

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

**COVER LETTER**

1. Organization Name: Bainbridge Island Child Care Centers
2. Contact Person: Shelley Long Phone: 206-319-3155
3. Email Address: slong@biccc.org
4. Physical Address: 502 Cave Ave
5. Mailing Address: same
6. Are you a 501(c)(3) nonprofit?  XYes  No
7. Organization EIN: 91-0907295
8. Request for 2017-2018 (two-year term):
  - A. Amount of City Funding Requested: 2017: \$36,655.00 \_\_\_\_\_ 2018: \$30,000.00
  - B. Organization budget \$604,308.00 \_\_\_\_\_ for fiscal year ended: 2017
  - C. Type:  Program Support  General Operating Support (not specific to any one program or targeted service)  XCapital (appreciable asset)
  - D. For Program Support Requests, name of Program: \_\_\_\_\_
  - E. Brief Description of Request: BICCC has the enormous good fortune to announce that we recently purchased the Voyager/Montessori property on High School Rd! It was paid for in cash but we will not be moving our 2 Centers until 12/17. Our request is for assistance getting our project off the ground. At this point, we are working on feasibility, possible renovation, and with the City for permits. We are excited to have hired Coates design group to help us make the most prudent decisions for the longevity for BICCC.

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9. Please attach each of the items below as separate PDF documents:
  - XThis funding application (cover page, proposal, and program budget for program support requests)
  - XCurrent Board of Directors names, addresses, phone & email information
  - XOrganization Financial Statements (Balance Sheet & Income Statement)- most recent
  - X2016 Budget & 2017 Draft Budget
10. Please include one copy of:
  - XMost Recently Filed Form

11. For capital requests, please provide a detailed capital budget, in addition to relevant renderings, cost estimates, timeline, etc.
12. Authorized Signature: Shelley Long Date: 10/27/16
13. Print Name Shelley Long

## NARRATIVE INFORMATION

- Please answer the following sections separately and number each answer.
- Answers should be specific to services/projects to be funded by City funds.
- For applicants requesting capital support, please address information where specified in the questions below.
- For general operating support requests, please address the following questions at the organization-level (rather than program specific).

### I. STATEMENT OF PURPOSE

Describe the community needs that the proposed program seeks to address, and the projected short- and long-term impacts. Please document and cite relevant and up-to-date City documents, demographic or research sources, etc. For *general operating support* requests, describe the organization's mission and projected short- and long-term impacts.

There continues to be an emergent need for quality child care on Bainbridge Island. As the cost of living increases, more parents are needing to work. Bainbridge Island has 70% of residents being family households and we serve more than 200 Bainbridge Island children annually. After more than 40 years of providing excellent child care for these families, we realize that our assistance provides emotional stability while one or more parents are in the work place. Our mission is to enhance the health of the family unit by providing assurance that their children are in the highly capable hands of trained and nurturing teachers who care about family well-being. That mission is now more stable than ever thanks to the purchase of the Montessori property. BICCC has been bounced around without a place of our own, renting from BISD, for years (which we are very grateful for). Now that we can sink our teeth into permanent housing, our future is secure.

### II. PROGRAM SUMMARY

1. What services will these funds provide? (For *capital requests*, please detail the services enabled by the capital purchase)
2. Who will be the recipients of the services provided by these funds?
3. How will recipients access those services?
4. What percentage of the population of Bainbridge Island residents *who are eligible for these services* will be served by this program?
5. How many (or what percentage) of those served overall will be Bainbridge Island residents?
6. Describe how this request fits within the definition of Human Services as provided in the Human Services Element of the City's Comprehensive Plan:
  - Provide people with the tools to achieve economic, social and emotional stability to the best of their ability.
  - Offer activities and services that promote healthy development of the individual, prevent problems, and support positive outcomes.
  - Support quality of life programs that enhance the health and well-being of the individual and the community.
  - These services may be provided on an emergency, temporary, or ongoing basis, depending on the circumstances.
7. Describe how this funding will foster improvement in the range and quality of

health, housing and/or human services on Bainbridge Island.

