

CITY OF BAINBRIDGE ISLAND
2017 – 2018 HUMAN SERVICES FUNDING PROGRAM PROPOSAL

COVER LETTER

1. Organization Name: Helpline House
2. Contact Person: Myra Howrey Phone: 206-842-7624
3. Email Address: office@helplinehouse.org
4. Physical Address: 282 Knechtel Way NE Bainbridge Island WA 98110
5. Mailing Address: Same as mailing address
6. Are you a 501(c)(3) nonprofit? Yes No
7. Organization EIN: 91-0902503
8. Request for 2017-2018 (two-year term):
 - A. Amount of City Funding Requested: 2017: \$ 41,000 2018: \$ 43,000
 - B. Organization budget \$ 723,179 for fiscal year ended: 2016
 - C. Type: Program Support General Operating Support (not specific to any one program or targeted service) Capital (appreciable asset)
 - D. For Program Support Requests, name of Program: Helpline House – Food for the Food Bank
 - E. Brief Description of Request: To support.....

We are requesting funding for the purchase of nutritious food for our community members.

9. Please attach each of the items below as separate PDF documents:
 - This funding application (cover page, proposal, and program budget for program support requests)
 - Current Board of Directors names, addresses, phone & email information
 - Organization Financial Statements (Balance Sheet & Income Statement)- most recent
 - 2016 Budget & 2017 Draft Budget
10. Please include one copy of:
 - Most Recently Filed Form 990 x Helpline Volunteer Newsletter
11. For capital requests, please provide a detailed capital budget, in addition to relevant renderings, cost estimates, timeline, etc.
12. Authorized Signature: Joanne Tews Date: 10/25/16
13. Print Name Joanne Tews

NARRATIVE INFORMATION
2016 HUMAN SERVICES FUNDING PROGRAM PROPOSAL

HELPLINE HOUSE

I. STATEMENT OF PURPOSE

Helpline's Food Bank seeks to alleviate hunger for families on Bainbridge Island and those households who work on Bainbridge Island, or whose children attend school on Bainbridge Island and cannot routinely access area food banks. This program fulfills the Human Service Element of the 2016 Comprehensive Plan, *Policy HS 2.1: Support programs that meet the basic needs of survival such as food, clothing, shelter and access to emergency health care.*

We are a SUPPLEMENTAL food resource; that is, we augment community members' own resources which can fluctuate with the local economy and a change in personal circumstances. Short term supplemental food provides an immediate 'fix' to an immediate problem. Long term, we work to connect households to more permanent solutions to issues that may prevent them from being independent. While food assistance is not listed as one of the top five human service needs listed in the Community Needs Assessment Report (September 19, 2016), it does come in right below mental health care as important to the community, (page 58). In a typical week we serve 200 to 220 households.

II. PROGRAM SUMMARY

1. These funds will purchase nutritious foods for the Helpline House food bank.
2. Recipients of this service are a spectrum of this island: singles, families, children, seniors, disabled, employed, unemployed, mentally ill, artists, business owners, etc. In a typical week we serve 200 to 220 households. These households consist of individuals and families, of which 25% are children to age 18, 42% are adults age 19 – 54 and 33% are seniors age 55 and over. This program can act as a gateway for additional onsite social services including help navigating the murky business of Medicare.
3. Recipients access the food bank by coming to our agency and requesting assistance. Proof of island residency is required, but service will be provided temporarily until such proof of residence is confirmed. Some clients will have a verified 'shopper' designated for their shopping experience if they are unable to shop for themselves. Emergency food bags are provided for anyone who walks in the door, whether they live here or not. We have also prepared "kitchenless" bags of ready-to-eat foods that can be distributed by the Bainbridge Island Police Department for transients. Exceptions to island residency requirement are given to people who work on the island or whose children attend school here; the food bank managers assess each situation.
4. There is no way to determine who could be eligible for food at our food bank, since we do not screen for income, only for residency. All residents of Bainbridge Island and those who either work on the island or have children in school on the island are eligible. Since services are accessed by a self-stated need, we can only surmise we are serving 100% of those who choose to be served by the foodbank.
5. Of those served through the food bank, 95% are Bainbridge Island residents.
6. This program fulfills the Human Service Element of the 2016 Comprehensive Plan, *Policy HS 2.1: Support programs that meet the basic needs of survival such as food, clothing, shelter and access to emergency health care.* Nutritious foods enhance the health and well-being of the individual

and their relationship to their community. Our services are provided on an emergency, temporary or on-going basis, depending on the circumstances.

7. Food security, either temporary or ongoing, allows families to better cope with other stressors that may be impacting their ability to be independent, functioning community members. Access to nutritious food increases their chances for improved health, their children's improved health, and the ability to focus on additional family goals. Clients who use food services are screened for and referred to housing and other human services on Bainbridge Island.

III. ORGANIZATIONAL STRENGTH

Helpline House has been in existence since 1968, delivering services and a variety of programs to the residents of Bainbridge Island and North Kitsap. In addition, in an open response question in the Community Needs Assessment where respondents were prompted to write in what they thought was working well in the Bainbridge Island human services system, by far the most common response was "Helpline House" (page 65). We generate several local and internal reports that provide us with information on how much food is being donated, inventoried and distributed and the number of individuals and families we serve on a weekly basis.

