 14 Board Member

Size of Volunteer Base:30-50

Geographic Area Served: Washington, Oregon

Demographic Served: Kitsap County

Type of Service Provided: Marketing of event/activities

Description of Proposed Project:

See attached sheet

History of Organization/Event:

See attached sheet

#### Scope of Work:

Timeline: Begin development of advertising and marketing strategies for the season. February — develop ads for the Discover Kitsap Magazine, which is printed in May and distributed to all Chamber of Commerce offices in Kitsap County and Visitor Bureau, placed with conceriges at hotels in the Seattle area, as well as placed on the ferries for passengers to pick up and read. We will layout a full schedule for the height of our summer events, i.e., the Grand Parade and 3-day Summer Festival, to include the return of the Dinghy in Sinclair Inlet, Concerts by the Bay, Wheels on the Waterfront Car Show & the 4th of July Fireworks. We will conclude the season with the new Fall Follies Festival in September. We will advertise digitally on Kitsap Daily News and the Kitsap Sun, as well as place ads in those papers to cover all of Kitsap County. We have been boosting advertising that we do on Facebook and other social media, and will continue doing that to reach more individuals via social media. Our award winning float, the only one in Kitsap County that travels to other towns and cities, will begin the float season in April and continuing through August, and ending the season in Leavenworth in September.

#### Project Timeline:

See attached event list.

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# FATHOMS O' FUN FESTIVAL, INC. PO Box 312 - Port Orchard, WA 98366

# KITSAP COUNTY EVENT MARKETING & ADVERTISING 2021 APPLICATION FOR FUNDING

#### **Project Description**

Fathoms O' Fun seeks to maintain and continue it's expansion of advertising by way of regional print, web, and cable media to attract visitors from throughout the Northwest in order to help to promote Kitsap County as a tourist destination. Our planned activities during the year can have great potential to increase tourism.

Our Fathoms O' Fun Festival season begins during the Memorial Day weekend with the *Seagull Splat 5K Run/Walk*, then *Concerts By The Bay* beginning June 4<sup>th</sup> and running weekly each Thursday throughout the summer months and ending Sept 3rd. The *3-Day Summer Festival* kicks off with the *Grand Parade*, of which approximately 1200 are parade participants, and it is attended by tourists and community festival participants from around the state. It continues with a 3-day *Craft and Vendor Show*, a *Wheels on the Waterfront Car Show* and Children's Activities, athletic events and more. The annual *July 4<sup>th</sup> Fireworks Show*, and sponsored by WAVE for 13 years, is the centerpiece for the Summer Festival and attracts visitors who might otherwise attend other sites with larger population centers. We know that the Sinclair Inlet Fireworks show is comparable to the Seattle show, which in Fathoms' opinion, has equally a great location setting; i.e. our beautiful mountains and water. Our annual *Festival By the Bay* and *Battle of the Bands* is held in August in conjunctions with the Saints Car Club Cruz annual car show. We are adding a new *Water Follies Festival* in September, which would include the *Pirates Rendezvous and Tall Ships*!

The Fathoms O' Fun Festival Float program is unique in its ability to make personal contact with potential tourists in Washington, British Columbia, and Oregon and the thousands of television viewers it reaches. Many representatives from each of these communities take part in our events each year because of publicity generated by our travels. The float signage and publicity promote Kitsap County, as well as our souvenir buttons and pins that have Kitsap County on them.

We kindly request a total of \$12,250 for 2021, for the following marketing and advertising programs:

- \$5,000 for regional advertising and marketing of Fathoms events throughout Kitsap County, as well as listing the activities available to visitors that would be drawn to Kitsap County. Additional advertising, which is event specific, would occur in the month or weeks before events; i.e., the Grand Parade, 3-day Summer Festival with vendors, Kid's Day activities, the Dinghy Derby, the July 4<sup>th</sup> Fireworks, Festival by the Bay & Battle of the Bands, and the Concerts By The Bay Series beginning the first week in June and running through Labor Day Weekend in September, and concluding with the Fall Follies Festival in September. Additional advertising will also include digital ads. *Note:* We have requested that \$3520 be carried forward from the prior year as "unused due to the pandemic.
- \$1,250 for the Fathoms Float travel and any tweaking needed for the 2021 season. The current float will continue through 2021 due to the pandemic and Fathoms not being able to have participated in any parades in the 2020 parade season. The float will be completely rebuilt for the 2022 season with a new theme. Float signage promotes Kitsap County; it travels to approximately 17 parades across the State, ending the season in Leavenworth.
- \$3,000 for Concerts by the Bay summer concerts every Thursday night on the Port Orchard Waterfront. Through our zip gathering, we have found that concert attendees are from all areas of Kitsap County!
- \$3,000 for the 53rd Annual Professional Fireworks Show over Sinclair Inlet, which can be seen by Port Orchard and Bremerton, as well as the thousands who come from other areas, and seen by those who fill up our hotels to see this premier show. **Note:** We have requested that the \$3000 allocated last year be carried forward to this year since it was unused due to the pandemic.

Performance Indicators - We are able to track our success by filled hotel rooms in Central and South Kitsap County. Currently, we know that during the peak season – June 20 through July 4, South Kitsap and Port Orchard hotels have been proven to be full prior to our planned events, and we feel that Central hotels are also filling up. We track participant zip codes for all events where registrations are taken, and we track zip codes at every concert. We will continue to put Kitsap County "on the tourist map" through our advertising campaign and via our personal outreach to attract people to our beautiful area.

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# FATHOMS O' FUN FESTIVAL, INC. PO Box 312 - Port Orchard. WA 98366

# KITSAP COUNTY EVENT MARKETING & ADVERTISING 2021 APPLICATION FOR FUNDING

**History of Organization/Event:** Fathoms O'Fun Festival was created in 1967, with the first Grand Parade in 1968. The Festival has been very successful – moving to non-profit corporation status in 1990. It is operated by a 14 member Board of Directors, all volunteer their time; no one is paid. Fathoms utilizes many individual volunteers each year to create the Fathoms events. We collaborate with other organizations to bring successful events; i.e., The Community Easter Egg Hunt, The Festival By The Bay, and The Breakfast with Santa.

Fathoms has a long history of bringing great quality events to Kitsap County. We recently discovered a woman who shared her story about Fathoms. Not only was it due to tourism that initially brought her here, she moved here. See below.

"Two kids—newcomers to Washington, decided one 4<sup>th</sup> of July weekend in 1980 to discover their new surroundings. From Des Moines to Tacoma, we ventured around, crossed a bridge, stopped for gas and came upon a busy, yet quaint street fair.

We spent the rest of the day near the marina, relaxing, watching as load after load of fireworks were transported across what looked to be a shaky ramp onto a barge-- wondering if the next load was going to fall in the drink! Never did. After a nice meal at Soo Hoy, we stayed to see the fireworks show. We liked this little town. We asked around, looked at maps, and found out the town we discovered was Port Orchard; the fair was "Fathoms o' Fun". We made it our 4th of July ritual to come back annually.

Fast forward to the wedding of these 2 kids, and through a series of synchronistic circumstances, found ourselves being married in Port Orchard. A few more years passed and we both were working in Kitsap county, and purchased our first and current home in Port Orchard.

Through these past 30+ years, we have supported this community with volunteer work with the Fathoms O' Fun Haunted House projects, Bremerton and Port Orchard Chambers of Commerce, Olalla C.A.K.E.S., SK School District, Salvation Army, Kitsap Humane Society, Christmas in July, Special Olympics, United Way, Local churches and other local non-profits.

Sometimes I wonder, if not for Fathoms O' Fun 1980, if Port Orchard would have ever made our radar. Let alone our home and community. Anne"

During one particular 4<sup>th</sup> of July event and while hosting the sponsor party, one of the guests at the Comfort Inn who travels every year to the ship yard from Texas said he makes Port Orchard his annual trip every 4<sup>th</sup> of July because of the fireworks and that he flies his wife up during that time to be with him! We are sure there are more stories like this. It would be awesome if we could just capture everyone's comments but that is just too impossible.

**Project Time line:** The list of 2021 Fathoms O' Fun planned events list is attached on page \_\_\_\_ of this application.

**NOTE: COVID-19 PANDEMIC.** Because of the Coronavirus hit the whole world, and is still an ongoing pandemic today, all of our Fathoms O' Fun Events have been cancelled for the entire year. We can only be hopefully optimistic that we will once again begin to bring great fun and tourists back into Kitsap County in 2021!