## PROGRAM SUMMARY

1. The services these funds will provide will include the preliminary costs to get our project started. We are requesting assistance with the Major Conditional Use Fee, Plat Amendment, Building Permit, Septic Permit, Traffic Impact Fees and the Architectural CUP. These are fees that are critical to moving ahead in both design and concept. The City will need to approve all of this before we can decide to put a new building up or remodel. And these are just the starting costs, not including construction, sitework, renovation and playground. Part 2 of this capital request is for a reliable van. In 2018, we will be ready to increase our capacity to run our Shuttle Services from our new location. The van we currently own is past its prime and our mechanic has suggested we invest in a safer model. A new van will be critical to keep our enrichment classes available to any and all of our students.

2. The recipients of these services will be our beloved families. Currently we enroll more than 200 children annually. The pastoral, beautiful property will serve as a safe, secure, and happy place for children before and after school. Their parents will benefit from the assurance that their children are in loving and capable hands during their work day. We also will have events throughout the year that will be open to the public so our community can enjoy the 2 ½ acres and its surrounding beauty. We are definitely excited about this! Part 2, the request for help to purchase a new van, keeps us in line with our reputation of being Kitsap County's premier Child Care Center. The Shuttle Service is unique. BICCC is the only Center that offers enrichment classes for children. Our students would miss out on swimming, LaCrosse, Gymnastics and all the classes available if it weren't for our staff to implement. Anyone who signs up for a shuttle is granted it. And we serve about 188 children annually. The distance at our new property is further away from campus, so the use of a vehicle, instead of being on foot, is critical to the service. It is a vital and welcomed service that expands the health and experiences of our students which further extends our mission. And our families love and appreciate it for their children!

3. For this Capital request, the assistance granted will go to the City for all the necessary permits to move into our design phase. The permits will grant us a direction for what is coming next. Their findings will determine if we have ample square footage to construct an additional building or if we will remodel the existing buildings. It is critical for our forward movement. Since we paid cash for the property and its buildings, we will need to take a construction loan out for the renovation, architectural fees and site work. While we have a substantial amount of cash in our banking accounts, we have been told we need to keep most of it there in lieu of a Guarantor. And we have been pre-approved so have the assurance we can afford our vision. For part 2, the van will be accessible to any and all children wanting to attend enrichment classes. It also will serve all 3 of our centers for field trips and events.

4. 100% of Bainbridge Island residents will be served as dictated by enrollment, accessibility and sign up.

5. Currently 100% of our 200 plus students are from Bainbridge Island.

6. Our longevity in our community as Bainbridge Island's most loved child care centers has provided hundreds of families affordable and quality assistance as parents work. The assurance we offer to parents reluctant to leave their children is unparalleled in its excellence. It gives them peace of mind for their children's well-being and educational needs. BICCC firmly believes in supporting families by our commitment to enhancing the quality of our students needs and promoting healthy individual growth. Our mission fits within the definition of Human Services as we continue to offer activities and services to our community.

7. The Montessori property is truly a gem. It is beautiful with ample room for our students to run, explore, breathe and interact. This funding will allow us to start the process to improve the property while we move forward to the design phase. This affects hundreds of families annually. Funding for a van will keep our Shuttle Services intact which continues our long standing provision for children while their parents work. The atmosphere and environment, with support from COBI, allows continued growth with respect for each child's uniqueness in development, culture, family and self.

III. ORGANIZATIONAL STRENGTH

Describe your organization’s ability and qualifications to deliver the services you are requesting be funded, and the resources you will dedicate to evaluate the funded activities progress and outcomes to determine success and learnings. Include efforts to coordinate these services with other agencies. May include past service record, staff qualifications, etc. For *capital requests*, please include relevant qualifications of key stakeholders (architects, developers, etc.).

BICCC has proven over the past 40 years to be able to sustain and provide outstanding child care services and support for Bainbridge Island families. I have included a potential fee summary drafted by our architect so you can see the bigger picture. BICCC is preparing to raise funds for the design phase, by fund raising, potentially a capital campaign, and acquiring a pre-approved loan. The loan will be without a Guarantor so much of our cash reserve needs to stay in the bank. Since the property is paid in full, the only debt we will sustain will be for any construction costs, design fees and site improvement.

