TOURISM PROMOTION PROGRAM • APPLICATION FOR FUNDING

Project Title: West Sound Film Festival
Project Dates: Beginning: Sept. 2020 Ending: August 2021
Name of Organization Breneron Roxy Fundation Web Site West sound film festival, com
Mailing Address: 270 4th Street Brewton WA 98337
Contact Person: Amy Coull E-Mail: Westson of the festin 10 grant com (864) 918-8191
Amount Requested: \$ 8,000 Total Project Cost: \$ 11,000
Portion of Total Project Cost Requested:
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
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

Kitsap County Lodging Tax 2021 Lodging Tax Application Roxy Bremerton Foundation /West Sound Film Festival Description of Proposed Project

The Historic Roxy Theatre has created a focal point for independent film and musical performances in Bremerton. For that reason, The Port Orchard Film Festival is thrilled to be reborn as the West Sound Film Festival in collaboration with the theatre. The festival has created so much more than a yearly event. With new obstacles for the movie theatre industry and the amount of films being made at an all time high, we have created a weekend long event that is not only beneficial to the filmmakers but also to the Kitsap economy as a whole. Every year our festival hosts returning artists from all over the country as well as throughout Washington State. We've received entries from around the world including Japan, Russia, India, and more. Last year, we even hosted filmmakers from Italy and their showing was attended by the honorary consul of Italy from Seattle, Elisabetta Valentini.

It is a strong priority with our festival to create a three day event that is beneficial to the local economy as well as the attendees and artists. Located in filmmaker's welcome packets, are coupons/flyers for local restaurants, attractions and nightlife donated by local businesses. Our programs contain a map detailing business locations to encourage attendees to explore the area between showings. During previous festivals we have collaborated with local establishments to display posters for selected films, with the filmmakers encouraged to look for their films' art around town. Last year we coordinated with Visit Kitsap to host our opening night gala at Josephine's Mercantile with our after parties being held at the Brickhouse 714 and Nauti Mermaid.

Lastly, our Film Festival is not the only event we plan to host at the Historic Roxy Theatre to encourage filmmakers to travel to our area. We also plan to host multiple events throughout the year including "open screenings" allowing filmmakers to show their films for feedback, special events and additional film competitions. The festival has grown every year, with our previous year being our biggest yet. We have even begun dialogue with film distributors regarding their attendance in 2021. Once the West Sound Film Festival has passed it's fifth year we plan to apply to become Oscar qualifying. This will increase our submissions and attendance exponentially.

We are requesting \$8,000 for advertising, design work, and printing costs. The WSFF begins accepting entries for next year's competition approximately 2-3 weeks after the event. This grant would assist us in advertising the call for submissions as well as the event more heavily, leading to more entries from outside the county and state. Through hiring local artists for our design work, we can guarantee that our marketing will be eye catching and appealing to filmmakers as well as attendees. Our goal would be to strategically utilize a digital and print campaign to help continue our growth.

History of Organization

The West Sound Film Festival started as the Port Orchard Film Festival at the Dragonfly Cinema in 2017. The event was established by Amy Camp (now Amy Coull) and Nick Taylor. We were excited to have the opportunity to showcase a diverse roster of films from across the world and a multitude of genres. The main tenets of the festival have been to grant a voice to the stories of independent filmmakers and to showcase the beauty of Kitsap County.

Scope of Work/ Timeline

September 2020 - Notification of corporate grant request

September/October 2020 - Notification of county lodging tax request

September-April 2021- West Sound Film Festival 2020 takes place at the Roxy Historic Theatre, additional fundraising events to take place, begin "Call for Entries" for the next festival, continue a strong social media presence as well as attend other festivals to meet with filmmakers, create selection committee, locate and finalize networking event locations, work with local artists for designs for marketing and merchandise, select and verify with panel participants, view films,

June 2021 - Finalize selected films for the festival, contact filmmakers, create schedule, begin drafting program, accepting final cuts of all films and supervise editing film blocks, begin social media campaign to promote selected films, begin RSVP list for filmmakers, July 2021- Continue media campaign, meet with local businesses about promotions, finalize program,

August 2021- direct and lead the West Sound Film Festival

	Budget
Income/ Revenue	
Submission fees	\$2,000.00
Donations	\$1,000.00
Kitsap Co. LT grant request	\$8,000.00
Total	\$11,000.00
Expenses	
Call for Submission Flyers	\$1,000
Event Posters	\$1,000
Digital Ads	\$1,000
Lanyards and Badges	\$100
Awards & Frames	\$100
Program Printing	\$1,000
Program Design	\$1,000
Badge Design	\$200
Design Updates (Logo, Poster, ect)	\$1,000

Decorations Total	\$500 \$11,000
Volunteer Shirts	\$500
Event Poster Design/Creation	\$2,000
Merchandise	\$700
Networking Events	\$900

^{**}This grant request would be used towards the highlighted items which contribute towards promotion.

Date.

DEC 05 2016

ROXY BREMERTON 423 PACIFIC AVE STE 402 BREMERTON, WA 98337 Employer Identification Number: 81-0977391 DLN:

17053204319006 Contact Person: MRS T FARR

ID# 52404

Contact Telephone Number: (877) 829-5500

Accounting Period Ending: December 31

Form 990-PF Required:

Yes

Effective Date of Exemption:

December 24, 2015 Addendum Applies:

No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a private foundation within the meaning of Section 509(a).

We further determined you qualify as a private operating foundation under IRC Section 4942(j)(3). We'll treat you as a private operating foundation as long as you continue to meet the requirements of Section 4942(j)(3).

You're required to file Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation, annually, whether or not you have income or activity during the year. If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PF" in the search bar to view Publication 4221-PF, Compliance Guide for 501(c)(3) Private Foundations, which describes your recordkeeping, reporting, and disclosure requirements.

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172 **2018**

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (99)

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return Business or activity to which this form relates Identifying number 81-0977391 FORM 990PF -ROXY BREMERTON **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 2 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 6 (b) Cost (business use only) (a) Description of property (c) Elected cost Listed property. Enter the amount from line 29 8 8 9 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 12 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 15 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2018 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery placed in (business/investment use (a) Classification of property (e) Convention (g) Depreciation deduction period service only-see instructions) 19a 3-year property 5-year property 7-year property 750 10 HY SL 75 d 10-year property 15-year property 20-year property g 25-year property 25 yrs. MM h Residential rental 27.5 yrs. S/L BABA S/I property 27.5 yrs. MM i Nonresidential real 39 yrs. property Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System Class life b 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L d 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 75 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 22 For assets shown above and placed in service during the current year, enter the 23