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## FATHOMS O' FUN FESTIVAL, INC.

#### **2021 PROJECTED BUDGET**

3 vendor shows Parade Sponsor Seagull Splat Run Seagull Splat Run Concerts Concerts Concerts

Battle of the Bands

Fireworks Easter Egg Hunt

REVENUE:				
Vendor Fees	\$	11,000.00		
Kitap Credit Union	\$	3,500.00		
Kitsap Physical Therapy	\$	500.00		
Registration Fees	\$	3,000.00		
Denette Chu/Edward Jones	\$	500.00		
Peninsula Credit Union	\$	500.00		
SKF&R Volunteer Assn	\$	500.00		
Kitsap Bank	\$	2,000.00		
Columbia Bank	\$	3,000.00		
WAVE	\$	13,000.00		
Civic Clubs	\$	1,100.00		
Additional Funding Needed	\$	5,080.00		
Sub Tot			\$	43,680.00
Port of Bremerton Request				
Fireworks (carry forward from 2020)	\$	6,000.00		
Concerts by the Bay (carry forward from 2020)	\$	2,500.00	\$	8,500.00
Kitsap County LTAC Request				
Float rebuild and travel (1)	\$	1,250.00		
202 Event Marketing (carry forward \$3520)	\$	5,000.00		
Concerts by the Bay	\$	3,000.00		
Fireworks (2020 carry forward-\$3000)	\$	3,000.00	\$	12,250.00
City of Port Orchard LTAC Request			•	
Event Marketing	\$	10,500.00		
General/Opertional Expense	\$	2,000.00		
Float rebuild and travel (1)	\$	1,250.00		
Concerts by the Bay	\$	10,000.00		
Fireworks-Barge	\$	5,000.00	\$	28,750.00
Theworks burge	*	3,000.00		/
Total Revenu	ıe		\$	93,180.00
EXPENSES:				
Event Marketing	\$	17,580.00		
Operations/General Expenses	\$	6,000.00		
Insurance-Auto & Liability	\$	6,500.00		
Float Rebuilding and Travel Expenses (1)	\$	2,500.00		
Concerts by the Bay	\$	16,500.00		
Battle of the Bands	\$	3,000.00		
Sani-Can Order-All Events	\$	2,000.00		
Seagull Splat Run	\$	1,700.00		
Seagull Splat Run-Port Orchard Police	\$	600.00		
Grand Parade	\$	5,500.00		
Parade Shuttle Service (2 vans)	\$	800.00		
Dinghy Derby	\$	100.00		
4th of July Fireworks Show	\$	22,500.00		
Fireworks Barge Expense	\$	5,000.00		
Festival by the Bay-New signs & Banner	\$	1,400.00		
Easter Egg Hunt	\$	1,500.00		
Total Expense			\$	93,180.00

<sup>(1)</sup> The float will undergo a complete rebuild in 2022 down to the chasis and replacing all the platform wood.

Note: This budget does not reflect the FOF Royalty Scholarship Program

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## **2021 Projected Advertising Costs**

Promoting Tourism:	
Discover Kitsap Magazine (placed on Ferries)	
Fireworks 4th of July Ad (2019 ad cost)	
Fathoms O' Fun Events (2019 ad cost)	
WFEA (Washington Festivals & Events Advertising)	

#### **Promoting Tourism Regionally:**

Out of Kitsap County Advertising

#### Event specific advertising: \*\*

Total Estimated Advertising Expens	e	\$17,580.00
New Banner - Festival by the Bay & Battle of the Bands		\$ 1,000.00
New Stake Signs & Banner - Fall Follies Festival		\$ 400.00
New Stake Signs - Festival by the Bay/Battle of the Bands		\$ 400.00
Port Orchard Chamber Directory & Membership	\$ 580.00	\$ 8,480.00
KDN-Digital Advertising	\$ 1,400.00	
KDN-Digital Advertising-Top of Page, High Impact-3x	\$ 2,000.00	
Sound Publishing (4 papers)	\$ 3,000.00	
Kitsap Sun (estimate)	\$ 1,500.00	
Event specific advertising.		