Bainbridge Island School District is currently charging us \$4,000.00 per month for part time rental of the Ordway gym (housing our Kids Club program, 3<sup>rd</sup>-6<sup>th</sup> graders). This is a marked increase compared to the past 20 years of renting from them. With a conservative forecast for the next year, we are surviving the 400% increase from BISD. When we move to the new property, our mortgage will be significantly lower. That will help our revenue flow and keep us solvent. The funding we need right now is to get the process going and afford us time to do fund raising for the design phase. It is a deeply exciting and motivating time for BICCC and we believe our request carries a valid municipal purpose.

IV. PROGRAM BUDGET

For Program Support requests, please complete the following Budget Summary (Suggested format is provided below). For general operating support or capital requests, only an organizational budget is required (per IV.1. below).

AREA	YEAR 1			Year 2			OTHER SOURCES
	Applicant Program Budget Allocation Year 1	COBI HSF REQUEST Year 1	Total Year 1	Applicant Program Budget Allocation Year 2	COBI HSF REQUEST Year 2	Total Year 2	
Human Resources (Staff Salaries, Benefits, Consultant Services)							
Space / Facilities							
Equipment Purchase							

Travel / Training							
Insurance							
Operating Expenses							
Scholarships / Stipends							
Other							
Indirect Administrative Costs							
<b>TOTAL</b>							

1. What is the total of your agency's estimated budget for 2017? Our estimated budget is 591,812.00 for income and 604,308.00 for expenses.
2. What portion of your total agency budget does this request represent?
3. How have the services you are requesting been funded for in the past?
4. What other sources of funding are you seeking (or have you secured) to support this proposed program or services?

I am including here what we are asking for. These fees are required by the City before we can remodel. The larger scale Potential Fee Summary is attached showing additional costs we may incur.

Major Conditional Use Fee	10,494.00
Plat Amendment	3,052.00
Building Permit	4,500.00
Septic Permit	1,500.00
Traffic Impact Fees	9,609.00
Architectural CUP	7,500.00

TOTAL: \$36,655.00 for 2017.

For 2018, we are requesting \$36,000.00 for a van to keep our shuttle service running. Since our new home is further away from campus, we no longer will be able to walk our kids to their enrichment classes.

5. What are the consequences to your clientele, organization and/or the community if you do not receive these funds?

V. ESTIMATED OUTPUTS, OUTCOMES & ASSESSMENT

Please complete the following chart. Please include:

- Program name;
- Outputs (defined as number served or amounts, quantitative in nature); and
- Outcomes (how you will gauge success and demonstrate project impact in terms of meeting priorities and needs) should be based on measurable data sets or other objective means of assessment rather than subjective and anecdotal information. Please also include how you track these outcomes.

OUTPUTS AND OUTCOMES CHART		
Program Activities or Services	Annual Goal: Unduplicated Bainbridge Residents Served (Outputs)	Outcome of Receiving this Program/Service (Outcomes)
Permits and Fees  Van	Year 1: To achieve the ability to remodel and design our property to accommodate 100 children per day  Year 2: To offer enrichment classes to almost 200 children annually by means of our shuttle service	Year 1: We will pay for all the fees and permits that are required before renovation. Year 2: We will continue our mission by providing transportation for enrichment classes for 100% of our students requesting the service.

VI. PROGRAM EVALUATION PLAN

Through what process, if any, and how often does your organization evaluate the effectiveness of its programming? Please describe.

Monthly statements are generated and reviewed by the Executive Director, Director of Finance, Board President and Board Treasurer. This assures that revenue and expenses are in keeping with our projected budget and livelihood.

# BICCC

High School Road Site

Potential Fee Summary

March 4, 2016

## Project Summary

New Construction	\$450,000	1,800 sf	X	\$250 sf
Renovated Area	\$350,000	2,800 sf	X	\$125 sf
Sitework	\$45,000	15,000 sf	X	\$3 sf
	<u>\$845,000</u>			

## Permit Fees

Major Conditional Use Fee	\$10,494	
Minor Conditional Use Fee	\$4,770	
Minor Plat Amendment	\$3,052	
Building Permit	\$4,500	
Septic Permit	\$1,500	
Traffic Impact Fees	\$9,609	New area only