We have invested in building relationships with other community agencies that leverage resources for participants. Some of the agencies we work with are: Kitsap Community Resources – Energy Assistance (onsite), Kitsap Legal Services, Kitsap Mental Health (onsite), Bremerton Housing Authority, Housing Solutions (onsite), St. Vincent de Paul, Department of Social and Health Services, Social Security, YWCA A.L.I.V.E Program, Harrison Hospital, Bainbridge Municipal Court, Food Lifeline, NW Harvest, Town & Country Market and Safeway for grocery rescue, North Kitsap Fishline, Bremerton Foodline, Island faith communities, Island Volunteer Caregivers, Housing Resources Bainbridge, Boys and Girls Club, Starbucks, other local businesses and organizations, and the Kitsap County Foodbank Coalition.

The Executive Director has managed Helpline and its programs since 1999. We have a solid reputation for meeting deadlines, accurate accounting of funds and realistic budgets. The Food Bank managers have many years of experience in the operations of the food bank and the business manager handles all fiscal/contractual activities. We currently have more than 80 volunteers who receive initial training and weekly ongoing support and encouragement by the volunteer supervisory staff. As a team we are all responsible for any deliverables we commit to.

"There are outstanding providers on the Island. Helpline House is an anchor and provides many services. They are a great partner." Key Informant comment (Page 30 of the Community Needs Assessment)

IV. Human Services funding Program Budget: 2017-2018

Food Bank Program

Year 1				
Area	Applicant Program Budget Allocation Year 1	COBI HSF REQUEST Year 1	Total Year 1	OTHER SOURCES
Staff salaries/Benefits	\$ 119,720		\$ 119,720	Helpline House
Space/Facilities	\$ 8,500		\$ 8,500	Helpline House
Food and Food Transportation/Storage/Equipment maintenance	\$ 19,000	\$ 41,000	\$ 60,000	Emergency Food Assistance Program for food and Helpline for Transp, storage, equip maint.
Travel/Training	\$ 500		\$ 500	Helpline House
Insurance	\$ 2,460		\$ 2,460	Helpline House
Operating Expenses	\$ 11,972		\$ 11,972	Helpline House
Other - In kind	\$ 734,280		\$ 734,280	Value of Donated food/volunteer hours
Total	\$ 896,432	\$ 41,000	\$ 937,432	

Year 2				
Area	Applicant Program Budget Allocation Year 2	COBI HSF REQUEST Year 2	Total Year 2	OTHER SOURCES
Staff salaries/Benefits	\$ 122,114		\$ 122,114	Helpline
Space/Facilities	\$ 8,670		\$ 8,670	Helpline
Food and Food Transportation/Storage/Equipment maintenance	\$ 20,000	\$ 43,000	\$ 63,000	Emergency Food Assistance Program for food and Helpline for Transp, storage, equip maint.
Travel/Training	\$ 500		\$ 500	Helpline
Insurance	\$ 2,509		\$ 2,509	Helpline
Operating Expenses	\$ 12,211		\$ 12,211	Helpline
Other - In kind	\$ 734,280		\$ 734,280	Value of Donated food/volunteer hours
Total	\$ 900,285	\$ 43,000	\$ 943,285	

1. Total Helpline estimated budget for 2017: \$722,813.
2. This request is 6% of the total agency budget.
3. In the past, we funded this expense through private donations, business/organization donations, and faith group donations.
4. Sources of funding would include our contract with the Emergency Food Assistance Program (EFAP) in the amount of \$6,939 and Helpline House private donations.
5. If we do not receive these funds, we may have to reduce the hours that our food bank is open as well as the selection of food that is available.

V. Output and Outcomes

Program Activities or Services	Annual Goal: Unduplicated BI residents (outputs)	Outcome of receiving this funding (Outcome 1)	Outcome of receiving this funding (Outcome 2)	Outcome of receiving this funding (Outcome 3)	Outcome of receiving this funding (Outcome 4)
Purchase and distribution of food.	Year 1 Approximately 2,294 residents served in the food bank	Year 1 2,294 individuals will receive food assistance	Year 1 Better nutrition will help individuals cope with life stressors	Year 1 Better nutrition will help individuals focus on family/individual goals of better health and independence	Year 1 Food Bank staff collects a count of consumers weekly
Purchase and distribution of food.	Year 2 Approximately 2,294 residents served in the food bank	Year 2 2,294 individuals will receive food assistance	Year 2 Better nutrition will help individuals cope with life stressors	Year 2 Better nutrition will help individuals focus on family/individual goals of better health and independence	Year 2 Food Bank staff collects a count of consumers weekly

VI. PROGRAM EVALUATION

Helpline House has a Program Committee which meets regularly to assess the progress and effectiveness of all our programs, and we recently finished a review of the Food Bank Program. As part of a program review, we conduct customer satisfaction surveys which help us respond to client needs and help with planning for new services. The Executive Director also constantly monitors the need for and efficiency of programs as part of a commitment to quality service provision and good stewardship of resources.

These are some consumer comments from the last satisfaction survey that 211 customers completed:

- “They cannot be more polite and helpful.”
- “Attitudes of everyone makes coming here an enjoyable trip.”
- “The best”
- “I love you guys.”