900.00

\$ 3,500.00 \$ 4,400.00

400.00

\$ 2,500.00

Seagull Splat Run
Concerts by the Bay
Grand Parade & 3-day Summer Festival
to include Civil War Display & Dinghy Derby
4th of July Fireworks
Festival by the Bay & Battle of the Bands
Fall Follies Festival

Note: We really push events across social media that is FREE!



# 2021 Events - Fathoms O' Fun Festival

www.fathomsofun.org

Fathoms O' Fun Official Coronation - TBD

Community Easter Egg Hunt in the Park South Kitsap Regional Park Hunt starts at 12 Noon – Sat, April 11 Sign Ups start at 10:30 AM

Fathoms O' Fun Royalty and Festival Float Tour April through October at Community Festivals throughout Washington State

Fathoms O' Fun Seagull Splat Run (Supporting the FOF Scholarship Program) Sponsored by Kitsap Physical Therapy Downtown Bay Street, Saturday - May 29, Race at 9AM. Registration opens at 7:30 AM at Soroptimist Overlook

Fathoms O' Fun Concerts By the Bay Free Weekly Live Music! Port of Bremerton Marina Park in Port Orchard at the Gazebo June 2 through Sept. 2, every Thursday @6:30-8PM

Extra concerts on Sat June 26, 3-5 PM, and on the 4<sup>th</sup> of July 4, 1 PM-10:00 PM.

Fathoms O' Fun 3-Day Summer Festival Craft & Vendor Show June 25-26-27 on the Port Orchard Waterfront

SK Volunteer Firemen's Association Hot Foot 5K Run Saturday, June 26, 9 AM at Kitsap Regional Community Park Fathoms O' Fun 54<sup>th</sup> Grand Parade Sponsored by Kitsap Credit Union Bay Street - Port Orchard Saturday, June 26 - 6 PM

Fathoms Parade Day Activities – June 26 Children's Activities at Craft & Vendor Show Fun for kids of all ages!

Fathoms O' Fun Dinghy Derby in Sinclair Inlet - Sunday June 27, 1:00 PM POB Port Orchard Marina Breakwater

Sinclair Inlet 4<sup>th</sup> of July Fireworks Show Sponsored by WAVE for 14 years! Music starting at 1PM at Port Orchard Marina Park Gazebo on the waterfront Fireworks at 10:00 PM

Festival by the Bay Street Fair Vendor Show, Dunk Tank & more. August 8, 9 AM - 4 pm on Bay Street,

Battle of the Bands on Bay Street Sunday, August 8, 11 AM-2:30 PM

Fall Follies Festival - Sat Sept 11-12 Pirates Rendezvous Craft & Vendor Show Tall Ships at Port Orchard Marina

Breakfast with Santa Royalty Scholarship Fundraiser Port Orchard Eagles Saturday, November 27, 8 AM-Noon













INTERNAL REVENUE SERVICE DISTRICT DIRECTOR P. O. BOX 2508 CINCINNATI. OH 45201

Date: AUG 25 297

FATHOMS O'FUN FESTIVAL C/O JUDSON W TURNER PO BOX 312 PORT ORCHARD, WA 58356 Employer Identification Number:

31-1543208

DLN:

317237844

Contact Person:

D. A. DOWNING

Contact Telephone Number:

(513) 241-5199

Internal Revenue Code
Section 501(c)(4)

Accounting Period Ending:
September 30

Form 890 Required:
Yes

Addendum Applies:

Dear Applicant:

Based on information 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 the section indicated above.

No

Unless specifically excepted, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) for each employee to whom you pay \$100 or more during a calendar year. And, unless excepted, you are also liable for tax under the Federal Unemployment Tax Act for each employee to whom you pay \$50 or more during a calendar quarter if, during the current or preceding calendar year, you had one or more employees at any time in each of 20 calendar weeks or you paid wages of \$1,500 or more in any calendar quarter. If you have any questions about excise, employment, or other Federal taxes, please address them to this office.

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

In the heading of this letter we have indicated whether you must file Form 990. Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25.000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, sheck the box in the heading to indicate that your annual gross receipts are normally \$25.000 or less, and sign the return.