	Federal Supporting Statements	5	2018 PG01
Name(s) as shown on return ROXY BREMERTON			Tax ID Number 81 - 0977391
	M 990PF - PART I - LINE 1 ALES OF INVENTORY SCHEDUL		STATEMENT #102
CATEGORY SPECIAL EVENTS	GROSS SALES	COGS 1,735	NET
TOTAL	21,391	1,735	19,656

lame(s) as shown on return			Federal S	upporting	Stateme	ents		201 Tax ID N	8 PG01
XY BREMERTON								Taxion	81-0977391
		FORM 990PF -	PART I - LINE 23	- OTHER EXPER	NSES SCHEDU	ILE			STATEMENT #103-
		EVENUE	NET	ADJUSTE		CHARITABLE			
ESCRIPTION	AND	EXPENSES	INVESTMENT	NET INCO		PURPOSE			
PERATING EXPENSES		770	0		0		0		
ARKETING		1,700	0		0		Ď		
OTALS		2,470	0	-	0		0		
									PG01
		FORM 990PF -	PART I - LINE 19	- DEPRECIATIO	ON SCHEDULE				STATEMENT #126
ESCRIPTION DUNTER	DATE ACQUIRED 01-01-2018	COST OR OTHER BASIS 750	PRIOR YEAR DEPRECIATION	COMPUTATION METHOD	RATE 5	LIFE 10	CURRENT YEAR DEPRECIATION 75	NET INVESTMENT INCOME	ADJUSTED NET INCOME
DTALS			0						

Federal Filing Instructions		2018
Name as shown on return ROXY BREMERTON		Tax ID Number 81 - 0977391

Date to file by:

11-15-2019

Form to be filed:

Form 990-PF and supplemental forms and schedules

Sign and date:

An officer must sign and date Form 990-PF on page

13.

Address to file:

If you are not e-filing, mail to:

Department of the Treasury

Internal Revenue Service Center

Ogden, UT 84201-0027

Refund:

Neither a refund nor a balance due

Other instructions:

If the return is not filed by the due date (including any extension granted) attach a

(including any extension granted), attach a statement giving the reason for not filing on time.

Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0052

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/Form990PF for instructions and the latest information.

Open to Public Inspection

FOI	caler	ndar year 2018 or tax year beginning		, 201	8, and endin	g		, 20
N	ame o	foundation ROXY BREMERTON				A Employer	identification number	
		ROXY BREMERTON THEAT	RE FOUNDATION			81-0977	391	
N	umber	and street (or P.O. box number if mail is not de-	livered to street address)		Room/suite	B Telephone	number (see instructions)	
6	10 W	ARREN AVE				(360)27	1-4028	
C	ity or to	own, state or province, country, and ZIP or foreign	gn postal code			C If exempti	ion application is pending.	check here
В	REME	RTON, WA 98337				,		
G	Check	all that apply: Initial return	Initial return o	of a former public c	harity	D 1. Foreign	n organizations, check her	e
		Final return	Amended retu	um		2 Foreign	n organizations meeting th	0 85% test
		Address change	Name change	е			here and attach computati	
H	Check	type of organization: X Sect	tion 501(c)(3) exempt priva	ate foundation		E If private f	oundation status was tern	ninated under
	Sec	tion 4947(a)(1) nonexempt charitable trust	t Other ta	xable private foun	dation		07(b)(1)(A), check here	
1 1	air m	arket value of all assets at	J Accounting method:	Cash	Accrual	E If the four	idation is in a 60-month te	rmination
(end of	year (from Part II, col. (c),	Other (specify)		_		tion 507(b)(1)(B), check h	
1	ine 16) ▶ \$ 78,069 ((Part I, column (d) must be	on cash basis.)		and the second		
Pa	art I	Analysis of Revenue and Exp	penses (The total of	(-) D				(d) Disbursements
		amounts in columns (b), (c), and (d) may not		(a) Revenue and expenses per	(b) Net	investment	(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions).	.)	books	ir	ncome	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	(attach schedule)	60,9	56		The state of the s	
	2	Check ► X if the foundation is not requi						
	3	Interest on savings and temporary cash						
	4	Dividends and interest from securities						
	5a	Gross rents						
	b	Net rental income or (loss)	_					
a)	6a	Net gain or (loss) from sale of assets no						
Revenue	b	Gross sales price for all assets on line 6a						
Ve	7	Capital gain net income (from Part IV, lin	e 2)					
Re	8	Net short-term capital gain	· —					
	9	Income modifications						
	10a	Gross sales less returns and allowances .						
	b	Less: Cost of goods sold						
	С	Gross profit or (loss) (attach schedule)		19,6	56		19,656	
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11		80,6	12	o	19,656	
	13	Compensation of officers, directors, truste						
S	14	Other employee salaries and wages .						
JSE	15	Pension plans, employee benefits						
bel	16a	Legal fees (attach schedule)						
Expenses	b	Accounting fees (attach schedule)						
Ve	С	Other professional fees (attach schedule)					
	17	Interest						
ist	18	Taxes (attach schedule) (see instructions	i)					
Administrat	19	Depreciation (attach schedule) and deple	etion STM126		75			
\dn	20	Occupancy						
P	21	Travel, conferences, and meetings						
and	22	Printing and publications						
ng	23	Other expenses (attach schedule)		2,4	70			
Operating	24	Total operating and administrative exp	enses.					
bei		Add lines 13 through 23		2,5	45	0		0
0	25	Contributions, gifts, grants paid			0			0
	26	Total expenses and disbursements. A	dd lines 24 and 25 .	2,5	45	0		0
	27	Subtract line 26 from line 12:						
	а	Excess of revenue over expenses and	disbursements	78,0	67		Permanan	
	b	Net investment income (if negative, en	iter -0-)			0		
	С	Adjusted net income (if negative, enter	r -0-)				19.656	

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Part	II Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
1 Cart	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	2	77,394	77,394
2	Savings and temporary cash investments			
3	Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
4	Pledges receivable ▶			
	Less: allowance for doubtful accounts			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see instructions)			
7				
	Less: allowance for doubtful accounts			
8 15	-			
Assets 6 8				
¥ 10:				
1	b Investments - corporate stock (attach schedule)			
1				
11				
40	Less: accumulated depreciation (attach schedule)			
12				
13				
14				1000
1	Less: accumulated depreciation (attach schedule) 75		675	675
15				
16	Total assets (to be completed by all filers - see the			
	instructions. Also, see page 1, item l)	2	78,069	78,069
17	Accounts payable and accrued expenses			
18	Grants payable			
<u>e</u> 19	Deferred revenue			
Liabilities 20 21	Loans from officers, directors, trustees, and other disqualified persons			
<u>e</u> 21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe)			
23	Total liabilities (add lines 17 through 22)	0	0	
	Foundations that follow SFAS 117, check here			
24 25 26		2	2 702	
24	Unrestricted	2	3,783	
25	Temporarily restricted		74,286	
D 26	Permanently restricted			
Fund	Foundations that do not follow SFAS 117, check here			
L	and complete lines 27 through 31.			
Ö 27	Capital stock, trust principal, or current funds			
28 29 29	Paid-in or capital surplus, or land, bldg., and equipment fund		***	
Ø 29	Retained earnings, accumulated income, endowment, or other funds			
30 2 31	Total net assets or fund balances (see instructions)	2	78,069	
Z 31	Total liabilities and net assets/fund balances (see			
	instructions)	2	78,069	
Part I	II Analysis of Changes in Net Assets or Fund Balance	es		
1 Tota	al net assets or fund balances at beginning of year - Part II, column (a), line 3	0 (must agree with		
end-	-of-year figure reported on prior year's return)		1	2
2 Ente	er amount from Part I, line 27a		2	78,067
3 Othe	er increases not included in line 2 (itemize)		3	
	lines 1, 2, and 3		4	78,069
5 Dec	ereases not included in line 2 (itemize)		5	
	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 30	6	78,069

