### TOURISM PROMOTION PROGRAM • APPLICATION FOR FUNDING

Project Title: Washington State Science & Engineering Fair (WSSEF)

Project Dates: Beginning: March 29, 2019 Ending: March 30, 2019

Name of Organization: Washington State Science & Engineering Fair Web: www.wssef.org

Mailing Address: P.O. Box 2412, Silverdale, WA 98383

Contact Person: Caroline M. Stein E-Mail: sponsors@wssef.org Phone: 360-698-1188 / 360-551-0012

Amount Requested: \$35,000.00 Total Project Cost: \$2,080,200.00

Portion of Total Project Cost Requested: 1.61 (%)

Signature of Authorized Representative

### ☐ 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
- 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

OR

Hand deliver to:
PHYSICAL ADDRESS

Vicki Martin, Buyer

Kitsap County Purchasing Office

614 Division Street, MS-7 Port Orchard, WA 98366 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



### Lodging Tax Request: Organization/Event Description

Final length may not exceed two pages

Project Title: Washington State Science and Engineering Fair (WSSEF) www.wssef.org

Name of Organization: Washington State Science and Engineering Fair (WSSEF)

Size of Staff and Board: Zero Staff with 15 volunteer Board Members and 5 Board Officers

Size of Volunteer Base: 600+ Volunteers -- WSSEF is 100% volunteer based; thousands of free labor hours

Geographic Area Served: WSSEF generates tourism from across America by recruiting judges, volunteers, corporate representatives and educational advocates to gather in Kitsap County as tourists.

**Demographic Served:** For 64 years, WSSEF and Kitsap County have jointly hosted a science showcase venue to students' grades 1 – 12. Adult citizens with corporate, educational and government entities travel to Kitsap County to support the student's efforts, network their businesses, promote their industries and educational institutions. Our combined marketing offers technological foresight and an educated workforce spotlighting Kitsap County for continued and future business and manufacturing growth opportunities. WSSEF: <a href="https://vimeo.com/125518474">https://vimeo.com/125518474</a>

Type of Service Provided: The WSSEF provides several services to Kitsap County. Kitsap County Lodging Tax funds are 100% dedicated to target marketing tourism. WSSEF successfully provides tourism to Kitsap County and our local businesses as indicated by the following performance benchmarks of success and growth:

The WSSEF event dates <u>generate Kitsap County tourism</u> during late March, typically a slower tourism time of year ... <u>WSSEF Provides Sustainable, Continued Growth for 64 Years!</u>

### Historically, Data Averages pre-COVID19 Prove WSSEF and Kitsap County Tourism Growth!

- Travelers from all 39 Washington State Counties, from outside Washington State and beyond the U.S. attend
- > 90% of WSSEF attendance travel to Kitsap County
- > 50% Stay a minimum of one night
- > 90% spent more than \$100 other than food and lodging
- 3,500+ people annually attend the WSSEF with 25,000+ public viewings via various outreach events
- National collaboration: Alexis Robinson, Miss United States personal appearance at WSSEF
- International collaboration: Soyeon Yi ~ South Korean Astronaut / international documentary filmed at WSSEF

### **Kitsap County Community Impact**

- WSSEF provides > \$1,400,000.00 revenue value generated by WSSEF for Kitsap businesses
- Year 'round outreach programs and events by WSSEF promote Kitsap County tourism. Hundreds of volunteers donate their time and expertise in excess of > \$400,000 volunteer hour's valuation aiding Kitsap.
- Repeat Tourism 12 years for students; third generation for families WSSEF in Kitsap for 64 years!
- WSSEF highlights Kitsap parks, museums, memorials, businesses, tourism attractions with maps, et al
- Showcases our community, volunteer service groups, environmental and educational foresight, businesses
- Potential for scientific and engineering future entrepreneur developments

### **How Does WSSEF Differ From Other Applicants?**

- Adding a new tourism / STEM event in February 2021. Junior Science & Humanities Symposium (JSHS)
- Factual data collection provides data proven results; not guess-work or electronic web hit speculations
- (ROI) Direct and target marketing programs with high heads-on-beds return
- WSSEF is unique only one State Fair allowed per ISEF; Kitsap County is the one!
- 64 years of stable, reputable and positive representation promoting Kitsap County as a travel destination
- WSSEF generates tourism from generations of families three generations and counting
- Significant community collaborations ~ educational, military, businesses, community organizations
- WSSEF tourists experiencing Kitsap County are professionals, scholars, entrepreneurs, scientists, engineers that are future goal oriented, environmentally conscious and believe in all facets of sustainability
- WSSEF does not carry debt, is not state funded and depends solely on donations and sponsorships

WSSEF ~ Thank you for your funding consideration!



### Lodging Tax Request: Organization/Event Description

Final length may not exceed two pages

### WSSEF stimulates Kitsap County economy

The WSSEF promotes Kitsap County throughout the year singularly and in collaboration with other organizations and corporations. WSSEF recruits participants, judges and volunteers bringing "tourists by the busload" to Kitsap County. WSSEF promotional materials highlight Kitsap County; direct marketing to >1.1 million students enrolled in 2,393 public schools with 6000+ teachers and to the >32,000 home school students; support regional fairs; attend conventions; make presentations; host seminars; multi-media press releases to 269 Washington newspapers, magazines, radio and TV stations. These outstanding tourism results directly attribute to WSSEF focusing Kitsap County Lodging Tax tourism marketing dollars and countless volunteer outreach hours promoting Kitsap County, the WSSEF in March and the new JSHS event in February.