## Professional Fees

CUP		
Architectural	\$7,500	
Civil	\$2,500	
Septic	\$1,500	
Design Review Board / Site Plan Review		
Architectural	\$15,000	
Minor Plat Amendment		
Survey	\$4,000	
Architectural	\$2,500	
Building Permit		
Architectural	\$67,600	8% of construction cost
Structural	\$7,500	
Civil	\$4,500	
Septic	\$1,500	

# BOARD OF DIRECTORS

## BICCC 2016

Kim Paulson, Treasurer

8041 NE Paulanna Ln

[K\\_paulson@hotmail.com](mailto:K_paulson@hotmail.com)

206-780-1344

James Shephard, Vice President

9415 NE Northtown Loop

[Shepa.james@gmail.com](mailto:Shepa.james@gmail.com)

240-620-3443

Sarah Morgans, Treasurer

9180 NE Lovgreen Rd

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206-842-2351

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206-794-0025

Russell King

10478 Arrow Point Dr NE

[rking@scblaw.com](mailto:rking@scblaw.com)

206-842-1352

**Bainbridge Island Child Care Centers**  
**Balance Sheet Statement of Financial Position**  
As of August 31, 2016

	Aug 31, 16
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
101 · Columbia Bank Checking xx8836	
103 · Restricted Donations - other	16,654.97
104 · Restricted Donations/Grants	74,020.29
106 · Restricted Donor/Fundraising	51,479.83
101 · Columbia Bank Checking xx8836 - Other	104,244.55
<b>Total 101 · Columbia Bank Checking xx8836</b>	<b>246,399.64</b>
121 · Chase Business Savings xx5383	41,688.14
120 · Chase Platinum Checking xx3336	52.00
111 · Columbia Bank Savings xx0297	59,913.45
<b>Total Checking/Savings</b>	<b>348,053.23</b>
<b>Other Current Assets</b>	
110 · Petty Cash	
110a · Children's Center-PC	5.16
110b · Big Kids-PC	56.88
110c · Kid's Club-PC	51.94
110d · Admin-PC	50.00
110 · Petty Cash - Other	35.00
<b>Total 110 · Petty Cash</b>	<b>198.98</b>
130 · Tuition Receivable	(341.14)
136 · Training Advance	26.35
140 · Grants Receivable	4,294.00
150 · Prepaid Expenses	
152 · Prepaid Liability Insurance	5,160.58
153 · Pre-Paid D&O Insurance	948.49
154 · Prepaid Licenses	351.96
<b>Total 150 · Prepaid Expenses</b>	<b>6,461.03</b>
<b>Total Other Current Assets</b>	<b>10,639.22</b>
<b>Total Current Assets</b>	<b>358,692.45</b>
<b>Fixed Assets</b>	
160 · Daycare Equipment	
162 · Furniture & Equipment	25,114.50
164 · Office Equipment	4,960.27
<b>Total 160 · Daycare Equipment</b>	<b>30,074.77</b>
170 · Buildings	
171 · Preschool Building	47,910.17
172 · Capital Improvements - CC	456,896.80
173 · School Age Building	125,044.14
174 · Capital Improvements - BK	37,742.21
175 · Damage Improvements	3,266.14
<b>Total 170 · Buildings</b>	<b>670,859.46</b>
178 · Vehicles	
178a · 1991 Dodge Ram	15,217.87
<b>Total 178 · Vehicles</b>	<b>15,217.87</b>