Form 990-PF (2018) ROXY BR	EMERTON			81-097	7391 Page
Part IV Capital Gains and	Losses for Tax on Investr	nent Income			W188
	kind(s) of property sold (for example, re- ; or common stock, 200 shs, MLC Co.)	al estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
b				Paris	
С					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or o			or (loss) (f) minus (g))
a	and belong the best of the second of the sec				
b	and a second of the second of				
c					
d					
е					
Complete only for assets showing ga	ain in column (h) and owned by the	foundation on 1	12/31/69.	(I) C-i (C-	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col. (col. (k), but not	l. (h) gain minus less than -0-) or om col. (h))
a					
b					
C		CALIFORNIA ANTI ANTI ANTI ANTI ANTI ANTI ANTI A		1	
d					N Section I Add the Advisor State St
e					
	Maria alam	nter in Part I, lin	- 7 -		
Part V Qualification Under For optional use by domestic private for section 4940(d)(2) applies, leave this place the foundation liable for the section	part blank.	40(a) tax on net	investment incom	ne.)	Yes No
"Yes." the foundation doesn't qualify un	nder section 4940(e). Do not comp	lete this part.			
1 Enter the appropriate amount in each	h column for each year; see the ins	structions before	making any entri	es.	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of r	(c) noncharitable-use as		(d) ibution ratio divided by col. (c))
2017		-			
2016		1			
2015					
2014					
2013					
Average distribution ratio for the 5-ye the number of years the foundation of the number of the nu	nas been in existence if less than 5 use assets for 2018 from Part X, lir	years		4	(
B Enter qualifying distributions from Pa If line 8 is equal to or greater than lin					
Part VI instructions.					

Form	n 990-PF (2018) ROXY BREMERTON 81	1-0977391		Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	ee instructio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	1		
b		1		0
	here > and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of			
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only: others, enter -0-)	2		0
3		3		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4		0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5		0
6	Credits/Payments:			
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a			
b	Exempt foreign organizations - tax withheld at source 6b			
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld 6d			
7		7		
8		8		
9	Total American Control of the Contro	9		
10		10		
11		11		
-	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a	1.00	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
_	instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			1
	published or distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			1
	(1) On the foundation. \$ \$ (2) On foundation managers. \$ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	-		
	on foundation managers. \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
_	If "Yes," attach a detailed description of the activities.		-	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
3	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
1-2	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			X
4a	If "Yes," has it filed a tax return on Form 990-T for this year?	4a 4b		
6	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			X
5		3		
c	If "Yes," attach the statement required by <i>General Instruction T</i> . Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
6		}		
	By language in the governing instrument, or Rundlate landstation that off activate among the representation instrument on that no mandatory directions that			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
-	conflict with the state law remain in the governing instrument?		X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and P	Part XV 7	^	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions WA			
b				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	95		X
0	(or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation	8b		^
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See instructions for Part XIV)? If "Yes,"		X	
4.0	complete Part XIV	9	٨	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	40		Y
	Datters and activesses	10		Λ

Form **990-PF** (2018)

Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address HTTP://ROXYBREMERTON.COM			
14	The books are in care of ► COREEN HAYDOCK Telephone no. ► 360-2	71-4	028	
	Located at ▶ 610 WARREN AVE, BREMERTON, WA ZIP+4 ▶ 98337			-
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			•
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			que en
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.) Yes X No			
b				
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2018?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions.)	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	·			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year? Yes X No			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2018.)	3b		V
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4.		X
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		^

Form	990-PF (2018) ROXY BREMERTON	·						81-097		P	age 6
Pai	rt VII-B Statements Regarding Activit	ies for	Which Forn	n 4720	May Be F	Requi	ed (co	ntinued)		,	,
5a	During the year, did the foundation pay or incur any	amount t	0:							Yes	No
	(1) Carry on propaganda, or otherwise attempt to in	ifluence l	egislation (section	on 4945	(e))?		Yes	X No			
	(2) Influence the outcome of any specific public ele-	ction (see	e section 4955):	or to ca	rry on,			120			
	directly or indirectly, any voter registration drive						Yes	X No			
	(3) Provide a grant to an individual for travel, study,						Yes	X No			
	(4) Provide a grant to an organization other than a					-	—	V	İ		
							Yes	X No			
	(5) Provide for any purpose other than religious, cha						7	V			
h.	purposes, or for the prevention of cruelty to child						Yes	X No	and the second s		
b	If any answer is "Yes" to 5a(1)-(5), did any of the tr in Regulations section 53.4945 or in a current notice								5b		
									30		
	Organizations relying on a current notice regarding If the answer is "Yes" to question 5a(4), does the for										
C	because it maintained expenditure responsibility for						Yes	No			
	If "Yes." attach the statement required by Regulation						103	140			
6a	Did the foundation, during the year, receive any fund			nay nre	emiums				and the same of th	1	
oa	on a personal benefit contract?					oro i	Yes	X No		1	
b	Did the foundation, during the year, pay premiums, of					act?			6b		X
	If "Yes" to 6b, file Form 8870.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
7a	At any time during the tax year, was the foundation a	party to	a prohibited tax	shelter	transaction?		Yes	X No			
b	If "Yes." did the foundation receive any proceeds or	have any	net income attri	butable	to the transac	ction?			7b		
8	Is the foundation subject to the section 4960 tax on	payment(s) of more than	\$1,000.0	000 in						
	remuneration or excess parachute payment(s) durin						Yes	X No			
Pai	t VIII Information About Officers, Dir	rectors	, Trustees,	Found	lation Mar	nagers	, High	ly Paid	Emplo	yees	9
	and Contractors										
1	List all officers, directors, trustees, and foundation	on mana	gers and their o						y		
See	(a) Name and address	ho	itle, and average ours per week oted to position	(If r	ompensation not paid. nter -0-)	empl	Contribution oyee bene ferred com		(e) Expe	ense ac allowan	
MICH	HAEL NORMAN	TREAS	SURER								
610	WARREN AVE, BREMERTON, WA 98337		1.00		0			0			0
MICH	HAEL GOODNOW	DIRE	CTOR								
610	WARREN AVE, BREMERTON, WA 98337		1.00		0			0			0
HARI	RIETTE BRYANT	DIRE	CTOR								
	WARREN AVE, BREMERTON, WA 98337		1.00		0			0			0
ALLI	EN MUNRO	DIREC									
	WARREN AVE, BREMERTON, WA 98337		1.00		0			0			0
2	Compensation of five highest-paid employees (or	her than	those included	on line	e 1 - see instr	uctions	i). If non	e, enter			
	"NONE."				T		(d) Contr	ibutions to			
	(a) Name and address of each employee paid more than \$5	50,000	(b) Title, and a hours per w devoted to po	eek	(c) Compen	sation	(d) Contributions to employee benefit plans and deferred		(e) Expe	nse aco	
			devoted to po	Sition			compe	nsation			
NONE	E										
							-				
					The second secon						
									. —		
Total	number of other employees paid over \$50,000										0
EEA									Form 99	0-PF (2018)

EEA

Form 990-PF (2018)

5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. . .