### WSSEF Marketing and Promotional Projects Directly Enhance Tourism Benefiting Kitsap County

The RCW funding requirements clearly outline for "marketing purposes." WSSEF staunchly complies with RCW by conceptualizing and implementing "strategically unique promotional marketing plans" with statistical results.

- \*\*Project 1 (\$10,000) Junior Science & Humanities Symposium (JSHS) Our new WSSEF event, Junior Science & Humanities Symposium (JSHS), is February 19 & 20, 2021 held at the U.S. Naval Undersea Museum, Keyport. Thus, our participants, judges and families will enjoy our local hotels, restaurants and hotspots throughout Kitsap County. This exciting event needs marketing throughout the state bringing you February tourism!
- \*\*Project 2 (\$10,000) Updating / Creating New Marketing Materials; Advertising; Outreach; Video TV Ads Creating new marketing materials are vital to reach and promote tourism to WSSEF in Kitsap County. WSSEF's local graphic designer provides professional quality brochures, posters, mounted displays, banners, direct mailers, buttons, signs and used for year-round marketing promotional events. Due to COVID19, we are producing a "Remember Kitsap" program in conjunction with restaurants, hotels, Chamber of Commerce and other tourist sites.
- \*\*Project 3 (\$5,000) Website Upgrades ~ The WSSEF website continues to provide a professional appearance while disseminating large amounts of data and protecting personal information. Ensuring quality technology availability ensures quantity increases in tourism. Our website provides WSSEF participants/tourists with lodging info, Fair data, local maps, "tourist hot spots" maps event hot-spots, schedules, web links, and other data enticing them to extend their Kitsap visit. WSSEF fills hotels, restaurants, parks, recreation spots, memorial areas and other Kitsap points of interest in the off-seasons.
- \*\*Project 4 (\$5,000) WSSEF Participation Travel Incentive ~ Proven Results ~ Quantifiable results prove with your continued funding and WSSEF's marketing action plan the percentage of traveling tourists and their tourism dollars for Kitsap County is increasing. WSSEF Participation Travel Incentive program ROI directly returns increased economy to Kitsap County lodging, restaurants and tourism activities. Participant feedback positively attributes their attendance number to funding. This coincides with our "Remember Kitsap" travel project.
- \*\*Project 5 (\$5,000) Event Facilities / Film Festival ~ Funding provides for the video production and a portion of the Science Film Festival and event facility expenses incurred during the WSSEF. The Science Film Festival is a collaborative event that directly generates tourism! We anticipate filming / broadcasting Miss United States at WSSEF.

History of Organization/Event: The Washington State Science and Engineering Fair in its 64<sup>th</sup> year began as the Kitsap County Science Fair in 1957 sponsored by the Bremerton PTA and Olympic College in Kitsap County.

Scope: Promote/host WSSEF & Science Film Festival in Kitsap County. WSSEF collaborates with local entities promoting tourist activities, conducts surveys and collates data providing documented tourism statistics to you.

Project Timeline: Our year-round promotion culminates WSSEF March 27 & 28, 2020 / JSHS February 19 & 20, 2021



# Lodging Tax Request Budget

# Expenses

All Droject Evnences	Dollar Value	% of total
		900
		0.00.0
Marketing; Promotion; Publicity	\$106,200.00	5.11%
Participation Travel Incentive	\$5,000.00	0.24%
Website Development	\$14,250.00	0.69%
Science Film Festival	\$5,000.00	0.24%
All Facilities; Technicians; Signs	\$65,750.00	3.16%
International (ISEF) Promotion	\$23,700.00	1.14%
Insurance	\$10,000.00	0.48%
Administrative; Licenses	\$13,500.00	0.65%
Additional Awards; Trophies	\$36,800.00	1.77%
		0.00%
Awards and Scholarships		
Facilitation (100% donated and		
awarded directly to the kids)	\$1,800,000.00	86.53%
Total	\$2,080,200.00	100.00%

# Please note which expenses Lodging Tax funds will be used for below. If applying for general project funding, leave blank.