## Form 990-EZ

Department of the Treasury nternal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150

2018

Open to Public Inspection

Α	For th	ne 2018 calendar year, or tax year beginning 10/01 , 2018, and ending 9/30	, 201	.9
			ployer identifica	ation number
		s change	1-154320	10
	Name o	hange I Allions O I on I Estivita IIIo	ephone number	10
	Initial re		opilotto ilattico	
	Final retu	rn/terminated		
		I No.	oup Exempt	ion
		tion penaing		vization is <b>not</b>
G		A		
1		FATHOMSOFON, ORG		
		of organization: Corporation Trust Association Other		
L	Add I asset	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total s (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	- 9	101,758.
Pa	rtl	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructi	ons for Pa	art I)
		Check if the organization used Schedule O to respond to any question in this Part I		
	1	Contributions, gifts, grants, and similar amounts received	1	4,563.
	2	Program service revenue including government fees and contracts	3	97,191.
	3	Membership dues and assessments	4	
	4	Investment income	4	4.
		Gross amount from sale of assets other than inventory	789	
		Less: cost or other basis and sales expenses	5 c	
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	30	
•	6	Gaming and fundraising events:		
Revenue		Gross income from gaming (attach Schedule G if greater than \$15,000) 6a  Gross income from fundraising events (not including \$ of contributions		
/er	b	G1035 Income norm randraising events (not melasting +		
3e		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b		
baller	c	Less: direct expenses from gaming and fundraising events 6c		
		Net income or (loss) from gaming and fundraising events (add lines 6a and		
	a	6b and subtract line 6c)	6 d	
	7 a	Gross sales of inventory, less returns and allowances		
	b	Less; cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
	8	Other revenue (describe in Schedule O).	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	9	101,758.
	10	Grants and similar amounts paid (list in Schedule O).	10	4,300.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
*	13	Professional fees and other payments to independent contractors	13	
3	14	Occupancy, rent, utilities, and maintenance	14	3,219.
Expenses	15	Printing, publications, postage, and shipping Other expenses (describe in Schedule O) See Schedule O	15	1,061.
	16	Other expenses (describe in Schedule O)	16	85,222.
	17	Total expenses. Add lines 10 through 16	17	93,802.
-	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,956.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	10	66 55
Ass	1	figure reported on prior year's return)	19	69,754.
e	20	Other changes in net assets or fund balances (explain in Schedule O)	20	77 710
	21	Net assets or fund balances at end of year. Combine lines 18 through 20.		77,710.
BA	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.	FOI	m <b>990-EZ</b> (2018)

Par	Balance Sheets (see the instru Check if the organization used Sched	uctions for Part II)	estion in this Part II			X
	Check if the organization used Sched	lule O to respond to any qui	estion artificial artific	(A) Beginning of year	r	(B) End of year
22	Cash, savings, and investments			63,254		59,210.
23	and and buildings				23	
24	Land and buildings Other assets (describe in Schedule O)	See Schedule	9.0	6,500	24	18,500.
25	Total assets			69,754		77,710.
26	Total liabilities (describe in Schedule O).			0	11	0.
27	Net assets or fund balances (line 27 of co	olumn (B) must agree with	line 21)	69,754	. 27	77,710.
Par	+ III Chatement of Program Service Acc	omnlishments (see the inst	ructions for Part III)			Expenses
	Check if the organization used Sch	edule O to respond to any o	uestion in this Part	X	(Requ	ired for section 501
A'rat	is the organization's primary exempt purpose? See	Schedule 0			(c)(3)	and 501(c)(4)
Desc mea cene	cribe the organization's program service ac sured by expenses. In a clear and concise efited, and other relevant information for ea	complishments for each of manner, describe the service the program title.	its three largest prog ces provided, the nur	ram services, as mber of persons	for oth	izations; optional ners.)
28	SCHOLARSHIP PAGEANT, PARAL VENDOR SHOW, STREET FAIR,	DE, FIREWORKS, SUM CHILDREN'S EVENTS	MER_CONCERTS,	, CRAFT &		
	(Grants \$ ) If this	amount includes foreign g	rants, check here		28 a	64,203.
29						
		s amount includes foreign g	ronto obsoluboro		29 a	
	(Grants \$ ) If this	s amount includes foreign g	rants, check here	++++++++++	29 a	
30						
	(Grants \$ ) If this	s amount includes foreign g	rants chack here		30 a	
24	Other program services (describe in Sche		Tarits, check here		30 a	<u> </u>
31	(Grants \$ ) If this	s amount includes foreign g			31 a	
32	Total program service expenses (add line				32	64,203.
34		rustocs and Kov Emp	lovens (list each one	wen if not compensated — s		netructions for Part IV)
Pai	List of Officers, Directors, T Check if the organization used Sch	adula O to respond to any	nuestion in this Part	IV	CC LIIC II	istractions for rare (17)
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensat (Forms W-2/1099-MISC (if not paid, enter -0-)	ion (d) Health benefit	s, oyee	(e) Estimated amount of other compensation
0111	ARRON KING			Compensation		
	esident	0		0.	0.	0.
	IRLEY DEFORD					
	ce President	0		0.	0.	0.
	REN AQUINO					
	easurer	0		0.	0.	0.
	LORIS MATTSON					
	cretary	0		0.	0.	0.
	20041					
-						
						···
		TEC 40010	01/21/10			Form <b>990-EZ</b> (2018)
BAA	4	TEEA0812L	01/21/19			COIIII 330-EZ (2018)