4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see

Pa	rt XI	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations	
		and certain foreign organizations, check here and do not complete this part.)	
1	Minim	num investment return from Part X, line 6	
2a	Tax or	in investment income for 2018 from Part VI, line 5 2a	
b	Incom	ne tax for 2018. (This does not include the tax from Part VI.) 2b	
C	Add lin	nes 2a and 2b	
3	Distrib	outable amount before adjustments. Subtract line 2c from line 1	
4	Recov	veries of amounts treated as qualifying distributions	
5	Add lin	nes 3 and 4	
6	Deduc	ction from distributable amount (see instructions)	
7	Distri	ibutable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	
	line 1		0

Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line A.	4	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	,	
	Enter 1% of Part I, line 27b. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	e foundat	ion
	qualifies for the section 4940(e) reduction of tax in those years.		

3

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6

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0

ra	rt XIII Undistributed income (see instri	uctions)			
		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI.			The state of the s	
	line 7				(
2	Undistributed income, if any, as of the end of 2018:		Approximation and the second		
a	Enter amount for 2017 only				
b	Total for prior years:,	-			
3	Excess distributions carryover, if any, to 2018:				
а	From 2013				
b	From 2014				
C	From 2015				
d	From 2016				
е	From 2017				
f	Total of lines 3a through e				
4	Qualifying distributions for 2018 from Part XII,				
	line 4: > \$				
a	Applied to 2017, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required - see instructions)				
C	Treated as distributions out of corpus (Election				5
	required - see instructions)				
d	Applied to 2018 distributable amount	1			
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2018				
	(If an amount appears in column (d), the same				The same of the sa
	amount must be shown in column (a).)			***************************************	
6	Enter the net total of each column as				
	indicated below:				
а	Corpus. Add lines 3f, 4c. and 4e. Subtract line 5 .				
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
	amount - see instructions				
е	Undistributed income for 2017. Subtract line				
	4a from line 2a. Taxable amount - see				
	instructions				
f	Undistributed income for 2018. Subtract lines				
	4d and 5 from line 1. This amount must be				
_	distributed in 2019				0
7	Amounts treated as distributions out of corpus				ł
	to satisfy requirements imposed by section				}
	170(b)(1)(F) or 4942(g)(3) (Election may be				
_	required - see instructions)				
8	Excess distributions carryover from 2013 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2019.				
	Subtract lines 7 and 8 from line 6a				
0	Analysis of line 9:				
	Excess from 2014				
b	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
е	Excess from 2018				

	990-PF (2018) ROXY BREME XIV Private Operating Foun		otions and Dark	VIII A supplian		1-0977391	Page 1
	9				19)		
1a	If the foundation has received a ruling or			ing			
	foundation, and the ruling is effective for 2		0		. •	12-24-2015	
	Check box to indicate whether the founda		g foundation describ			4942(j)(5)	
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years			(e) Total
	investment return from Part X for each year listed	(a) 2018 O	(b) 2017	(c) 2016	(d)	2015	(-,
b	85% of line 2a						
C	Qualifying distributions from Part XII, line 4 for each year listed					Complete and the second	(
d	Amounts included in line 2c not used directly for active conduct of exempt activities .						
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c						
3	Complete 3a, b, or c for the alternative test relied upon:						
а	"Assets" alternative test - enter: (1) Value of all assets						
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)						
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed						0
	"Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)						
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)						
	(3) Largest amount of support from an exempt organization						
	(4) Gross investment income						
Part				e foundation h	ad \$5,000	or more in a	ssets at
	any time during the year	- see instructions	.)				
1 a	Information Regarding Foundation Ma List any managers of the foundation who before the close of any tax year (but only	have contributed more th				dation	
	NONE						
b	List any managers of the foundation who ownership of a partnership or other entity				arge portion of	the	
	NONE						
2	Information Regarding Contribution, Godeck here ► X if the foundation only unsolicited requests for funds. If the foundation complete items 2a, b, c, and d. See instru	makes contributions to p dation makes gifts, grants	reselected charitab	le organizations an	d does not accorder other cor	cept aditions,	
а	The name, address, and telephone numb		e person to whom a	pplications should b	be addressed:		
b	The form in which applications should be	submitted and information	on and materials the	y should include:			
С	Any submission deadlines:						
d	Any restrictions or limitations on awards, factors:	such as by geographical	areas, charitable fie	elds, kinds of institu	tions, or other		

Form 990-PF (2018)

Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Recipient Purpose of grant or contribution Foundation show any relationship to any foundation manager or substantial contributor status of Amount recipient Name and address (home or business) a Paid during the year 3a Approved for future payment Total

	F (2018) ROXY BREMERTON				81-097739	1 Page 1
Part XVI						
Enter gross	amounts unless otherwise indicated.	Unrelated	business income	Excluded by sect	ion 512, 513, or 514	(e) Related or exempt
4.5		(a) Business	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
-	n service revenue:	code		-		
4						
_						Balt dark the street as a second
e						
f						
_	and contracts from government agencies					
	rship dues and assessments					
	on savings and temporary cash investments.	1				
	al income or (loss) from real estate:					
	-financed property		_			
	debt-financed property	-				
6 Net rent	al income or (loss) from personal property					
	vestment income					
	(loss) from sales of assets other than inventory					
	ome or (loss) from special events			01	21,391	21,391
	rofit or (loss) from sales of inventory					
b b	venue: a					
c						
d						
е						
	. Add columns (b), (d), and (e)				21,391	21,391
	Add line 12, columns (b), (d), and (e)				13	42,782
	neet in line 13 instructions to verify calculations.) -B Relationship of Activities to the	Accomplis	hmont of Ev	omnt Purnose	6	
FAILAVI	Explain below how each activity for which inc					9
Line No. ▼	accomplishment of the foundation's exempt p					
09	DINNER IN THEATRE TO RAISE FUN	DS FOR LI	GHT AND SOU	ND SYSTEMS		
	Parada May and Canada May and Canada May and Art and A		***************************************			
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						de commende e e e e e e e e e e e e e e e e e e
				A AMAD	***************************************	