Helpline House

Board of Directors

Helpline House

Current Board Members - 2016

Paulette Peterson	President	282 Knechtel Way NE	Bainbridge Is WA 98110	206-842-7621	office@helplinehouse.org
Leigh Barreca	Vice-President	282 Knechtel Way NE	Bainbridge Is WA 98110	206-842-7621	office@helplinehouse.org
Laurie Stumme-Diers	Secretary	282 Knechtel Way NE	Bainbridge Is WA 98110	206-842-7621	office@helplinehouse.org
Bill Reddy	Treasurer	282 Knechtel Way NE	Bainbridge Is WA 98110	206-842-7621	office@helplinehouse.org
Kirsten Hytopoulos	Director	282 Knechtel Way NE	Bainbridge Is WA 98110	206-842-7621	office@helplinehouse.org
Bob Scales	Director	282 Knechtel Way NE	Bainbridge Is WA 98110	206-842-7621	office@helplinehouse.org
Mike Dorsey	Director	282 Knechtel Way NE	Bainbridge Is WA 98110	206-842-7621	office@helplinehouse.org
Rosemary Shaw	Director	282 Knechtel Way NE	Bainbridge Is WA 98110	206-842-7621	office@helplinehouse.org

Helpline House

Current Financial

Statement

Helpline House Operating Accounts

Balance Sheet
As of 09/30/2016

1

2016
ACTUALS

Assets

Current Assets

Cash in Banks		
Columbia Bank - Checking	\$	58,500
Columbia Bank - Oper. Reserve		2,514
Columbia Bank - Payroll		4,171
Columbia Bank - EDD		3,859
Columbia Bank - Cap. Fund Res.		11,465

Total Operational Cash	\$	80,509

Other Current Assets

501 (C) AGENCIES TRUST		19,006
Trading Account - Schwab		287,503

Total Current Assets	\$	387,018

Long Term Assets

Helpline House Endowment		1,722,501

Fixed Assets

Land and Building-282 Knechtel		2,227,506
Accumulated Depreciation		(219,618)

Total Assets	\$	4,117,407
		=====

Liabilities

Current Liabilities

Payroll Taxes Payable		470
Flex Ben-Dep.Care/PXDCA EE PRE		385
Flexible benefits - 403B/ROTH		(1)
Flex.Ben-Hlth Ins PXCMP EE PRE		7
Flex.Ben-FlexMed to PXUME EE		756

Total Liabilities	\$	1,617

Helpline Endowment Fund		1,748,719

General Fund Equity		2,447,928
Current Year Excess (Deficit)	\$	(80,857)

Total Equity	\$	4,115,790

Total Liabilities and Equity	\$	4,117,407
		=====

HELPLINE HOUSE OPERATING ACCOUNTS

Operating Statement

Period: 09/01/2016 to 09/30/2016



	2016 CURRENT PERIOD ACTUALS Amount	2016 YEAR-TO-DATE ACTUALS Amount	2016 CURRENT PERIOD BUDGETS Budget:R Amount	2016 YEAR-TO-DATE BUDGETS Budget:R Amount
REVENUE				
BI FOUNDATION/OCFA and INDIVIDUAL DONATIONS				
BI Foundation/OCFA	\$ 16,918	\$ 139,269	\$ 12,649	\$ 135,000
Combined Campaigns	532	8,160	792	7,124
Private/Indiv. Donations	25,398	124,098	10,360	93,240
Church Donations	25	7,233	584	5,248
Business/Organ. Donations	829	65,816	2,926	26,322
Restricted Donations				
Restricted Client	4,178	33,139	0	30,000
Restricted Non-Client	0	37	8	72
	-----	-----	-----	-----
	\$ 47,880	\$ 377,752	\$ 27,319	\$ 297,006
	-----	-----	-----	-----
CONTRACTED SERVICES				
Kitsap Mental Health	0	4,336	542	4,878
County, St., Fed. and Local	2,086	5,755	1,499	12,829
	-----	-----	-----	-----
	\$ 2,086	\$ 10,091	\$ 2,041	\$ 17,707
	-----	-----	-----	-----
FOUNDATIONS/GRANTS	\$ 1,500	\$ 24,000	\$ 4,016	\$ 36,136
SPECIAL EVENTS	550	15,469	0	23,000
PROGRAM REVENUE				
OTHER INCOME				
Total Other Income	0	15	6	18
	-----	-----	-----	-----
TOTAL REVENUE	\$ 52,016	\$ 427,327	\$ 33,382	\$ 373,867
	=====	=====	=====	=====

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HELPLINE HOUSE OPERATING ACCOUNTS

Operating Statement

Period: 09/01/2016 to 09/30/2016

	2016 CURRENT PERIOD ACTUALS Amount	2016 YEAR-TO-DATE ACTUALS Amount	2016 CURRENT PERIOD BUDGETS Budget:R Amount	2016 YEAR-TO-DATE BUDGETS Budget:R Amount
EXPENSE				
CLIENT SUPPORT COSTS				
Restr.Funds/CS,HA	8,209	43,121	15,525	43,725
Food Bank Costs	8,904	45,816	5,280	47,510
Transportation	102	1,161	326	2,922
	-----	-----	-----	-----
TOTAL CLIENT SUPPORT COSTS	\$ 17,215	\$ 90,098	\$ 21,131	\$ 94,157
	-----	-----	-----	-----
PERSONNEL				
Staff Salaries	\$ 30,471	\$ 297,299	\$ 32,858	\$ 312,147
Staff P/R Taxes and Benefit	3,391	38,372	4,309	39,646
Agency Insurance	0	8,405	0	6,700
Staff Develop. & Expenses	214	1,749	334	2,998
	-----	-----	-----	-----
TOTAL PERSONNEL COSTS	\$ 34,076	\$ 345,825	\$ 37,501	\$ 361,491
	-----	-----	-----	-----
PROGRAM EXPENSES	\$ 3,077	\$ 19,322	\$ 2,418	\$ 21,746
ADMINISTRATION	1,824	14,692	493	12,571
UTILITIES AND MAINTENANCE	2,913	35,491	3,542	33,540
SPECIAL EVENT COSTS	0	2,756	0	3,500
FACILITIES & EQUIPMENT	0	0	167	3,999
	-----	-----	-----	-----
TOTAL EXPENSES	\$ 59,105	\$ 508,184	\$ 65,252	\$ 531,004
	-----	-----	-----	-----
EXCESS OF REVENUE OVER EXPENSE	\$ (7,089)	\$ (80,857)	\$ (31,870)	\$ (157,137)
	=====	=====	=====	=====