NEW event! JSHS in February		
The state of the s	\$10,000.00	28.57%
VIP and Tourist Travel Incentive	\$5,000.00	14.29%
Event Facilities / Film Festival	\$5,000.00	14.29%
Marketing Materials/Video Ads	\$10,000.00	28.57%
Website - Upgrades	\$5,000.00	14.29%
		0.00%
Total	\$35,000.00	100.00%

# Income

Income	ne	
<b>Project Funding Sources</b>	<b>Dollar Value</b>	% of total
Kitsap County Lodging Tax		
Request	\$35,000.00	1.61%
Grants; Sponsorships; Donations;		
Funding	\$83,043.00	3.83%
Interest	\$15.00	0.00%
		0.00%
		0.00%
		0.00%
		0.00%
		0.00%
		0.00%
Matching Funds		
Employee Programs	\$2,000.00	0.09%
		0.00%
		0.00%
		0.00%
In Kind Contribution		
In-kind Services and Donations	\$106,940.00	4.93%
In-kind Services to Students	\$13,000.00	%09'0
Award Facilitation to Kids	\$130,000.00	2.99%
Scholarship Facilitation to Kids	\$1,800,000.00	82.95%
		0.00%
Total	\$2,169,998.00	100.00%



### Schools Insurance Association of Washington

### CERTIFICATE OF COVERAGE

Issue Date:08/29/2019

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

IMPORTANT: If the certificate holder is an ADDITIONAL COVERED PARTY, the MOC must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the MOC, certain coverage may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	COMPANIES AFFORDING COVERAGE
Clear Risk Solutions 451 Diamond Drive Ephrata, WA 98823 Phone 509-754-2027 Fax 509-754-3406	GENERAL LIABILITY SIAW/Munich Re et al.  AUTOMOBILE LIABILITY SIAW/Munich Re et al.
COVERED MEMBER	PROPERTY
Bremerton School District #100-C	SIAW/Munich Re, et al.
134 Marion Ave N.	
Bremerton, WA 98312	CRIME / PUBLIC EMPLOYEE DISHONESTY SIAW/Munich Re
* 1	

THIS IS TO CERTIFY THAT THE COVERAGES LIST ED BELOW HAVE BEEN ISSUED TO THE COVERED MEMBER NAMED ABOVE FOR THE COVERAGE PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE COVERAGE AFFORDED BY THE MOC DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH MOC. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

GENERAL LIABILITY	LA SELECTION				
COMMERCIAL GENERAL LIABILITY OCCURRENCE FORM	SIAW192034012	09/01/2019	09/01/2020	PRODUCT-CO MP/OP AGG	\$36,000,000 \$36,000,000
				EACH OCCURRENCE	30,000,000
(LIABILITY IS SUBJECT TO A \$100,000 S	IR PAYABLE FROM P	ROGRAM FUND	OS)	ANNUAL PROGRAM AGGREGATE	\$100,000,000
AUTOMOBILE LIABILITY	THE R. P. LEWIS CO., LANSING, MICH.	A DARK STATE			
ANY AUTO	SIAW192034012	09/01/2019	09/01/2020	COMBINED SINGLE LIMIT	\$30,000,000
(LIABILITY IS SUBJECT TO A \$100,000 S	IR PAYABLE FROM P	ROGRAM FUND	OS)	ANNUAL PROGRAM AGGREGATE	NONE
PROPERTY	1 11 11 11 11 11	Te Ja Fe Fe			
	SIAW192034012	09/01/2019	09/01/2020	ALL RISK PER OCC EXCL EQ & FL EARTHQUAKE PER OCC FLOOD PER OCC (Except FZ A&V, which is \$1MM)	\$150,000,000 \$35,000,000 \$25,000,000
(PROPERTY IS SUBJECT TO A\$250,000 S	IR PAYABLE FROM P	ROGRAM FUND	OS)	ANNUAL PROGRAM AGGREGATE	NONE
CRIME/PUBLIC EMPLOYEE DISHONEST	Y= + 10 = 11	0 00 73 90		the little in the second south the second	
(CRIME SUBJECT TO A \$250,000 PROGRAM SIR)	SIAW192034012	09/01/2019	09/01/2020	PER LOSS	\$1,000,000
DESCRIPTION OF OPERATIONS / LOCA	TIONS / VEHICLES /	SPECIAL ITEMS			and the state of t

Regarding the Washington State Science & Engineering Fair. The City of Bremerton and Kitsap County are named as Additional Covered Party regarding this event only and are subject to coverage terms, conditions, and exclusions. Additional Covered Party endorsement is attached. The MOC is primary and non-contributory.

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED COVERAGE BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE PROV ISIONS OF THE MOC.

CERTIFICATE HOLDER	AUTHORIZED REPRESENTATIVE
Caroline Stein WA State Science and Engineering Fair PO Box 2412 Silverdale, WA 98383	euka thuma

### ADDITIONAL COVERED PARTY ENDORSEMENT

### THIS ENDORSEMENT MODIFIES COVERAGE PROVIDED UNDER THE FOLLOWING:

### GENERAL LIABILITY COVERAGE PART

How coverage is changed:

It is agreed that the interest of any Additional Covered Party is recognized as their interests may appear, providing the certificate of coverage that this is attached to has been issued and is on file with the Company.

The Limits of Coverage applicable to the Additional Covered Party are those specified in either the:

- 1. Written contract or written agreement; or
- 2. Declarations for this MOC. whichever is less.

These Limits of Coverage are inclusive and not in addition to the Limits of Coverage shown in the Declarations.

All other terms and conditions remain unchanged.

**Additional Covered Party:** 

Caroline Stein WA State Science and Engineering Fair PO Box 2412 Silverdale, WA 98383

Regarding the Washington State Science & Engineering Fair. The City of Bremerton and Kitsap County are named as Additional Covered Party regarding this event only and are subject to coverage terms, conditions, and exclusions. Additional Covered Party endorsement is attached. The MOC is primary and non-contributory.