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part V		П
	t die variation	Yes N	No
Did the organization engage in any significant activity not previously reported to the IRS?  If 'Yes,' provide a detailed description of each activity in Schedule O.			X
Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.			Х
Sa Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Sci	hedule O 35 b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.	e, 35 c		X
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N			X
b Did the organization file Form 1120-POL for this year?	0 . 37 b		Х
Ba Did the organization line <b>Form 1120-FOL</b> for this year?  Ba Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	re		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	N/A		A
Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9	N/A		
b Gross receipts, included on line 9, for public use of club facilities	N/A		
a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N	/A		
section 4911 ► N/A; section 4912 ► N/A; section 4955 ►	N/A		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 e benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has r	excess not been		Х
reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization	134		21
managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	0.		
by the organization	0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed None	40 e		X
Located at PO BOX 617 MANCHESTER WA  Discrete the property of 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)	(360) 871 98353	Yes	No X
If 'Yes,' enter the name of the foreign country ▶	BB		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			V
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country     Output	420		X
c At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	- 43	► <u> </u>	X N/A No
c At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  4 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	- 43	Yes	N/A N/A
c At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country ▶  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  4a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 44 44 44 44 44 44 44 44 44 44 44 44	Yes	N/A N/A No X
c At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  4 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  c Did the organization receive any payments for indoor tanning services during the year?	44 44 44 44 44 44 44 44 44 44 44 44 44	Yes	N/A N/A No
c At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country ▶  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here, and enter the amount of tax-exempt interest received or accrued during the tax year.  4a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	44 44 44 44 44 44 44 44 44 44 44 44 44	Yes	N/A N/A No X
c At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country ▶  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here, and enter the amount of tax-exempt interest received or accrued during the tax year.  4a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	44 44 44 44 44 44 44 44 44 44 44 44 44	Yes	N/A N/A No X
and enter the amount of tax-exempt interest received or accrued during the tax year.  Solid the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  Did the organization receive any payments for indoor tanning services during the year?  Did the organization receive any payments for indoor tanning services during the year?	44 44 44 44 44 44 44 44 44 44 44 44 44	Yes	N/A N/A No X X

#### CHEDULE O form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2018

Open to Public Inspection

Telefue Service

► Go to www.irs.gov/Form990 for the latest information.

ame of the organization
\*ATHOMS O FUN FESTIVAL INC

Employer identification number 91-1543208

Form 990-EZ, F Other Expense	rm 990-EZ, Part I, Line her Expenses			
Advertising	and	Promotion		

Advertising and Promotion APPARELL/SUPPLIES BANK SERVICE CHARGES BANNER-SIGNS Depreciation DUES & SUBSCRIPTIONS EQUIPMENT RENTAL EVENT EXPENSE FIREWORKS DISPLAY FLOAT EQUIPMENT MAINTENANCE FUEL Insurance LICENSE AND REGISTRATION MUSICIANS PARADE FEES PARKING & TOLLS PERMITS SECURITY. STATE TAXES Travel UTHICLE MAINTENANCE	9,089. 15,257. 164. 360. 3,000. 219. 9,021. 5,826. 16,750. 153. 513. 7,079. 106. 11,250. 125. 290. 1,200. 2,255. 1,265. 152.
VEHICLE MAINTENANCE	
WEBSITETotal	\$ 85,222.