**Bainbridge Island Child Care Centers**  
**Balance Sheet Statement of Financial Position**  
**As of August 31, 2016**

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	Aug 31, 16
180 · Accumulated Depreciation	
181 · Accum Depr - Furn & Equip	(24,102.48)
182 · Accum Depr - Vehicles	(15,217.87)
183 · Accum Depr - Office Equip	(4,960.27)
184 · Accum Depr - Building	(40,856.60)
185 · Accum Depr - Capital Improv	(61,597.96)
186 · Accum Depr - BK Building	(97,263.46)
187 · Accum Depr - BK Capital Improv	(28,728.49)
<b>Total 180 · Accumulated Depreciation</b>	<b>(272,727.13)</b>
190 · Facility Project	365,976.79
<b>Total Fixed Assets</b>	<b>809,401.76</b>
<b>TOTAL ASSETS</b>	<b><u>1,168,094.21</u></b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
200 · Accounts Payable	3,749.45
<b>Total Accounts Payable</b>	<b>3,749.45</b>
<b>Other Current Liabilities</b>	
202 · Expenses Payable	1,680.47
205 · Pre-Paid Tuition	
206 · Last Month Dep	5,628.50
<b>Total 205 · Pre-Paid Tuition</b>	<b>5,628.50</b>
<b>210 · Payroll Liabilities</b>	
235 · Labor & Industries Payable	1,310.22
236 · Retirement Plan Payable	162.11
237 · Medical Benefit Payable	4,105.46
<b>Total 210 · Payroll Liabilities</b>	<b>5,577.79</b>
225 · Payroll Payable	15,318.78
240 · Vacation Payable	8,440.55
<b>Total Other Current Liabilities</b>	<b>36,646.09</b>
<b>Total Current Liabilities</b>	<b>40,395.54</b>
<b>Total Liabilities</b>	<b>40,395.54</b>
<b>Equity</b>	
290 · Retained Earnings	71,492.63
295 · Reserve for Operating Capital	150,000.00
296 · Reserve for Facility Projects	200,000.00
300 · Fund Balance Net Assets	678,487.30
Net Income	27,718.74
<b>Total Equity</b>	<b>1,127,698.67</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b><u>1,168,094.21</u></b>

## Bainbridge Island Child Care Centers Profit & Loss Income Statement

September 2015 through August 2016

	<u>Administration</u>	<u>Children's Center</u>	<u>Big Kids</u>	<u>Kids Club</u>	<u>TOTAL</u>
<b>Ordinary Income/Expense</b>					
<b>Income</b>					
301 - Tuition		173,693.60	163,504.00	161,817.25	499,014.85
305 - Registration Fee	6,520.00				6,520.00
307 - Maintenance Fee	9,255.00				9,255.00
311 - Fieldtrips			772.00	2,516.25	3,288.25
313 - DSHS Tuition		2,702.75	6,836.00	28,340.28	37,879.03
320 - Interest Income	135.37				135.37
321 - Shuttles			1,035.00	900.00	1,935.00
325 - Other Income	3,374.45		60.00	20.00	3,454.45
343 - Contributions & Gifts-DONORS	221.56				221.56
350 - Grants					
364 - Grants-BCF	3,500.00				3,500.00
<b>Total 350 - Grants</b>	<b>3,500.00</b>				<b>3,500.00</b>
360 - Grants-COBI					
360a - Direct Scholarship		18,829.39	7,256.25	4,800.21	30,885.85
360d - Implementation	1,000.00				1,000.00
<b>Total 360 - Grants-COBI</b>	<b>1,000.00</b>	<b>18,829.39</b>	<b>7,256.25</b>	<b>4,800.21</b>	<b>31,885.85</b>
380 - Fundraising Income					
383 - Amazon Smile	36.02				36.02
380g - Spice Route Fundraiser	1,873.11				1,873.11
380c - Boy's/Girl's Night Out				1,258.43	1,258.43
380d - Santa Breakfast	521.00				521.00
380e - Bake Sale	138.53	24.00	251.53	308.04	722.10
381 - OCFA-One Call For All	6,026.16				6,026.16
382 - Kitsap Great Give	1,477.74				1,477.74
<b>Total 380 - Fundraising Income</b>	<b>10,072.56</b>	<b>24.00</b>	<b>251.53</b>	<b>1,566.47</b>	<b>11,914.56</b>
<b>Total Income</b>	<b>34,078.94</b>	<b>195,249.74</b>	<b>179,714.78</b>	<b>199,960.46</b>	<b>609,003.92</b>
<b>Gross Profit</b>	<b>34,078.94</b>	<b>195,249.74</b>	<b>179,714.78</b>	<b>199,960.46</b>	<b>609,003.92</b>
<b>Expense</b>					
575 - Merchant Account Charges	1,100.79				1,100.79
400 - Payroll Expense					
401 - Payroll Wages	80,222.10	75,721.11	86,559.95	86,606.23	329,109.39