Helpline House
2016 Budget and
Draft 2017 Budget

Helpline House Total Agency Budget

Revenue

CATEGORY	BUDGET 2016	DRAFT BUDGET 2017
Beginning Fund Balance	50,225	35,000
<i>DONATIONS (ALL)</i>		
INDIVIDUAL DONATIONS -<u>All Private Funding Revenue</u>		
One Call For All	135,000	140,000
Combined Campaigns	9,500	9,000
Individual, Direct	200,000	225,000
CHURCHES/ORGANIZATION/BUSINESSES (Local)	70,000	71,000
RESTRICTED DONATIONS		
Client	30,000	30,000
Non-Client	100	50
Total Donations: Sub Total REVENUE	444,600	475,050
<i>CONTRACT SERVICES</i>		
City of Bainbridge Island - <u>Local Revenue</u>	0	41,000
City of Bainbridge Island (Housing Support)- <u>Local Revenue</u>	0	0
CDBG Block Grant - <u>Coordinated Grant Funds</u>	17,825	10,000
Kitsap Mental Health - <u>Agency Revenue</u>	6,504	6,504
State/Fed (EFAP) - <u>Federal Revenue</u>	14,000	6,939
Basic Food Outreach Program (BFEO) - <u>Federal Revenue</u>	10,000	0
Total Contract Svcs: Sub Total REVENUE	48,329	64,443
<i>OTHER SOURCES:</i>		
FOUNDATIONS/TRUSTS/CORPORATIONS - <u>PrivateFunding Revenue</u>	120,000	120,000
SPECIAL EVENTS - <u>Private Funding Revenue</u>	23,000	20,000
OTHER INCOME - From Reserves	37,000	8,300
Interest - <u>Agency Revenue</u>	25	20
Total Other: Sub Total REVENUE	180,025	148,320
TOTAL REVENUE: All Categories	723,179	722,813

Notes:(1) The Helpline Endowment is available to help cover shortfalls in projected agency revenue.

Helpline House Total Agency Budget

Expense

CATEGORY	BUDGET 2016	DRAFT BUDGET 2017
PROGRAM: CLIENT SUPPORT COSTS		
Rent/Utilities/Other		
Restricted Funds	54,300	60,000
Emergency Housing Funds		
Food Bank	63,350	60,000
Transportation	3,900	3,000
Client Education/Transportation		2,500
Client Support Total: Sub Total of EXPENSE	121,550	125,500
PROGRAM: PERSONNEL COSTS		
Staff Salaries	427,149	412,736
Staff Payroll Taxes and Benefits	64,480	65,377
	491,629	478,113
CONTRACTED SERVICES		
Family Counseling		
Board Retreat Faciliator	2,000	2,000
Malpractice/Liability/Building Insurance/ D & O	6,700	6,700
Staff Dev./Staff Expenses	4,000	3,500
	12,700	12,200
Personnel Costs Total: Sub Total of EXPENSE	504,329	490,313
PROGRAM: OTHER		
Phone/Supplies	26,000	26,000
Program / Other Total: Sub Total of EXPENSE	26,000	26,000
Contracted Administrative financial services	10,000	10,000
Newsletter, Admin misc.	5,300	6,000
FACILITIES/EQUIPMENT	2,000	8,000
SOFTWARE AND HARDWARE COSTS	3,000	3,000
MAINTENANCE & UTILITIES	45,000	47,000
SPECIAL EVENTS COSTS	3,500	4,500
ANNUAL CONTRIBUTION FOR CAPITAL RESERVE	2,500	2,500
	71,300	81,000
TOTAL EXPENSES: All Categories	723,179	722,813

Helpline House

Form 990 for 2015

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2015

Department of the Treasury
Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HELPLINE HOUSE Doing business as		D Employer identification number 91-0902503
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 282 KNECHTEL WAY NE		E Telephone number 206-842-7621
	City or town, state or province, country, and ZIP or foreign postal code BAINBRIDGE ISLAND, WA 98110		G Gross receipts \$ 800,869.
	F Name and address of principal officer: JOANNE TEWS 282 KNECHTEL WAY NE, BAINBRIDGE ISLAND, WA		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.HELPLINEHOUSE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1968 M State of legal domicile: WA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SOCIAL SERVICE AGENCY FOR THE COMMUNITY OF BAINBRIDGE ISLAND, WA		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	100
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	764,652.	764,499.
	9 Program service revenue (Part VIII, line 2g)	8.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,604.	30,505.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	119,393.	3,048.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	913,657.	798,052.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	521,412.	518,224.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 20,888.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	262,326.	250,599.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	783,738.	768,823.
19 Revenue less expenses. Subtract line 18 from line 12	129,919.	29,229.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,172,138.	End of Year 4,197,115.
	21 Total liabilities (Part X, line 26)	37,935.	470.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,134,203.	4,196,645.