Form 99	0-PF (2	2018) RC	XY BREMERTON					81-	-097739	91	Pa	ige 13
Part)	(VII			sfers to and Transacti	ons and Rela	ationships \	With Nor	ncha	ritable E	Exemp	t	
		Organization								1	1	
				age in any of the following			escribed				Yes	No
			an section 501(c)(3) organizations) or in section	on 527, relating	to political						
	ganizat											
			•	oncharitable exempt organ								V
										1a(1)		X
										1a(2)		X
		nsactions:								40.443		V
				pt organization						1b(1)		X
				e exempt organization .						1b(2)		X
				ssets						1b(3)		X
			•							1b(4)		X
		_		a final design and solution to						1b(5)		X
, ,			·	or fundraising solicitations						1b(6)		X
	-			other assets, or paid emplo	-					1c		^
		,		omplete the following sche			*					
		0		given by the reporting foun ent, show in column (d) th								
	1	Amount involved		icharitable exempt organizatio		escription of tran					naomo	nte
(a) Line II	(b) A	arrount myorved	(c) Name of non	ichamable exempt organizatio	(4) 54	escription or trai	isiers, trans	sacuon	S, and Sna	iniy aira	ngenie	ILS
	-											
	-											
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				And the state of t								
						,						
	-											
	-											
22 10	the four	ndation directly o	or indirectly affiliated	with, or related to, one or	more tay-even	nt organizatio	ne					-
		,	,	n 501(c)(3)) or in section 5		. 0				Yes	s X	No
		complete the follo		., 00 1 (0)(0)) 01 11 0001011 0							[2]	
		a) Name of organiz		(b) Type of organ	nization		(c) Des	cription	n of relation	nship		
		uj ramo o organi	Larens	(a) Type or organ	TILL CONTROL OF THE C		(0) 500	on paron				
										-		
Ī	Under pe	enalties of perjury. I de	eclare that I have examine	ed this return, including accompany	/ing schedules and s	statements, and to	the best of n	ny know	rledge and b	elief, it is t	true.	
Sign	correct.	and complete. Declar	ation of preparer (other tha	an taxpayer) is based on all informa	ation of which prepa	rer has any knowle	edge.					
T-1	COL	REEN HAYDOO	שר	05-14-2019	SECRE	PADV			May the IRS			
Here		ature of officer or trus		Date	Title	IAKI		-	See instruc			No
-	- 3	Print/Type preparer		Preparer's signature		Date		Check	if F	PTIN		
Paid		CLARKE WHI		CLARKE WHITNEY	CDA	08-08-20		self-em	L."	00447	592	
Prepa	rer	Firm's name		NEY, CPA, INC.	WE 22	po 00-20	Firm's EIN		project E	3011/	330	
							Phone no.	_				
Use C	лпу	Firm's address	BREMERTON W				FILME IIO.	360	-792-1	040		
EA		1	DECEMBER TOR W	20227				500		orm 99 6	0-PF	2018)
The St. Co.										O1111 00	w 1 1	

Form 990_OfOv (2018) ROXY BREMERTON List of Officers, Directors, Trustees, and Key Employees

(a) Name and title (b) Average hours per week devoted to position (Form W-2/1099-MISC) (if not paid, enter -0-) STEVE SEGO PRESIDEN 610 WARREN AVE, BREMERTON, WA 98337 1.00 0 0 0 0 0 0 0 0 0 0 0 0			(c) Reportable	(d) Health benefits.	
STEVE SEGO PRESIDEN 610 WARREN AVE, BREMERTON, WA 98337 1.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(a) Name and title		compensation (Form W-2/1099-MISC)	contributions to employee benefit plans, and	(e) Estimated amount of other compensation
BILL BROUGHTON DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 1.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	STEVE SEGO PRESIDEN				
610 WARREN AVE, BREMERTON, WA 98337 1.00 0 0 0 COREEN HAYDOCK SECRETAR 610 WARREN AVE, BREMERTON, WA 98337 1.00 0 0 0 DAPHNE LARSON DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 MARIE JONHSON DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 WENDLY DREANEY DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 CLARKE WHITNEY DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 BLAKE YARBOROUGH DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 WILL CLEMMER DIRECTOR	610 WARREN AVE, BREMERTON, WA 98337	1.00	0	0	0
COREEN HAYDOCK SECRETAR 610 WARREN AVE, BREMERTON, WA 98337 1.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	BILL BROUGHTON DIRECTOR				
610 WARREN AVE, BREMERTON, WA 98337 1.00 0 0 0 DAPHNE LARSON DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 MARIE JONHSON DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 WENDY DREANEY DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 CLARKE WHITNEY DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 BLAKE YARBOROUGH DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 WILL CLEMMER DIRECTOR	610 WARREN AVE, BREMERTON, WA 98337	1.00	0	0	0
DAPHNE LARSON DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 MARIE JONHSON DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 WENDY DREANEY DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 CLARKE WHITNEY DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 BLAKE YARBOROUGH DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 WILL CLEMMER DIRECTOR	COREEN HAYDOCK SECRETAR				
610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 MARIE JONHSON DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 WENDY DREANEY DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 CLARKE WHITNEY DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 0 BLAKE YARBOROUGH DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 0 WILL CLEMMER DIRECTOR	610 WARREN AVE, BREMERTON, WA 98337	1.00	0	0	0
MARIE JONHSON DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 DAPHNE LARSON DIRECTOR					
MARIE JONHSON DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 610 WARREN AVE, BREMERTON, WA 98337	0.00	0	0	0	
WENDY DREANEY DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 CLARKE WHITNEY DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 BLAKE YARBOROUGH DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 WILL CLEMMER DIRECTOR	MARIE JONHSON DIRECTOR				
WENDY DREANEY DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 CLARKE WHITNEY DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 BLAKE YARBOROUGH DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 WILL CLEMMER DIRECTOR	610 WARREN AVE, BREMERTON, WA 98337	0.00	0	0	0
610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 CLARKE WHITNEY DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 BLAKE YARBOROUGH DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 WILL CLEMMER DIRECTOR					
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610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 BLAKE YARBOROUGH DIRECTOR 610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 0 WILL CLEMMER DIRECTOR					
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610 WARREN AVE, BREMERTON, WA 98337 0.00 0 0 WILL CLEMMER DIRECTOR			-		
WILL CLEMMER DIRECTOR		0.00	0	0	0
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	Proposition of the Control of the Co				



December 16, 2019

Insurance Policy **Enclosed**

Mark Maberry Kuresman Insurance, LLC 9321 Bay Shore Dr., NW, Suite 111 Silverdale, WA 98383

Subject:

Directors & Officers Insurance

Policy Number: NFP0133604-01

Insurance Carrier: Arch Insurance Group Policy Period: 02/25/2020 to 02/25/2021

Your Client: Roxy Bremerton dba The Roxy Bremerton Foundation

P. O. Box 1218

Bremerton, WA 98337

The information below is in reference to the above stated client.

Dear Mark:

Your client's new insurance policy is enclosed. We have also enclosed our invoice.

This policy qualifies for automatic renewal because no claims or material changes to the risk have been reported during the expiring policy period. If there have been any claims or material changes to the insurable risk during the past year this renewal offer is void ab initio and you must contact our office to review available renewal terms.

The renewal policy enclosed may contain an increase in premium as well as other changes in terms and conditions. The premium is indicated on the renewal policy declarations page. This will serve as your only notice of any such changes.

Please remit payment in full, including a \$35 policy administrative charge, no later than the date provided on the invoice. Untimely payment may result in cancellation pursuant to the terms and conditions of the policy.

Please review and verify the information included. If any changes need to be made, please contact us as prior to the inception of the Policy Period.

If you have any questions, or would like additional information, please feel free to call us at 800-432-7465 Monday through Friday from 8:00 a.m. to 5:00 p.m. Eastern Standard Time. You may also contact us at info@affinitynonprofits.com.

Thank you for your business. We look forward to serving you.

Sincerely

Jason Tharpe Vice President

The individual servicing this account will be: Kendra Walker

Phone Number: 202-429-8521 Fax Number: 847-953-2652

Email: kendra.walker@affinitynonprofits.com

Enclosures

aeweb T56

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U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully**.