# STATE of WASHINGTON



## SECRETARY of STATE

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal,

hereby issue this

## CERTIFICATE OF INCORPORATION

to

WASHINGTON STATE SCIENCE AND ENGINEERING FAIR

A Washington Non-Profit Corporation. Articles of Incorporation were filed for record in this office on the date indicated below

UBI Number: 602 149 156

Date: September 13, 2001



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Ried, Secretary of State

### Internal Revenue Se

District Director

▶ Washington State Science and Engineering Fair 2145 East Phinney Bay Drive Bremerton, WA 98312

Department he Treasury

915 Second Ave., Seattle, Wash. 98174

Person to Contact:

EO Desk Officer -Telephone Number:

(206) 442-5106 Refer Reply to:

EP/EOIII: EODO

Dear Gentlemen:

This is in reply to your inquiry of August 3, 1985 regarding your name change.

Our records show that your organization is exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

This exemption was granted April 1976 and remains in effect.

Sincerely yours,

Max Wilson

Group Manager

Exempt Organizations

May Wilson

DOCNO:0749Z

Department of the Treasury
Lylinternal Revenue Service
06DEN UT 84201

Date of thin notice: Taxpaye: identifying Number Form: 2363

JUNE 12, 2000 51-0189275 Tax Period:

For contenance you may

1-800-829-1040

Lalling and the little and the commence of

WASHINGTON STATE SCIENCE AND 2 JOANN SALWEI 5572 NE GUNDERSON RD PDULSBO WA 98370-8820726

Or you may write to us at the address shown at the left. If you write, be sure to attach the bottom part of this notice.

### EIN ASSIGNED IN ERROR

OUR RECORDS INDICATE WE HAVE INCORRECTLY ASSIGNED MGRETHAN ONE EMPLOYER IDENTIFICATION NUMBER TO YOU. THE NUMBER SHOWN ABOVE IS YOUR CORRECT ONE. THE FOLLOWING NUMBER HAS BEEN INCORRECTLY ASSIGNED:
91-2029119

WE WILL TRANSFER ANY PAYMENTS OR RETURNS TO YOUR ACCOUNT UNDER THE CORRECT EMPLOYER IDENTIFICATION NUMBER.

PLEASE USE THE CORRECT NUMBER AND ACCOUNT NAME, EXACTLY AS SHOWN ABOVE, ON BUSINESS TAX RETURNS, PAYMENTS, PAYMENTS MADE ELECTRONICALLY, AND RELATED CORRESPONDENCE.

PLEASE DESTROY ANY FEDERAL TAX DEPOSIT COUPON BOOKS THAT SHOW THE INCORRECT EMPLOYER IDENTIFICATION NUMBER.

IF YOU DEPOSIT ELECTRONICALLY, PLEASE VERIFY THAT YOUR EIN IS CORRECT BEFORE MAKING YOUR DEPOSIT WITH THE FINANCIAL INSTITUTION DESIGNATED TO PROCESS YOUR ELECTRONIC FUNDS TRANSFER (EFT) TAX PAYMENTS.

WE APOLOGIZE FOR ANY INCONVENIENCE WE MAY HAVE CAUSED YOU, AND THANK YOU FOR YOUR COOPERATION.

To make sure that IRS employees give courteous responses and correct information to texpayers, a second IRS employee sometimes listens in an overlay 5 Form 8489 (Rev 8-91)

Keep this part for your records

Return this part to us with your check or inquiry

Your telephone number

Best ilma to call

510189275 TN

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INTERNAL REVENUE SERVICE OGDEN UT 84201