Part II Signature Block
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	JOANNE TEWS, EXECUTIVE DIRECTOR	5-10-16

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	JESSE M. SABEY		05/10/16	<input type="checkbox"/>	P01653737
	Firm's name ▶ MKD CPAS PLLC	Firm's EIN ▶ 45-1070919		Phone no. (206) 624-7434	
	Firm's address ▶ 1809 7TH AVENUE, SUITE 1300 SEATTLE, WA 98101-1313				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission: SOCIAL SERVICE AGENCY FOR THE COMMUNITY OF BAINBRIDGE ISLAND, WASHINGTON

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 236,019. including grants of \$) (Revenue \$) COMMUNITY SUPPORT-VOLUNTEER SERVICES: INFORMATION & RESOURCES, FOOD BANK, CLOTHING, MEDICAL EQUIPMENT, TRANSPORTATION AND RENTAL ASSISTANCE.

4b (Code:) (Expenses \$ 370,887. including grants of \$) (Revenue \$) COMMUNITY SUPPORT PROFESSIONAL SERVICES: CRISIS INTERVENTION ASSESSMENT, RESOURCE REFERRAL AND ADVOCACY

4c (Code:) (Expenses \$ 67,434. including grants of \$) (Revenue \$) COMMUNITY SUPPORT PROGRAMS: JOB CAREER COUNSELING, AFFORDABLE FAMILY COUNSELING.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 674,340.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

Table with columns for question number, question text, Yes, and No. Rows include questions 20a through 38, covering topics like hospital facilities, financial statements, grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding answers.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows 1a-9. 1a: 10, 1b: 10, 2: X, 3: X, 4: X, 5: X, 6: X, 7a: X, 7b: X, 8a: X, 8b: X, 9: X.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows 10a-16b. 10a: X, 10b: X, 11a: X, 12a: X, 12b: X, 12c: X, 13: X, 14: X, 15a: X, 15b: X, 16a: X, 16b: X.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website, [X] Another's website, [X] Upon request, [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JOANNE TEWS, EXEC. DIR - 206-842-7621, 282 KNECHTEL WAY N.E., BAINBRIDGE ISLAND, WA 98110

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LEIGH BARRECA TREASURER	1.00	X		X				0.	0.	0.
(2) BARBARA CLARKE SECRETARY	2.00	X		X				0.	0.	0.
(3) BILL REDDY DIRECTOR	1.00	X						0.	0.	0.
(4) LAURIE STUMME-DIERS DIRECTOR	1.00	X						0.	0.	0.
(5) MICHAEL ROSENTHAL DIRECTOR	1.00	X						0.	0.	0.
(6) GEOFF GRINDELAND PRESIDENT	2.00	X		X				0.	0.	0.
(7) PAULETTE PETERSON VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(8) LYNN PIPPARD DIRECTOR	1.00	X						0.	0.	0.
(9) ROSEMARY SHAW DIRECTOR	1.00	X						0.	0.	0.
(10) BOB SCALES DIRECTOR	1.00	X						0.	0.	0.
(11) JOANNE TEWS EXECUTIVE DIRECTOR	40.00	X		X				102,404.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							102,404.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							102,404.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	148,582.			
	e Government grants (contributions)	1e	141,568.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	474,349.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		764,499.			
Program Service Revenue	2 a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		30,505.		30,505.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	22,565.			
		b Less: direct expenses	b	2,817.		
c Net income or (loss) from fundraising events			19,748.		19,748.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a REALIZED GAIN ON INVES	523000	16,685.			16,685.	
b UNREALIZED GAIN(LOSS)	523000	-33,385.			-33,385.	
c						
d All other revenue						
e Total. Add lines 11a-11d		-16,700.				
12 Total revenue. See instructions.		798,052.	0.	0.	33,553.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	454,046.	399,560.	36,324.	18,162.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,475.	10,098.	918.	459.
9 Other employee benefits	17,805.	15,668.	1,424.	713.
10 Payroll taxes	34,898.	30,710.	2,792.	1,396.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	6,844.		6,844.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	4,273.	4,273.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,941.	3,926.	13,015.	
23 Insurance	6,673.	6,006.	667.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD COSTS	63,812.	63,812.		
b HOUSING	62,145.	62,145.		
c UTILITIES AND REPAIRS	54,739.	46,528.	8,211.	
d SUPPLIES	16,986.	15,287.	1,699.	
e All other expenses	18,186.	16,327.	1,701.	158.
25 Total functional expenses. Add lines 1 through 24e	768,823.	674,340.	73,595.	20,888.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	155,893.	1	160,231.
	2	Savings and temporary cash investments	222,311.	2	287,489.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,227,506.		
	b	Less: accumulated depreciation	10b 219,618.	10c	2,007,888.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	1,748,719.	12	1,722,501.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	20,386.	15	19,006.
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,172,138.	16	4,197,115.	
Liabilities	17	Accounts payable and accrued expenses	3,429.	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	34,506.	25	470.
	26	Total liabilities. Add lines 17 through 25	37,935.	26	470.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27		Unrestricted net assets	4,134,203.	27	4,196,645.
28		Temporarily restricted net assets		28	
29		Permanently restricted net assets		29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
30		Capital stock or trust principal, or current funds		30	
31		Paid-in or capital surplus, or land, building, or equipment fund		31	
32		Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	4,134,203.	33	4,196,645.	
34	Total liabilities and net assets/fund balances	4,172,138.	34	4,197,115.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	798,052.
2	Total expenses (must equal Part IX, column (A), line 25)	2	768,823.
3	Revenue less expenses. Subtract line 2 from line 1	3	29,229.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,134,203.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	33,213.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,196,645.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization HELPLINE HOUSE	Employer identification number 91-0902503
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	758,293.	693,091.	751,963.	764,652.	764,499.	3732498.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	758,293.	693,091.	751,963.	764,652.	764,499.	3732498.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						3732498.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	758,293.	693,091.	751,963.	764,652.	764,499.	3732498.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,707.	28,438.	27,814.	29,604.	30,502.	143,065.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						3875563.
12 Gross receipts from related activities, etc. (see instructions)					12	141,898.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	96.31 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	92.69 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4953) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

a The organization satisfied the Activities Test. Complete line 2 below.