#### Form 990-EZ, Part II, Line 24 Other Assets

	_Be	ginning	 Ending
FLOAT TOW VEH/TRAILER	\$	6,500. 0.	\$ 6,500. 12,000.
Total	\$	6,500.	\$ 18,500.

## Form 990-EZ, Part III - Organization's Primary Exempt Purpose

COMMUNITY SERVICE ORGANIZATION CARRYING ON A TRADITION OF FAMILY ACTIVITIES.

Pa15



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DO/YYYY) 03/10/2020

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.

t be andersed if SUBBOGATION IS WAIVED subject to

A Tremont St Suite 200  Fathoms O' Fun Festival, Inc.  PO Box 312  Port Orchard  VERAGES  CERTIFICATE  HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE  HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE  HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE  ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE II  TYPE OF INSURANCE  TYPE OF INSURANCE  INSO WYD  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  COUR	CE LISTED BELOW HAVE B TERM OR CONDITION OF NSURANCE AFFORDED BY	INSURER A : Scottso INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : INSURER F : INSURER F :		RDING COVERAGE	NAIC # 41297					
Fathoms O' Fun Festival, Inc. PO Box 312  Port Orchard  VERAGES  CERTIFICATE HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE DICKATED. NOTWITHSTANDING ANY REQUIREMENT, ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE I XCLUSIONS AND CONDITIONS OF SUCH POLICIES. L  TYPE OF INSURANCE INSD WYD  COMMERCIAL GENERAL LIABILITY	WA 98366 NUMBER: CELISTED BELOW HAVE B TERM OR CONDITION OF INSURANCE AFFORDED BY	INSURER D: INSURER B: INSURER C: INSURER C: INSURER C: INSURER F: INSURER F:		RDING COVERAGE						
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Port Orchard  Port Orchard  VERAGES  CERTIFICATE HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE DICATED. NOTWITHSTANDING ANY REQUIREMENT, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. L  TYPE OF INSURANCE INSD WYD  COMMERCIAL GENERAL LIABILITY	NUMBER: CE LISTED BELOW HAVE B TERM OR CONDITION OF NSURANCE AFFORDED BY	INSURER C : INSURER D : INSURER E : INSURER F : INSURER F :								
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ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE I XCLUSIONS AND CONDITIONS OF SUCH POLICIES. L TYPE OF INSURANCE INSURANCE X COMMERCIAL GENERAL LIABILITY	NSURANCE AFFORDED BY		SURED NAME	D ABOVE FOR THE POLICY PE	RIOD					
XCLUSIONS AND CONDITIONS OF SUCH POLICIES. L TYPE OF INSURANCE INSURANCE X COMMERCIAL GENERAL LIABILITY	MITS SHOWN MAY HAVE I	Y THE POLICIES DESCR	IBED HEREIN	IS SUBJECT TO ALL THE TERM	S,					
TYPE OF INSURANCE INSU WVD  X COMMERCIAL GENERAL LIABILITY		BEEN REDUCED BY PA	D CLAIMS.							
	POLICY NUMBER	(WW/DD/YYYY)	POLICY EXP (MM/DD/YYY)							
CLAIMS-MADE X OCCUR				THE PERSON OF TH	1,000,000					
				T TYLINIOLO (CC OCCONTOTION)	100,000					
					5,000					
Y	CPS3348257	04/04/2020	04/04/2021	PERSONAL & ADV INJURY \$	1,000,000					
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$	\$ 2,000,000					
X POLICY PRO- JECT LOC				PRODUCTS - COMP/OF AGG \$ 2	2,000,000					
OTHER				\$						
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)						
ANYAUTO				BODILY INJURY (Per person) \$						
ALL OWNED SCHEDULED				BODILY INJURY (Per acadent) \$						
AUTOS AUTOS NON-OWNED AUTOS AUTOS				PROPERTY DAMAGE \$						
HIREDAUTOS AUTOS				\$						
UMBRELLA LIAB OCCUR				EACH OCCURRENCE \$						
H EVOTODIUM				AGGREGATE \$						
CLAIMS-MADE				c c						
WORKERS COMPENSATION				PER OTH-						
AND EMPLOYERS' LIABILITY Y/N										
ANY PROPRIETOR/PARTNER/EXECUTIVE N N/A				E E DIOTTIOUSETT						
(Mandatory In NH)  If yes, describe under DESCRIPTION OF OPERATIONS below				EL DISEASE - EA EMPLOYEE \$						
DÉSCRIPTION OF OPERATIONS ballow				E L DISEASE - POLICY LIMIT \$						
	100									
CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACOR			ore space is req	uired)						
rtificate holder is named as an additional insured p	er form GLS-150s (07/06	5).								
RTIFICATE HOLDER		CANCELLATION								
	Officials, Employees and	SHOULD ANY OF	DATE THERE	ESCRIBED POLICIES BE CANC DF, NOTICE WILL BE DELIVERED CY PROVISIONS.						
Kitsap County, It's Officers, Directors, C	Name of the Property of the Party of the Par									
나는 그리지 않는데 나가에 하는데 하나 없는데 뭐 하는데 되었다.	agement		- LEADING							
Kitsap County, It's Officers, Directors, C Kitsap County Department of Risk Man 614 Division Street MS-7	agement	AUTHORIZED REPRES	ENTATIVE	tell						