WASHINGTON STATE SCIENCE AND % JOANN SALWEI 5572 NE GUNDERSON RD POULSBO WA 98370-8820726

### 990-EZ

# 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)

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

A F	or the	2019 calendar year, or tax year beginning , 2019, and ending	,		, 20					
B	heck if app	oplicable: C Name of organization	D Em	ployer ide	ntification number					
	Address ch				-0189275					
	Vame char	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite	E Te	ephone nu	mber					
-	nitial return	P.O. Box 2412		360	0-551-0012					
	-inal returr Amended r	City or town, state or province, country, and ZIP or foreign postal code	F G	oup Exer	nption					
Representation of the last of		n pending Silverdale, WA 98383	N	umber >						
			1 Check	( ▶ ☐ if	the organization is not					
	ebsite:		requir	ed to atta	ch Schedule B					
JT	ax-exem	npt status (check only one) —	(Form	990, 990	-EZ, or 990-PF).					
_		organization: Corporation Trust Association Other non-profit	educatio	nal orga	nization					
LA	dd lines	s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal asset	ts						
(Pai	t II, colu	umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>\$</b>	126,368					
Р	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	e instr	uctions	for Part I)					
		Check if the organization used Schedule O to respond to any question in this Part	11	4 4	· · · · · · · · ·					
	1	Contributions, gifts, grants, and similar amounts received		1	64,154					
	2	Program service revenue including government fees and contracts		2	62,191					
	3	Membership dues and assessments		3	23					
	4	Investment income		4						
	5a	Gross amount from sale of assets other than inventory   5a								
	b	Less: cost or other basis and sales expenses								
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)								
	6	Gaming and fundraising events:		7/22						
	a	Gross income from gaming (attach Schedule G if greater than								
Se Se	_	\$15,000) 6a								
Revenue	b	Gross income from fundraising events (not including \$ of contributi	ons							
%ex		from fundraising events reported on line 1) (attach Schedule G if the								
II.		sum of such gross income and contributions exceeds \$15,000)   6b								
	C	Less: direct expenses from gaming and fundraising events 6c		10.28						
		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and s	subtrac							
		line 6c)		6d						
	7a	Gross sales of inventory, less returns and allowances								
	b	Less: cost of goods sold								
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	4 14 14	7c						
	8	Other revenue (describe in Schedule O)		8						
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	>	9	126,368					
_	10	Grants and similar amounts paid (list in Schedule O)		10						
	11	Benefits paid to or for members		11						
S	12	Salaries, other compensation, and employee benefits		12						
Se	13	Professional fees and other payments to independent contractors		13						
Expenses	14	Occupancy, rent, utilities, and maintenance		14	47,668					
EX	15	Printing, publications, postage, and shipping	60 00 00 04 04 04	15	23,316					
	16	Other expenses (describe in Schedule O)	25	16	48,152					
	17	Total expenses. Add lines 10 through 16	>	17	119,136					
	18	Excess or (deficit) for the year (subtract line 17 from line 9)	0 0 0	1	7,232					
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must ag	ree with	1						
55	1	end-of-year figure reported on prior year's return)			90,232					
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)								
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	97,464					
	1	· · · · · · · · · · · · · · · · · · ·								