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – http://www.treas.gov/ofac.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

TERRORISM COVERAGE DISCLOSURE NOTICE

TERRORISM COVERAGE PROVIDED UNDER THIS POLICY

The Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015 (collectively referred to as the "Act") established a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. An act of terrorism is defined as any act certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

In accordance with the Act, we are required to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program as an act of terrorism. The policy's other provisions will still apply to such an act. Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and not pay the premium? You may accept or reject this offer.

If your policy provides commercial property coverage, in certain states, statutes or regulations may require coverage for fire following an act of terrorism. In those states, if terrorism results in fire, we will pay for the loss or damage caused by that fire, subject to all applicable policy provisions including the Limit of Insurance on the affected property. Such coverage for fire applies only to direct loss or damage by fire to Covered Property. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements that apply to those coverage forms, or to Legal Liability coverage forms or Leasehold Interest coverage forms.

Your premium will include the additional premium for terrorism as stated in the section of this Notice titled DISCLOSURE OF PREMIUM.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% in 2015, 84% in 2016, 83% in 2017, 82% in 2018, 81% in 2019, and 80% in 2020 of that portion of the amount of such insured losses that exceeds the applicable insurer deductible during Calendar Year 2015 and each Calendar Year thereafter through 2020.

DISCLOSURE OF CAP ON ANNUAL LIABILITY

If the aggregate insured terrorism losses of all insurers exceed \$100,000,000,000 during any Calendar Year provided in the Act, the Secretary of the Treasury shall not make any payments for any portion of the amount of such losses that exceed \$100,000,000,000, and if we have met our insurer deductible, we shall not be liable for the payment of any portion of such losses that exceeds \$100,000,000,000.

DISCLOSURE OF PREMIUM

Your premium for terrorism coverage is: \$0 (This charge/amount is applied to obtain the final premium.)

You may choose to reject the offer by signing the statement below and returning it to us. Your policy will be changed to exclude the described coverage. If you chose to accept this offer, this form does not have to be returned.

REJECTION STATEMENT

I hereby decline to purchase coverage for certified of certain terrorism losses will be made part of this	
	Roxy Bremerton dba The Roxy Bremerton Foundation
Policyholder/Legal Representative/Applicant's Signature	Named Insured
	Arch Insurance Company (AIC)
Print Name of Policyholder/Legal Representative/Applicant	Insurance Company
Date:	Policy Number: NFP0133604-01

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Employment Solutions

Arch Insurance Group is pleased to offer a comprehensive risk management service to help manage your workforce proactively and reduce your exposure to employment claims. Arch Insurance Group has developed this program in conjunction with Littler Mendelson, P.C. Littler is the largest employment and labor law firm in the world with more than 1,500 attorneys in over 75 offices. This comprehensive program includes:

Online Resources via Littler Edge® Website

Littler Edge is an online tool designed to help you with your employment and labor law compliance efforts. The site provides access to the best of Littler's collective knowledge and experience, all in one location at:

www.ArchEmploymentSolutions.com

To register, select 'Request an Account' and follow instructions. Please have your Policy Number and Effective Date available.

The site includes:

- Key workplace legal developments, news, and updates;
- A comprehensive database of HR Policies, including template documents and checklists on hiring, performance management, anti-discrimination, sexual harassment, overtime, employee handbooks and other topics;
- A full catalog of federal and state legal forms and guides;
- In-depth coverage of the most pressing compliance issues facing employers today;
- · Littler GPS 50-state surveys; and
- Fastcase legal research service the leading next-generation legal research website.

While on the website, you may also learn about and register for upcoming Littler webinars, podcasts, training programs and in-person seminars.

Hotline Services Provided by Littler

Littler provides a confidential call-in "Hotline" for Arch Insurance Group insureds to ask questions about workplace concerns and to obtain guidance from an experienced employment attorney at the nation's largest employment law firm. To access the hotline, dial the toll-free number at 1-833-437-5216 and provide the name of your company, the Arch policy number and your contact information. An attorney at Littler will promptly call to assist you regarding HR or employment law questions, such as handling a termination, discipline or harassment issue.





Cyber attacks and their associated costs are on the rise, and nonprofits are increasingly the target. Compromised personal data, system outages and ransom demands can cripple an organization's ability to function. Affinity Nonprofits and Arch Insurance Company have partnered to bring you a Cyber Insurance Policy, NetsSafe, to address the new exposures that spawn from an increasingly technology dependent society. Two levels of protection are available with premiums starting as low as \$335. As a Directors and Officers Insurance policyholder you know how important it is to protect your organization's assets. We encourage you to consider this additional protection.

BASIC FORM: Network Security and Privacy Liability plus Data Incident Response

Arch has partnered with some of the world's most well-regarded experts in the field of cyber security to provide risk management and breach response services. In the event of a covered claim, coverage includes expert legal counsel, computer forensic investigatory services, notification and credit monitoring costs, identity theft call center services, and the costs to restore or recreate electronic data that was damaged or destroyed.

ENHANCED FORM: also Includes Cyber Business Interruption & Cyber Extortion

An enhanced Form is also available for an extra cost. This form provides two coverages not provided in the basic form: Business interruption and Extortion. Business interruption coverage pays for the reasonable costs that would not have been incurred but for the breach, plus net income incurred after the breach that could have been earned or net loss that could have been avoided. The Extortion coverage pays the extortion/ransom payment to terminate or end a potential cyber security or privacy threat along with investigation services to determine the cause of the threat.

How to Bind a Cyber Insurance Policy for Your Nonprofit – No application needed!

Choose Either the "Basic Form" or "Enhanced Form" — Then in applicable chart below: Select Your Desired Limit, write-in the desired premium below, sign & return the form to: DNOCUSTOMERSERVICE@AFFINITYNONPROFITS.COM to receive your new Cyber policy & invoice.

Quotation provided for: Roxy Bremerton dba The Roxy Bremerton Foundation

Annual Policy Limit	Deductible (Each Claim)	Basic Form Premium	Enhanced Form Premium
\$50,000	\$1,000	\$335	\$537
\$100,000	\$1,000	\$380	\$608
\$250,000	\$2,500	\$460	\$736
\$500,000	\$5,000	\$615	\$984
\$1,000,000	\$10,000	\$850	\$1,360
Write in the Premium app Policy Limit and Fo	olicable to the Annual orm you wish to Bind:	\$ 	

Coverage effective date will equal the D&O Insurance Policy effective date of 02/25/2020. Please contact us if you desire a different effective date. Payment is due within 30 days of binding.

With my signature below, I confirm the order of the Cyber policy at the limit above for Roxy Bremerton dba The Roxy Bremerton Foundation.

Please send me the policy and invoice.

Contact Name:

Contact Signature:

Date:

Administered by:

Affinity Nonprofits

Contact Signature:

Underwritten by:

Arch Insurance

THIS DOCUMENT PROVIDES SUMMARY INFORMATION ONLY. INSURANCE COVERAGE IS SUBJECT TO SPECIFIC TERMS, LIMITATIONS AND EXCLUSIONS, AND MAY NOT BE AVAILABLE IN ALL STATES.