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## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 03/12/2020

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(les) 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 fleu of such endorsement(s).

PRODUCER		CONTACT NAME: Emily Lobdell				
Trina Knoche(791332E 104 Tremont St Ste 200		PHONE (A/C, NO, EXT): 360-895-3001	FAX (A/C, NO): 360-895-4014			
		E-MAIL ADDRESS: emily.tknoche1@farmersagency.com				
Port Orchard	VVA 96360-3763	INSURER(S) AFFORDI	NAIC#			
INSURED		INSURER A: Truck insurance Excha	21709			
		INSURER B: Farmers Insurance Ex	21652			
FATHOMS O FUN FES	TIVAL INC	INSURER C: Mid Century Insurance	21687			
PO BOX 312		INSURER D: Fire Insurance Exchan	21660			
BOOT OBOULED		INSURER E:				
PORT ORCHARD	WA 98366	INSURER F:				

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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	TYPE OF INSURANCE			ADDTL INSD	SUBR PO	POLICY NUMBER	POLICY NUMBER POLICY EFF (MM/DD/YYYY)		LIMITS		
		COMMERCIAL GENERAL LIABILITY								EACH OCCURRENCE	\$
		CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$		
			· E							MED EXP (Any one person)	\$
										PERSONAL & ADV INJURY	\$
	GE	N'L AGGREGATE LIM	IT API	PLIES PER:						GENERAL AGGREGATE	\$
		POLICY PROJ	ECT	roc						PRODUCTS - COMP/OP AGG	\$
	AU	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
		ANYAUTO								BODILY INJURY (Per person)	\$
D		OWNED AUTOS ONLY	×	SCHEDULED AUTOS	Y		606744417	05/10/2020	05/10/2021	BODILY INJURY (Per accident)	\$
	×	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY		000744717			PROPERTY DAMAGE (Per accident)	\$		
											\$
		UMBRELLALIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$									\$	
		WORKERS COMPENSATION AND EMPLOYERS 'LIABILITY								PER STATUTE OTHER	\$
	ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A					E.L. EACH ACCIDENT	\$	
				N/A					E.L. DISEASE - EA EMPLOYEE		
									E.L. DISEASE - POLICY LIMIT	\$	
		on of <b>operations</b> , Holder <b>is listed</b> a				) 101, Add	ditional Remarks Schedule, may	be attached if more spa	ace is required)		
CERT	EICA	TE WOUDED	_			-1-7	CANC	FLLATION			00000000 and 000000000000000000000000000

CERTIFICATE HOLDER	CANCELLATION					
WASHINGTON STATE DOT DISTRICT 2 HQ	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION					
PO BOX 47440	DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISION					
OLYMPIA WA 98504	AUTHORIZED REPRESENTATIVE					

ACORD 25 (2016/03)

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