## Bainbridge Island Child Care Centers Profit & Loss Income Statement

September 2015 through August 2016

	<u>Administration</u>	<u>Children's Center</u>	<u>Big Kids</u>	<u>Kids Club</u>	<u>TOTAL</u>
435 · Employer FICA/Medi	6,136.99	5,792.66	6,621.78	6,639.49	25,190.92
436 · Employer L & I	725.40	1,354.54	1,392.34	1,355.28	4,827.56
438 · Employment Security					
440 · Employers Medical	15,470.57	11,556.59	14,438.14	6,939.92	48,405.22
441 · Employer HSA Contribution	2,270.23	1,135.11	2,270.22	1,135.11	6,810.67
445 · Retirement Plan	1,397.79	1,297.18	1,208.07	1,170.43	5,073.47
451 · Bonus				184.09	184.09
<b>Total 400 · Payroll Expense</b>	<b>106,223.08</b>	<b>96,857.19</b>	<b>112,490.50</b>	<b>104,030.55</b>	<b>419,601.32</b>
500 · School Supplies		751.63	2,493.46	1,941.66	5,186.75
505 · Field Trips			480.00	1,996.97	2,476.97
510 · Food		1,694.69	4,862.54	5,015.19	11,572.42
515 · Consumable Supplies		1,668.10	2,536.73	1,358.29	5,563.12
520 · Hardwares, Small Equipment,	167.26	97.35	552.94	3,188.40	4,005.95
525 · Auto Expense					
525a · Gasoline	110.51	27.89	64.73	194.44	397.57
525b · Vehicle Maintenance & Repair		554.42	554.43	554.42	1,663.27
525 · Auto Expense - Other		26.25	26.25	26.25	78.75
<b>Total 525 · Auto Expense</b>	<b>110.51</b>	<b>608.56</b>	<b>645.41</b>	<b>775.11</b>	<b>2,139.59</b>
530 · Liability Insurance		1,993.77	1,993.78	2,097.63	6,085.18
535 · Advertising/Events/PR					
578 · Classified Ads	45.00				45.00
536 · Events/PR	412.68	33.33	33.34	33.33	512.68
537 · Website	269.95				269.95
535 · Advertising/Events/PR - Other	2,411.78				2,411.78
<b>Total 535 · Advertising/Events/PR</b>	<b>3,139.41</b>	<b>33.33</b>	<b>33.34</b>	<b>33.33</b>	<b>3,239.41</b>
540 · Dues and Subscriptions	1,472.48	146.66	96.67	121.67	1,837.48
545 · Office Supplies	1,055.66	29.24	678.86	475.48	2,239.24
550 · Professional & Other Services					
551 · Accounting Services	1,371.00				1,371.00
554 · Other Services/Landscaping	162.50	1,529.96	25.00		1,717.46
555 · Casual Labor		181.50			181.50
<b>Total 550 · Professional &amp; Other Services</b>	<b>1,533.50</b>	<b>1,711.46</b>	<b>25.00</b>		<b>3,269.96</b>
560 · Taxes					