Pai	t II Balance Sheets (see the instruction					
	Check if the organization used Schedu	le O to respond to a	ny question in this F	art II		
			(	A) Beginning of year		(B) End of year
22	Cash, savings, and investments			90,232	22	97,464
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets				25	
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of colur	nn (B) must agree wit	h line 21)	90,232	27	97,464
Par		mplishments (see the	ne instructions for P	art III)		
	Check if the organization used Schedu	lle O to respond to a	ny question in this F	Part III	/Dag	Expenses juired for section
What	t is the organization's primary exempt purpose?	non-profit education	nal organization - stude	ents' science fair		c)(3) and 501(c)(4)
	ribe the organization's program service accom				orga	inizations; optional for
as m	neasured by expenses. In a clear and concise	manner, describe th	e services provided,	the number of	othe	rs.)
pers	ons benefited, and other relevant information for	each program title.				
28	WSSEF - March 29 & 30, 2019					
	Washington students' grades 1 - 12 participated; p	ublic activity; ~3,500 a	ttendees			
	WISE Team from WSSEF to ISEF					
	(Grants \$ ) If this amou	nt includes foreign gr	ants, check here .	▶ 🗓	28a	119,136
29						
	(Grants \$ ) If this amou	ınt includes foreign gr	ants, check here .	▶ 🗌	29a	1
30	The second secon	MARINE ELECTRONICA PROPERTY SEC				
	(Grants \$ ) If this amou	ınt includes foreign gr	ants, check here .	> 🗆	30a	1
31	Other program services (describe in Schedule (					
		int includes foreign gr	ants, check here .	> 🗆	31a	1
		1 2 1			00	
32		la through 31a)			32	
	t IV List of Officers, Directors, Trustees, and	Sa through 31a) Key Employees (list eac	th one even if not comp	ensated—see the in		
Par	t IV List of Officers, Directors, Trustees, and	Key Employees (list eac	h one even if not comp	ensated - see the in	stru	ctions for Part IV)
	t IV List of Officers, Directors, Trustees, and Check if the organization used Sched	<b>(ey Employees</b> (list eacule O to respond to a	th one even if not comp iny question in this I (c) Reportable	pensated—see the in Part IV (d) Health benefits,	nstru	ctions for Part IV)
	t IV List of Officers, Directors, Trustees, and	(ey Employees (list each	th one even if not comp any question in this I	ensated – see the ir Part IV	nstru	ctions for Part IV)
	List of Officers, Directors, Trustees, and Check if the organization used Sched	(ey Employees (list eacule O to respond to a	th one even if not comp iny question in this I (c) Reportable compensation	pensated – see the in Part IV (d) Health benefits, contributions to employe	ee (e)	ctions for Part IV)
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Par	List of Officers, Directors, Trustees, and Check if the organization used Sched  (a) Name and title	(ey Employees (list each	th one even if not comp any question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated – see the in Part IV (d) Health benefits, contributions to employed benefit plans, and	ee (e)	ctions for Part IV)
Par Mich Pres	List of Officers, Directors, Trustees, and Check if the organization used Sched  (a) Name and title  ael Huey ident, Board Member	(ey Employees (list eacule O to respond to a  (b) Average hours per week devoted to position	th one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated – see the in Part IV (d) Health benefits, contributions to employed benefit plans, and	nstru	ections for Part IV)  Stimated amount of other compensation
Mich Pres Gary	List of Officers, Directors, Trustees, and Check if the organization used Sched  (a) Name and title  ael Huey ident, Board Member Foss	(ey Employees (list eacule O to respond to a  (b) Average hours per week devoted to position	th one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated – see the in Part IV (d) Health benefits, contributions to employed benefit plans, and	nstru	ections for Part IV)  Stimated amount of other compensation
Mich Pres Gary Vice	List of Officers, Directors, Trustees, and Check if the organization used Sched  (a) Name and title  ael Huey ident, Board Member Foss President, Board Member	(ey Employees (list eacule O to respond to a (b) Average hours per week devoted to position	th one even if not company question in this I  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated – see the in Part IV (d) Health benefits, contributions to employed benefit plans, and	nstru	ctions for Part IV)  Estimated amount of other compensation
Mich Pres Gary Vice Melo	List of Officers, Directors, Trustees, and Check if the organization used Sched  (a) Name and title  ael Huey ident, Board Member Foss President, Board Member idie Campbell	(ey Employees (list eacule O to respond to a (b) Average hours per week devoted to position	th one even if not company question in this I  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated – see the in Part IV (d) Health benefits, contributions to employed benefit plans, and	nstru	ctions for Part IV)  Estimated amount of other compensation
Mich Pres Gary Vice Melo Secr	List of Officers, Directors, Trustees, and Check if the organization used Sched  (a) Name and title  ael Huey ident, Board Member Foss President, Board Member idie Campbell etary, Board Member	(ey Employees (list eacule O to respond to a (b) Average hours per week devoted to position	th one even if not company question in this I  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	pensated – see the in Part IV (d) Health benefits, contributions to employed benefit plans, and	nstructure (e)	ections for Part IV)  Estimated amount of other compensation
Mich Pres Gary Vice Melo Secr Caro	List of Officers, Directors, Trustees, and Check if the organization used Sched  (a) Name and title  ael Huey ident, Board Member Foss President, Board Member idie Campbell etary, Board Member Jine Stein	(ey Employees (list eacule O to respond to a (b) Average hours per week devoted to position	th one even if not company question in this I  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	pensated – see the in Part IV (d) Health benefits, contributions to employed benefit plans, and	nstructure (e)	ections for Part IV)  Estimated amount of other compensation
Mich Pres Gary Vice Melo Secr Caro	List of Officers, Directors, Trustees, and Check if the organization used Sched  (a) Name and title  ael Huey ident, Board Member Foss President, Board Member idie Campbell etary, Board Member sline Stein surer, Board Member	(b) Average hours per week devoted to position  8  8  8	th one even if not company question in this in this in the compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated – see the in Part IV (d) Health benefits, contributions to employed benefit plans, and	0 0 0	ections for Part IV)  Estimated amount of other compensation  0
Mich Pres Gary Vice Melo Secr Caro Trea Lois	List of Officers, Directors, Trustees, and Check if the organization used Sched  (a) Name and title  ael Huey ident, Board Member Foss President, Board Member die Campbell etary, Board Member surer, Board Member Lugg	Key Employees (list eacule O to respond to a lib) Average hours per week devoted to position	th one even if not company question in this in this in the compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated – see the in Part IV (d) Health benefits, contributions to employed benefit plans, and	0 0 0	ections for Part IV)  Sestimated amount of other compensation  0
Mich Pres Gary Vice Melo Secr Caro Trea Lois Fair	List of Officers, Directors, Trustees, and Check if the organization used Sched  (a) Name and title  ael Huey ident, Board Member Foss President, Board Member die Campbell etary, Board Member dine Stein surer, Board Member Lugg Director	(b) Average hours per week devoted to position  8  8  8	th one even if not company question in this I  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	pensated – see the in Part IV (d) Health benefits, contributions to employed benefit plans, and	0 0 0	ections for Part IV)  Estimated amount of other compensation  0