b The organization is the parent of each of its supported organizations. Complete line 3 below.

c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2015 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)		
3	Excess distributions carryover, if any, to 2015:		
a			
b			
c			
d	From 2013		
e	From 2014		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2015 distributable amount		
i	Carryover from 2010 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2015 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2015 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).		
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).		
7	Excess distributions carryover to 2016. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a			
b			
c	Excess from 2013		
d	Excess from 2014		
e	Excess from 2015		

Schedule A (Form 990 or 990-EZ) 2015

Part VI

Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
 its instructions is at www.irs.gov/form990.

2015

Name of the organization HELPLINE HOUSE	Employer identification number 91-0902503
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Organization type (check one):

Filers of:

Section:

- | | |
|--------------------|---|
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization

<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation

<input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation

<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation

<input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization HELPLINE HOUSE	Employer identification number 91-0902503
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HARRY ABERNATHY 4050 CRYSTAL SPRINGS DR NE BAINBRIDGE ISLAND, WA 98110	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CHURCH WORLD SERVICES (CROPWALK) PO BOX 968 ELKHART, IN 46515	\$ 19,734.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CITY OF BAINBRIDGE ISLAND 282 KNECHTEL WAY NE BAINBRIDGE ISLAND, WA 98110	\$ 113,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ANONYMOUS 282 KNECHTEL WAY NE BAINBRIDGE ISLAND, WA 98110	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ONE CALL FOR ALL 282 KNECHTEL WAY NE BAINBRIDGE ISLAND, WA 98110	\$ 139,289.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CRABBY BEACH FOUNDATION PO BOX 280 LAKE OSWEGO, OR 97034	\$ 75,351.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HELPLINE HOUSE	Employer identification number 91-0902503
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization

Employer identification number

HELPLINE HOUSE

91-0902503

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift:

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift:

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift:

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift:

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

OMB No. 1545-0047

2015
Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **HELPLINE HOUSE** Employer identification number **91-0902503**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations Yes No
 - (ii) related organizations Yes No
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,619,670.		1,619,670.
b Buildings		519,234.	152,319.	366,915.
c Leasehold improvements				
d Equipment				
e Other		88,602.	67,299.	21,303.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,007,888.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HELPLINE HOUSE ENDOWMENT		
(B) FUND	1,722,501.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,722,501.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL TAXES	470.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	470.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS BEEN CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS A NOT-FOR-PROFIT ORGANIZATION AND IT NOT CLASSIFIED AS A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE.

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AT YEAR END AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. THE ORGANIZATION'S INCOME TAX RETURNS ARE GENERALLY SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL TAX AUTHORITIES FOR THE PREVIOUS THREE YEARS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

HELPLINE HOUSE

Employer identification number
91-0902503

FORM 990, PART VI, SECTION B, LINE 11:

THE 990 IS REVIEWED AND APPROVED BY THE HELPLINE FINANCE COMMITTEE PRIOR TO
FILING.

FORM 990, PART VI, SECTION C, LINE 19:

THE 990 IS AVAILABLE AT THE ORGANIZATIONS OFFICES AS WELL AS FROM THE
STATE'S WEB SITE FOR NON PROFIT ORGANIZATIONS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ACCRUAL TO CASH ADJ 33,213.

2015 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
25	PROGRAM SERVICES REFRIGERATOR * 990 PAGE 10 TOTAL	050813SL		7.00	16	8,738.			8,738.	2,080.		1,248.
	PROGRAM SERVICES MANAGEMENT AND GENERAL					8,738.		0.	8,738.	2,080.	0.	1,248.
24	HVAC * 990 PAGE 10 TOTAL	052813SL		10.00	16	18,766.			18,766.	2,972.		1,877.
	MANAGEMENT AND GEN					18,766.		0.	18,766.	2,972.	0.	1,877.
21	LAND * 990 PAGE 10 TOTAL	122008L				1619670.			1619670.			0.
						1647174.		0.	1647174.	5,052.	0.	3,125.
1	BUILDING	030190SL		31.50	16	73,396.			73,396.	57,897.		2,330.
2	BUILDING	030190SL		31.50	16	6,075.			6,075.	5,304.		193.
3	BUILDING	100191SL		31.50	16	4,872.			4,872.	3,966.		155.
9	WATERLINE	100190SL		31.50	16	3,675.			3,675.	2,252.		117.
10	REMODEL	120190SL		31.50	16	2,345.			2,345.	1,533.		74.
14	FLOOR COVERING	100102SL		37.50	16	4,863.			4,863.	1,719.		130.
18	REMODEL	020906SL		27.50	16	14,000.			14,000.	4,302.		509.
20	ROOF	100108SL		40.00	16	11,088.			11,088.	1,750.		277.
22	BUILDING * 990 PAGE 10 TOTAL	122008SL		40.00	16	398,920.			398,920.	59,838.		9,973.
						519,234.		0.	519,234.	138,561.	0.	13,758.