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Directors' and Officers' (D&O) Liability Insurance Program

Provided Exclusively by Affinity Nonprofits and Arch Insurance Company

Endorsed by the Council on Foundations (COF)

Cyber Liability Coverage Extension: Reimburses expenses resulting from network security breaches. Includes up to \$100,000 for notification and monitoring costs, as well as public relations firm to aid in image restoration.

Duty-to-Defend Coverage: Arch will assign experienced defense counsel for covered claims, even if allegations are groundless, false, or fraudulent.

Broad Definition of Insured: Includes the Foundation and any director, officer, trustee, committee member, employee or volunteer. Employee definition includes part-time, seasonal, temporary, and leased employees.

Employment Practices Liability Coverage: Protects against employee related allegations of discrimination, wrongful termination and sexual harassment, as well as failure to hire or promote.

Third Party Coverage: Protects against third party allegations of discrimination and sexual harassment.

Expanded Claim Trigger: Broadened wording to include Insureds once identified in a Wells Notice, subpoena or target letter as a target against whom a formal proceeding may be commenced.

Defense Costs Outside the Limit of Liability Options: Amount of limits varies by insured. Uncapped defense costs may be available. Helps to preserve policy limit for indemnity payments.

Personal Injury & Publishers Liability Coverage: Protects against allegations of libel, slander and copyright or trademark infringement. Broadened wording includes coverage for electronic media.

Fair Labor Standards Act (FLSA) Sublimit: Provides a defense cost sublimit for Wage and Hour claims. Insureds outside of California, with under 15 employees, are eligible for limits as high as \$500,000.

First Party Coverage Enhancements: See our separate highlight sheet on the Arch Strength Endorsement to learn more about over a dozen additional first party coverage features. 10% Premium Credit: We are pleased to offer both COF members and Regional Association of Grantmakers members a 10% premium credit for directors' and officers' liability insurance.

IRS Fines and Penalties Coverage: Defense costs coverage provided for alleged violations of IRS tax code provisions. This feature protects the Foundation against allegations of self-dealing, jeopardizing investments and taxable expenditures.

Breach of Contract Coverage (Defense Costs): Provides defense for allegations of non-employment related breach of contract.

IMPROVED Free Fiduciary Liability Coverage Sublimit: Provides a \$250,000 sublimit defense AND settlement for allegations of mismanagement of employee benefit plans. This includes \$100,000 in Settlement Program Coverage and \$25,000 in HIPAA.

Fundraising Fraud Coverage: Provides a \$250,000 sublimit for public relations and related costs should the Foundation learn that a third party has improperly used the Foundation's name to solicit funds.

Excess Benefit Transaction Excise Tax: Provides coverage for defense costs as well as up to \$250,000 in penalties pertaining to IRS section 4958, 4941(a)(2), 4965(a)(2), 4966(a)(2) and 4967(a)(2), for both Public and Private Foundations.

Fiscal Sponsor Activities Coverage: Provides protection for the Foundation and its employees acting in a fiscal sponsorship capacity for other nonprofits.

Optional Coverage Parts:

- Fiduciary Liability Protects against allegations of mismanagement of employee benefit plans.
- Crime Coverage Reimburses loss caused by theft, robbery, forgery or alteration, computer fraud, and currency fraud.
- Kidnap & Ransom Reimburses loss caused by kidnapping and extortion type incidents, including ransom payments, defense costs for negligent mishandling of incidents, and response costs to incidents (i.e., security consultant, public relations, negotiator, etc.)

Arch Insurance Company is rated A+ (Superior), XV (\$2 billion or more in capital and surplus and conditional reserves) by A.M. Best Co.

Contact us or have your agent call 1.800.432.7465 or email us at info@affinitynonprofits.com

Endorsed by:



Underwritten by:



Administered by:



2001 K Street, NW, Suite 625 North • Washington, DC 20006 • www.affinitynonprofits.com • 800.432.7465 • info@affinitynonprofits.com

Insurance coverage is underwritten by one or more member companies of Arch Insurance Group in North America, which consists of (1) Arch Insurance Company (a Missouri corporation, NAIC # 11150) with admitted assets of \$3.74 billion, total liabilities of \$2.87 billion and surplus to policyholders of \$275.38 million, (2) Arch Specialty Insurance Company (a Missouri corporation, NAIC #1199) with admitted assets of \$512.72 million, total liabilities of \$215.26 million and surplus to policyholders of \$297.45 million, (3) Arch Excess & Surplus Insurance Company (a Missouri corporation, NAIC # 10946) with admitted assets of \$66.25 million, total liabilities of \$612,846 and surplus to policyholders of \$65.64 million and (4) Arch Indemnity Insurance Company (a Missouri corporation, NAIC# 30830) with admitted assets of \$76.19 million, total liabilities of \$48.43 million and surplus to policyholders of \$27.76 million. All figures are as shown in each entity's respective Quarterly Statement for the quarter ended September 30, 2016. Executive offices are located at One Liberty Plaza, New York, NY 10006. Not all insurance coverages or products are available in all jurisdictions. Coverage is subject to actual policy language. This information is intended for use by licensed intervance producers. The information contained in this document is for general information only. It is intended to provide a general overview of the services and products offered. Only the relevant policy can provide the actual terms, coverages, amounts, conditions and exclusions. All coverages are not available in all states. This document is not intended to be advertising or solicitation in states where the local regulations prohibit such usage.

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Arch Strength Endorsement

Directors' & Officers' Liability Insurance

Affinity Nonprofits has been providing insurance to the nonprofit community for over 35 years. Together with Arch Insurance Company, rated A+ (Superior) by A.M. Best Company, we are dedicated to providing comprehensive, affordable solutions to the nonprofit organizations that are the cornerstone of our communities.

In keeping with that mission, we are excited to introduce the Arch Strength Endorsement to our Directors' & Officers' Liability Insurance policy crafted for nonprofit organizations. The first party coverage items available under the Strength Endorsement combine with the broad coverage available under the Arch D&O to form one of the most robust policy offerings available in the market today.