Mich Pres Gary Vice Melo Secr Caro Trea Lois Fair	Check if the organization used Sched  (a) Name and title  ael Huey ident, Board Member Foss President, Board Member die Campbell etary, Board Member sline Stein surer, Board Member Lugg Director dis Foley	(ey Employees (list eacule O to respond to a (b) Average hours per week devoted to position	th one even if not company question in this I  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	pensated – see the in Part IV (d) Health benefits, contributions to employed benefit plans, and	0 0 0	ections for Part IV)  Estimated amount of other compensation  0
Mich Pres Gary Vice Melo Secr Caro Trea Lois Fair Kand Boar	List of Officers, Directors, Trustees, and Check if the organization used Sched  (a) Name and title  ael Huey ident, Board Member Foss President, Board Member idie Campbell etary, Board Member surer, Board Member Lugg Director dis Foley rd Member	Key Employees (list eacule O to respond to a lib) Average hours per week devoted to position	th one even if not company question in this I  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0	pensated – see the in Part IV (d) Health benefits, contributions to employed benefit plans, and	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)  Estimated amount of other compensation  0  0
Mich Pres Gary Vice Melo Secr Caro Trea Lois Fair Kann Boar	List of Officers, Directors, Trustees, and Check if the organization used Sched  (a) Name and title  ael Huey ident, Board Member Foss President, Board Member die Campbell etary, Board Member sline Stein surer, Board Member Lugg Director dis Foley rd Member Heidner	(ey Employees (list eacule O to respond to a (b) Average hours per week devoted to position  8  8  1  20  12	th one even if not company question in this land (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)  Estimated amount of other compensation  0  0
Mich Pres Gary Vice Melo Secr Caro Trea Lois Fair Kann Boar Amy	Check if the organization used Sched  (a) Name and title  ael Huey ident, Board Member Foss President, Board Member die Campbell etary, Board Member surer, Board Member Lugg Director dis Foley did Member Heidner Heidner	(ey Employees (list eacule O to respond to a (b) Average hours per week devoted to position	th one even if not company question in this I  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0	pensated — see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)  Estimated amount of other compensation  0  0  0
Mich Pres Gary Vice Melo Secr Caro Trea Lois Fair Kanc Boar Amy Boar Rayr	Check if the organization used Sched  (a) Name and title  ael Huey ident, Board Member Foss President, Board Member die Campbell etary, Board Member surer, Board Member Lugg Director dis Foley d Member Heidner Heidner mond Koelling	Key Employees (list eacule O to respond to a lib) Average hours per week devoted to position  8  3  20  12	th one even if not company question in this land (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)  Estimated amount of other compensation  0  0  0
Mich Pres Gary Vice Melo Secr Caro Trea Lois Fair Kann Boar Rayr Boar	Check if the organization used Sched  (a) Name and title  ael Huey ident, Board Member Foss President, Board Member die Campbell etary, Board Member Surer, Board Member Lugg Director dis Foley d Member Heidner Heidner Member Heidner Member Member Heidner Member	(ey Employees (list eacule O to respond to a (b) Average hours per week devoted to position  8  8  1  20  12	th one even if not company question in this I  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0	pensated — see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)  Estimated amount of other compensation  0  0  0  0
Mich Pres Gary Vice Melo Secr Caro Trea Lois Fair Kann Boar Amy Boar Ray Boar	Check if the organization used Sched  (a) Name and title  (a) Name and title  (a) Name and title  (a) Name and title  (b) Name and title  (c) Name and title  (a) Name and title  (b) Name and title  (c) Name and title  (c) Name and title  (d) Name and title  (e) Name	Key Employees (list eacule O to respond to a lib) Average hours per week devoted to position  8  8  10  11  11  1	th one even if not company question in this I  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0	pensated — see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)  Estimated amount of other compensation  0  0  0  0
Mich Pres Gary Vice Melo Secr Caro Trea Lois Fair Kann Boar Amy Boar Boar Jam Boar	Check if the organization used Sched  (a) Name and title  ael Huey ident, Board Member Foss President, Board Member die Campbell etary, Board Member sline Stein surer, Board Member Lugg Director dis Foley d Member Heidner d Member mond Koelling rd Member es Luddon rd Member	Key Employees (list eacule O to respond to a lib) Average hours per week devoted to position  8  3  20  12	th one even if not company question in this I  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0  0  0	pensated — see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)  Estimated amount of other compensation  0  0  0  0
Mich Pres Gary Vice Melo Secr Caro Trea Lois Fair Kann Boar Ray Boar Jam Boar Boar Boar Boar	Check if the organization used Sched  (a) Name and title  ael Huey ident, Board Member Foss President, Board Member die Campbell etary, Board Member surer, Board Member Lugg Director dis Foley de Member Heidner de Member mond Koelling rd Member es Luddon rd Member es Luddon rd Member es Luddon rd Member es Luddon	Key Employees (list eacule O to respond to a (b) Average hours per week devoted to position  8  8  1  20  12  1  1  1  4  3	th one even if not company question in this land (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)  Estimated amount of other compensation  0  0  0  0
Mich Pres Gary Vice Melo Secr Caro Trea Lois Fair Kann Boar Rayr Boar Jam Boar Boar Boar Boar Boar	Check if the organization used Sched  (a) Name and title  ael Huey ident, Board Member Foss President, Board Member die Campbell etary, Board Member Surer, Board Member Lugg Director dis Foley d Member Heidner d Member mond Koelling rd Member es Luddon rd Member es Luddon rd Member es Luddon rd Member es Murdock rd Member	Key Employees (list eacule O to respond to a lib) Average hours per week devoted to position  8  8  10  11  11  1	th one even if not company question in this I  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0  0  0	pensated — see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV) Estimated amount of other compensation  0  0  0  0  0  0
Mich Pres Gary Vice Melo Secr Caro Trea Lois Fair Kanc Boar Rayr Boar Boar Boar Boar Boar Boar Boar	Check if the organization used Sched  (a) Name and title  ael Huey ident, Board Member Foss President, Board Member die Campbell etary, Board Member Unine Stein surer, Board Member Lugg Director dis Foley die Member Heidner die Member Etein surer de Member Check of Memb	Key Employees (list eacule O to respond to a (b) Average hours per week devoted to position  8  8  1  20  12  1  1  1  4  3	th one even if not company question in this I  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0	pensated — see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV) Estimated amount of other compensation  0  0  0  0  0  0
Mich Pres Gary Vice Melo Secr Caro Trea Lois Fair Kann Boar Rayr Boar Boar Boar Boar Boar Boar Boar Boa	Check if the organization used Sched  (a) Name and title  ael Huey ident, Board Member Foss President, Board Member die Campbell etary, Board Member Surer, Board Member Lugg Director dis Foley d Member Heidner d Member mond Koelling rd Member es Luddon rd Member es Luddon rd Member es Luddon rd Member es Murdock rd Member	Key Employees (list eacule O to respond to a (b) Average hours per week devoted to position  8  8  1  20  12  1  1  1  4  3	th one even if not company question in this land (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)  Estimated amount of other compensation  0  0  0  0  0  0  0  0  0  0 0 0