528102
04-01-15

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2015 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
7	HEATING SYSTEM	061298SL		10.00	16	32,190.			32,190.	30,493.		0.
8	CARPET	031798SL		10.00	16	2,588.			2,588.	2,312.		0.
15	LANDSCAPING	033104SL		10.00	16	4,314.			4,314.	4,311.		0.
16	LANDSCAPING	041105SL		10.00	16	6,824.			6,824.	6,824.		0.
17	PAVING	012405SL		10.00	16	6,603.			6,603.	6,545.		58.
19	REFRIGERATOR	022406SL		7.00	16	8,579.			8,579.	8,579.		0.
	* 990 PAGE 10 TOTAL					61,098.		0.	61,098.	59,064.	0.	58.
	* GRAND TOTAL 990 PAGE 10 DEPR					2227506.		0.	2227506.	202,677.	0.	16,941.

Depreciation and Amortization (Including Information on Listed Property) 990

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

HELPLINE HOUSE

FORM 990 PAGE 10

91-0902503

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for Part I. Line 1: Maximum amount 500,000. Line 2: Total cost of section 179 property. Line 3: Threshold cost of section 179 property before reduction in limitation 2,000,000. Line 4: Reduction in limitation. Line 5: Dollar limitation for tax year. Line 6: Description of property, Cost, Elected cost. Line 7: Listed property. Line 8: Total elected cost. Line 9: Tentative deduction. Line 10: Carryover of disallowed deduction. Line 11: Business income limitation. Line 12: Section 179 expense deduction. Line 13: Carryover of disallowed deduction to 2016.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table for Part II. Line 14: Special depreciation allowance for qualified property. Line 15: Property subject to section 168(f)(1) election. Line 16: Other depreciation (including ACRS) 16,941.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table for Section A. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2015. Line 18: Electing to group assets into one or more general asset accounts.

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

Table for Section B with columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, and Nonresidential real property.

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

Table for Section C. Line 20a: Class life. Line b: 12-year. Line c: 40-year.

Part IV Summary (See instructions.)

Table for Part IV. Line 21: Listed property. Line 22: Total 16,941. Line 23: Portion of the basis attributable to section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year 42 Amortization of costs that begins during your 2015 tax year: 43 Amortization of costs that began before your 2015 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. HELPLINE HOUSE	Employer identification number (EIN) or 91-0902503
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 282 KNECHTEL WAY NE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BAINBRIDGE ISLAND, WA 98110	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JOANNE TEWS, EXEC. DIR

• The books are in the care of ▶ **282 KNECHTEL WAY N.E. - BAINBRIDGE ISLAND, WA 98110**
Telephone No. ▶ **206-842-7621** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2015** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HELPLINE HOUSE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
25	PROGRAM SERVICES REFRIGERATOR * 990 PAGE 10 TOTAL	050813SL	SL	7.00	16	8,738.			8,738.	2,080.		1,248.
	PROGRAM SERVICES MANAGEMENT AND GENERAL					8,738.		0.	8,738.	2,080.	0.	1,248.
24	HVAC * 990 PAGE 10 TOTAL	052813SL	SL	10.00	16	18,766.			18,766.	2,972.		1,877.
	MANAGEMENT AND GEN					18,766.		0.	18,766.	2,972.	0.	1,877.
21	LAND * 990 PAGE 10 TOTAL	122008L				1619670.			1619670.			0.
						1647174.		0.	1647174.	5,052.	0.	3,125.
1	BUILDING	030190SL	SL	31.50	16	73,396.			73,396.	57,897.		2,330.
2	BUILDING	030190SL	SL	31.50	16	6,075.			6,075.	5,304.		193.
3	BUILDING	100191SL	SL	31.50	16	4,872.			4,872.	3,966.		155.
9	WATERLINE	100190SL	SL	31.50	16	3,675.			3,675.	2,252.		117.
10	REMODEL	120190SL	SL	31.50	16	2,345.			2,345.	1,533.		74.
14	FLOOR COVERING	100102SL	SL	37.50	16	4,863.			4,863.	1,719.		130.
18	REMODEL	020906SL	SL	27.50	16	14,000.			14,000.	4,302.		509.
20	ROOF	100108SL	SL	40.00	16	11,088.			11,088.	1,750.		277.
22	BUILDING * 990 PAGE 10 TOTAL	122008SL	SL	40.00	16	398,920.			398,920.	59,838.		9,973.
						519,234.		0.	519,234.	138,561.	0.	13,758.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HELPLINE HOUSE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
7	HEATING SYSTEM	061298	SL	10.00	16	32,190.			32,190.	30,493.		0.
8	CARPET	031798	SL	10.00	16	2,588.			2,588.	2,312.		0.
15	LANDSCAPING	033104	SL	10.00	16	4,314.			4,314.	4,311.		0.
16	LANDSCAPING	041105	SL	10.00	16	6,824.			6,824.	6,824.		0.
17	PAVING	012405	SL	10.00	16	6,603.			6,603.	6,545.		58.
19	REFRIGERATOR	022406	SL	7.00	16	8,579.			8,579.	8,579.		0.
	* 990 PAGE 10 TOTAL					61,098.		0.	61,098.	59,064.	0.	58.
	* GRAND TOTAL 990 PAGE 10 DEPR					2227506.		0.	2227506.	202,677.	0.	16,941.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

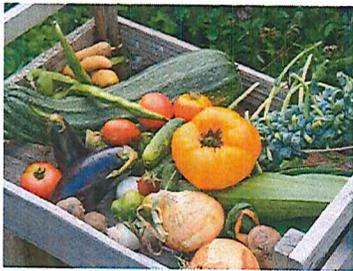
Helpline House

Volunteer Newsletter

From: Helpline House Volunteer Engagement & Support
<volunteerservices@helplinehouse.org>
Sent: Thursday, October 06, 2016 2:38 PM
To: Volunteer Services
Subject: What's happening?