Arch Strength Endorsement	> Limit	Description
Business Travel Accident	\$50,000	Reimbursement of travel accident costs if the insured person suffers injury while traveling on insured business.
Conference Cancellation	\$25,000	Reimbursement of business related expenses when an employee is scheduled to attend a conference that is cancelled due to a natural catastrophe or communicable disease outbreak.
Destroyed Records	\$25,000	Reimbursement of expenses required to reconstruct paper or electronic business records which are lost during a natural catastrophe or terrorism related event.
Death Benefit	\$50,000	Payment to the insured for terrorism related death of an executive.
Donation Failure	\$50,000	Reimbursement for any donation pledged by and not received due to bankruptcy, unemployment or incapacitation of the donor which prevents them from honoring the pledge.
Emergency Real Estate Fees	\$50,000	Reimbursement for real estate consulting fees resulting from the relocation of the insured's office due to the unforeseeable destruction of the office.
Immigration	\$25,000	Reimbursement of civil fines or penalties incurred for non-willful violations of the U.S. Immigration and Nationality Act.
Fundraising Event Power Outage	\$25,000	Reimbursement of costs incurred when a fundraising event is cancelled due to a power outage.
Identity Theft	\$50,000	Reimbursement of notarization costs and loan application fees required by financial institutions, as well as mailing costs to law enforcement or credit agencies, due to an act of identity theft.
Executive Replacement	\$50,000	Reimbursement of costs associated with finding a replacement if an executive suffers an accidental injury that results in their death.
Kidnapping	\$50,000	Reimbursement of response costs if an executive, their spouse, domestic partner, parent or child is kidnapped.
Repatriation	\$10,000 per employee / \$50,000 aggregate	Reimbursement of travel expenses, lodging and compensation of an employee from a country they reside in to the nearest place of safety or to a country in which the insured person is a legal resident.
Temporary Meeting Space	\$25,000	Reimbursement for the costs of renting meeting space due to the temporary unavailability of the insured's office due to terrorism, natural catastrophe, or failure of a climate control system.
Terrorism Travel	\$50,000	Reimbursement of an executive's hotel and travel costs if stranded due to a terrorism related event.
Trip Cancellation	\$2,500	Reimbursement of meals, lodging and alternate transportation costs resulting from the cancellation of a regularly scheduled business trip.

Call us or have your agent call 1.800.432.7465 or email us at info@affinitynonprofits.com





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Home Office Address: 3100 Broadway, Suite 511 Kansas City, MO 64111 Administrative Address: One Liberty Plaza, 53rd Floor New York, NY 10006 Tel: (800) 817-3252

ARCH CANOPY POLICY FOR NONPROFIT ORGANIZATIONSSM

NOTICE: THE LIABILITY COVERAGE PARTS OF THIS POLICY PROVIDE CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE PROVIDED, SUCH COVERAGE APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD AND REPORTED TO THE INSURER NO LATER THAN 60 DAYS AFTER THE END OF THE POLICY PERIOD. EACH APPLICABLE LIMIT OF LIABILITY SHALL BE REDUCED, AND MAY BE EXHAUSTED, BY DEFENSE COSTS PAYMENTS. IF ANY LIMIT OF LIABILITY IS EXHAUSTED, THE INSURER SHALL HAVE NO FURTHER LIABILITY FOR THE COVERAGE TO WHICH SUCH LIMIT APPLIES, INCLUDING LIABILITY FOR DEFENSE COSTS. ALL LOSS PAYMENTS, INCLUDING DEFENSE COSTS PAYMENTS, SHALL APPLY TO THE DEDUCTIBLE.

NOTICE: A DEFINITION OF CLAIM IS OUTLINED IN EACH COVERAGE PART AND IS CRITICAL TO COVERAGE AFFORDED. PLEASE READ THIS POLICY CAREFULLY.

	DECLARATIONS	
Policy N	No.: NFP0133604-01	
Item 1.	Named Organization & Address: Roxy Bremerton dba The Roxy Bremerton Foundation P. O. Box 1218 Bremerton, WA 98337	
Item 2.	Policy Period: From: 02/25/2020 To: 02/25/2021 12:01 a.m. local time at the address stated in Item 1	
Item 3.	Policy Premium: Taxes, Surcharges and other Assessments, if applicable	\$710.00
	Premium Attributable to Terrorism Risk Insurance: Included in Policy Premium In Addition to Policy Premium	\$0
Item 4.	Extended Reporting Period (Liability Coverage Parts only): Additional Period: 1 year Additional Premium: 50% of annual premium	

Item 5. Notices to Insurer:

Claims or Potential Claims:

Arch Insurance Company
Executive Assurance Claims
10909 Mill Valley Road, Suite 210
P.O. Box 542033
Omaha, NE 68154
Phone: 877 688-ARCH (2724)
Fax: 866 266-3630

E-mail: Claims@ArchInsurance.com

All Other Notices:

Affinity Nonprofits Program Administrator 2001 K Street, NW, Suite 625 North Washington, DC 20006 Phone: 800-432-7465

Fax: 800-701-1982 Email: info@affinitynonprofits.com

Item 6. Coverage Elections:

Only those Coverage Parts, Insuring Agreements, and Options designated with an X are included under this policy.

Liability Coverage Parts Aggregate Limit of Liability Option:	N/A - Separate Limits
X Defense Costs Outside the Aggregate Limit of Liability Option:	Unlimited

Limit of Liability: \$1,000,000					
Insuring Agreement	Sublimit of Liability	Deductible Each Claim	Pending and Prior Litigation Date		
A. Insured Person Liability	\$1,000,000	None	02/25/2019		
B. Organization Reimbursement	\$1,000,000	\$1,000	02/25/2019		
C. Organization Liability	\$1,000,000	\$1,000	02/25/2019		
D. Derivative Demands	\$250,000	None	02/25/2019		
E. Crisis Management Costs for a Network Security Breach or Privacy Violation	\$250,000	None	02/25/2019		

Extension	Sublimit of Liability		
Excess Benefit Transaction Excise Tax	\$250,000		
X Defense Costs Outside the Limit of Liability Option	Unlimited		

Limit of Liability: \$1,000,000			
Insuring Agreement	Sublimit of Liability	Deductible Each Claim	Pending and Prior Litigation Date
A. Employment Practices Liability	\$1,000,000	\$1,000	02/25/2019
B. Third Party Liability	\$1,000,000	\$1,000	02/25/2019
Defense Costs Outside the Lir Liability Option	mit of	Unlimited	
X Fiduciary Liability Coverage P	art:		
Limit of Liability	Deductible Each Claim	Pending and Prior Litigation Date	
\$250,000	\$0	02/25/2019	
Crime Coverage Part:			
Crime Coverage Part: Insuring Agreement	Limit of Liability	Deductible	Options
		Deductible	
Insuring Agreement		Deductible	
Insuring Agreement A. Employee Theft		Deductible	Loss Sustained or Loss Discovered (If neither box above is
Insuring Agreement A. Employee Theft B. Customer Property		Deductible	Loss Sustained or Loss Discovered (If neither box above is designated with an X this Policy shall be
Insuring Agreement A. Employee Theft B. Customer Property C. Inside the Premises		Deductible	Loss Sustained or Loss Discovered (If neither box above is designated with an X this Policy shall be
Insuring Agreement A. Employee Theft B. Customer Property C. Inside the Premises D. Outside the Premises		Deductible	Loss Sustained or Loss Discovered (If neither box above is designated with an X this Policy shall be issued on a Loss

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Insuring Agreement	Limit of Liability	Deductible	Options		
A. Kidnap, Ransom & Extortion			F. Repatriation Costs		
B. Custody			Coverage – Limit of Liability: Deductible:		
C. Claims Costs					
D. Response Costs 1. R&R Sublimit			G. Recall Costs		
E. Personal Injury Benefits 1. Death: 2. Mutilation:			Coverage – Limit of Liability:		
Other Injury:			Deductible:		

Security Consultant:

Control Risks Group

United States: 1-800-831-1985 Global: +44 20 7939 8900

Item 7. Endorsements: See attached schedule of endorsements and notices.



Signature Page

IN WITNESS WHEREOF, Arch Insurance Company has caused this policy to be executed and attested.

John Mentz President Patrick K. Nails Secretary