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		Ц
22	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes N	10
33	detailed description of each activity in Schedule O	33	,	1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		1
35a	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		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	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	35c	,	1
36	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	36	,	/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			100
38a	Did the organization file <b>Form 1120-POL</b> for this year?  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?	37b		1
1340.144	If "Yes," complete Schedule L, Part II, and enter the total amount involved	304		V
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4955 ▶			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b>✓</b>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization 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 by the organization			
е	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	40e		1
41	List the states with which a copy of this return is filed ▶	-		
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ZIP + 4 Z			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b		√ V
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	The second of th		
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 ▶	42c	,	1
43	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		. •	
			Yes N	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
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	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44c		1
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	- 4	1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-FZ. See instructions	45h		/

orm 99	0-EZ (20	019)						P	age 4
OITH OO	0 22 (2)	710						Yes	No
46	Did th	ne organization engage, directly or in	directly, in political o	ampaign activities on	behalf of or in	opposition		100	19(0)
10		ndidates for public office? If "Yes," c					46	-	1
Part '	- 0.00	Section 501(c)(3) Organizations							
		All section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and comp	lete the ta	bles f	or lin	es
		50 and 51.							
		Check if the organization used Sch	edule O to respond	I to any question in t	this Part VI .				
								Yes	No
47		he organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) election		ng the tax	47		1
48	Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," complete	Schedule E .		48		1
49a	Did th	ne organization make any transfers to	an exempt non-cha	aritable related organi	zation?		49a		1
b		s." was the related organization a se					49b		
50	Com	olete this table for the organization's	five highest compen	sated employees (oth	ner than officers	, directors,	truste	es, an	d key
	emple	oyees) who each received more than	\$100,000 of compe	nsation from the orga	nization. If there	e is none, e	nter "N	lone.	1
			(b) Average	(c) Reportable	(d) Health ben	efits,	/ ACM   111   111		
	(a)	Name and title of each employee	hours per week	compensation	contributions to e		Estimate other cor		
			devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation				
lone									
TOTIC									
			4						
			*						
f	Total	number of other employees paid ov	er \$100,000						
51	Com	plete this table for the organization	s five highest comp	ensated independent	t contractors w	ho each re	ceived	more	e than
	\$100	,000 of compensation from the orga	nization. If there is n	one, enter "None."					
	(a)	Name and business address of each independ	dent contractor	(b) Type of ser	rvice	(c) Co	mpensa:	ion	
	(6)	realite and business dudiess of sacrificações							
None	3001-1005								
31113/03/03									
				_					
557.375									
				_					
	02000000000								
				-					
d	Tota	I number of other independent contr	actors each receiving	g over \$100,000 .		1 11 1			
52		the organization complete Sched	ule A? Note: All s			attach	a V Ye	• 🖂	No
		pleted Schedule A							
Under	penalties	s of perjury, I declare that I have examined this nd complete. Declaration of preparer (other tha	return, including accompa	nying schedules and stater	nents, and to the be	st of my know	rledge ar	d belle	f, it is
true, co	prrect, a		in unice) is based on all lit	omadon or which propare	el N	141.4	7111		
0:		Just III milian			Date	MAN	ひしづ		
Sign		Signature of officer			Date	3			
Here		Caroline M. Stein, WSSEF Treasu	rer						
		Type or print name and title	Preparer's signature	Tr	Date	F-1	T PTIN		
Paid	1	Print/Type preparer's name	Preparer s signature			Check if self-employed			

**Preparer** 

Use Only

Firm's name ▶

Firm's address ▶

May the IRS discuss this return with the preparer shown above? See instructions

Firm's EIN ▶

Phone no.

### SCHEDULE 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

**Employer identification number** 

Washington State Science & Engineering Fair	51-0189275
Part 1 Line 16 - Awards & ISEF = \$48,152	
	***************************************
Part IV List of Board of Directors continued -	
Mary Omberg; Board Member; 5 hours average per week; 0 compensation; 0 health benefits; 0 other com	pensation
George Phillips; Board Member; 1 hour average per week; 0 compensation; 0 health benefits; 0 other con	npensation
Todd Rosenfelt; Board Member; 1 hour average per week; 0 compensation; 0 health benefits; 0 other con	npensation
Shuttha Shutthanandan; Board Member; 1 hour average per week; 0 compensation; 0 health benefits; 0 o	ther compensation
Warren Spalinger; Board Member; 2 hour average per week; 0 compensation; 0 health benefits; 0 other co	ompensation
	***************************************
+	
	*******************************