Helpline House Happenings | October 2016



Helpline's Nutrition Study Results

Results of our recent nutrition study showed that Helpline's food pantry shoppers choose 77% "more healthy" food over 23% "less healthy" items. Partly, this is a result of the abundant seasonal garden produce we have. Also contributing to this result is the food bank's increasing emphasis on healthy food and nutrition education.



Thank you to all our Local Gardeners!

Thanks to generous local gardeners, we are able to make locally grown, organic produce available to customers in the food pantry.

We are always seeking fresh donations to keep our open-case fridge full throughout the week. We welcome a wide variety of fresh produce every weekday 9:30 a.m. to 3:30 p.m., except Wednesdays. Root vegetables are especially appreciated, such as carrots and beets. Your donations enable more than 500 children and senior citizens dealing with food insecurity to have more access to fresh and healthy produce.



Medicaid Costs Decline with Increased SNAP Benefits

Hunger and Health is a trend that Food Lifeline has been tracking for some time now. Recent studies have shown that there is a

clear link between not having access to healthy food and an individual's health. Food Lifeline's Hunger in America 2014 survey revealed that nearly half of Western Washington's food bank client households have someone living with a chronic illness.

[Read more...](#)



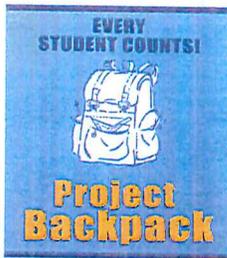
Summer Food Bank Program For Kids Going Strong

Food pantry programs don't take the summer off. Many families have school-aged children home for the summer months so there is still a need for nutritious meals. Helpline House has provided more than 220 bags of summer food for kids last summer.

Our local bank of Bank of America spearheaded the bonus food for kids program with a generous grant three years ago. We hope to keep this program going for years to come. The program provides prepackaged bags that include tuna, chicken soup, peanut butter, milk, fruit cups,

trail mix and more.

The food items in the bags were selected as nutritious foods that are simple for young people to open and prepare while they were home during the summertime.



Project Backpack served 143 students!

Thank you to all that gave donations and time to support local students that needed it most. Rosemary Shaw, Nancy Taylor and students-volunteers prepared school supplies. Madelyn Fox, Leigh Manhiem, Brenda Wakeham, Lisa Giles and Cheryl Lakich distributed essential school supplies and new backpacks. Want to join Project Backpack next year and help spread the word? Contact Debbie at volunteerservices@helplinehouse.org and learn more about the

opportunities available.



Summer of Service at Helpline

Helpline's Summer of Service program kicked off in late June and taught young people skills that will be useful to build their resumes and apply for merit based scholarships. At the same time, the program provided the food pantry with much-needed assistance.

From June through August, the program had 37 high school applicants, including some from Bainbridge High School's National Honor Society. Helpline's lead volunteers supervised students through food handling safety, organizing tasks, teamwork and keeping the food pantry shelves stocked. Student volunteers connected with the community and learned about local resources available to help others solve needs.



Did You Know?

KCR (Kitsap Community Resources) Energy Assistance staff is at Helpline House every Wednesday to help with financial support for energy costs. Appointments can be made online at kcr.org or with the assistance of Helpline House.

Also, Social work appointments can now be made as early as 7:30 a.m. The Helpline front desk can schedule an early morning appointment.



Food Drives

October 21 & 22 Interfaith Food Drive at T&C and Safeway
Most needed: cereals, cooking oil, hearty soups and chili.

Brighten Up the Holidays

November is Hunger Action Month at Helpline House. Support the food pantry's holiday food collections. Donations of basic and holiday foods in time for Thanksgiving and/or Christmas will be received with gratitude!

December donate new books for children for Holiday Book nook. Classic and trendy books for ages 1 - 12 will be offered to Helpline House families before Christmas.



Like us on Facebook

The hits just keep on coming, thanks to Myra Howrey, Helpline's business administrator, and her posts to Helpline's Facebook page. The community seems to be watching our Facebook page more frequently due to Myra's awesome regular posting.

One of her recent posts is about the food pantry's pet food need got the most shares. A known fact that one's furry friends are very important for good health.

Stay in touch and learn up to date happenings at Helpline's Facebook Page

Visit us at <https://www.facebook.com/helpline.house>

Please consider doing a "share" of a Helpline House post soon, to keep your own network apprised of the good work our generous community members are planning for the holidays to fill the food pantry and our biggest needs!

An umbrella of social services: providing professional crisis intervention, assessment, case management, resource referral, advocacy, short term counseling, food bank and medical equipment loan. Neighbor Helping Neighbor--One Neighbor At A Time.

HelplineHouse.org | (206) 842.7621 | volunteerservices@helplinehouse.org
Volunteer Engagement & Support Office: Marilyn Gremse and Debbie Stearns

Executive Director: Joanne Tews
Administrative Office: Myra Howrey **Helpline Desk:** Megan Markley
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Thank you to Helpline's volunteer copy writer Karen West for this edition.

STAY CONNECTED:



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