## Bainbridge Island Child Care Centers Profit & Loss Income Statement

September 2015 through August 2016

	<u>Administration</u>	<u>Children's Center</u>	<u>Big Kids</u>	<u>Kids Club</u>	<u>TOTAL</u>
561 · Business Tax	1,941.18				1,941.18
562 · Property Taxes		589.06			589.06
<b>Total 560 · Taxes</b>	<b>1,941.18</b>	<b>589.06</b>			<b>2,530.24</b>
565 · Licenses	1,394.00				1,394.00
<b>570 · Bad Debts</b>					
570a · NSF Checks	900.00		880.00		1,780.00
<b>Total 570 · Bad Debts</b>	<b>900.00</b>		<b>880.00</b>		<b>1,780.00</b>
<b>574 · Bank Charges</b>					
574a · NSF Fees	20.00		20.00		40.00
<b>Total 574 · Bank Charges</b>	<b>20.00</b>		<b>20.00</b>		<b>40.00</b>
580 · Staff Recognition	1,024.57	1,399.21	1,236.87	1,367.27	5,027.92
581 · Misc Appreciation	162.79	109.60	262.11	174.33	708.83
582 · Staff Training	135.97	271.18	239.71	266.30	913.16
<b>585 · Repairs and Maintenance</b>					
586 · Custodial Maintenance		246.23	360.00	14,070.00	14,676.23
588 · Facility & moving costs		502.59	211.42	259.39	973.40
585 · Repairs and Maintenance - Other		211.40	908.62		1,120.02
<b>Total 585 · Repairs and Maintenance</b>		<b>960.22</b>	<b>1,480.04</b>	<b>14,329.39</b>	<b>16,769.65</b>
<b>590 · Utilities</b>					
591 · Electricity		1,587.53	2,492.04		4,079.57
592 · Garbage		273.00	201.84		474.84
594 · Sewer & Water		2,474.29	513.96		2,988.25
595 · Telephone		1,635.94	2,244.83	429.24	4,310.01
<b>Total 590 · Utilities</b>		<b>5,970.76</b>	<b>5,452.67</b>	<b>429.24</b>	<b>11,852.67</b>
593 · Rent or Storage				33,120.13	33,120.13
<b>601 · Tuition Expenses</b>					
610 · BICCC Center Scholarships		9,699.50	2,775.00	418.00	12,892.50
620 · BICCC DSHS Scholarships		609.42	1,809.75	2,542.58	4,961.75
630 · Family / Sibling Discount		736.40	8,961.35	6,100.10	15,797.85
<b>Total 601 · Tuition Expenses</b>		<b>11,045.32</b>	<b>13,546.10</b>	<b>9,060.68</b>	<b>33,652.10</b>
<b>6560 · Payroll Expenses</b>					
<b>800 · Board of Trustees</b>					
810 · D & O Liability Insurance	1,225.08				1,225.08

## Bainbridge Island Child Care Centers Profit & Loss Income Statement

September 2015 through August 2016

	<u>Administration</u>	<u>Children's Center</u>	<u>Big Kids</u>	<u>Kids Club</u>	<u>TOTAL</u>
820 - Board expenses	758.72				758.72
830 - Fundraising					
830h - Kitsap Great Give	471.43				471.43
830g - Spice Route	620.32	8.67			628.99
830e - Bake Sale			313.38	97.68	411.06
830d - Breakfast With Santa	338.03		14.97		353.00
830c - Boys/Girls Night Out				1,289.56	1,289.56
830 - Fundraising - Other	40.46				40.46
<b>Total 830 - Fundraising</b>	<u>1,470.24</u>	<u>8.67</u>	<u>328.35</u>	<u>1,387.24</u>	<u>3,194.50</u>
<b>Total 800 - Board of Trustees</b>	<u>3,454.04</u>	<u>8.67</u>	<u>328.35</u>	<u>1,387.24</u>	<u>5,178.30</u>
<b>Total Expense</b>	<u>123,835.24</u>	<u>125,946.00</u>	<u>150,335.08</u>	<u>181,168.86</u>	<u>581,285.18</u>
<b>Net Ordinary Income</b>	<u>(89,756.30)</u>	<u>69,303.74</u>	<u>29,379.70</u>	<u>18,791.60</u>	<u>27,718.74</u>
<b>Net Income</b>	<u><b>(89,756.30)</b></u>	<u><b>69,303.74</b></u>	<u><b>29,379.70</b></u>	<u><b>18,791.60</b></u>	<u><b>27,718.74</b></u>

**Bainbridge Island Child Care Centers**  
**Fiscal Budget Overview**  
September 2016 through August 2017

10/26/16

	Administration Sep '16 - Aug 17	Children's Center Sep '16 - Aug 17	Big Kids Sep '16 - Aug 17
<b>Ordinary Income/Expense</b>			
<b>Income</b>			
301 · Tuition		167,000.00	166,100.00
305 · Registration Fee	6,000.00		
307 · Maintenance Fee	9,000.00		
311 · Fieldtrips			600.00
313 · DSHS Tuition			7,200.00
321 · Shuttles			1,000.00
325 · Other Income	1,500.00		
331 · Montessori Rent	12.00		
360 · Grants-COBI			
360a · Direct Scholarship		11,000.00	3,500.00
360c · Special Services	16,896.00		
<b>Total 360 · Grants-COBI</b>	<b>16,896.00</b>	<b>11,000.00</b>	<b>3,500.00</b>
380 · Fundraising Income			
380g · Spice Route Fundraiser	2,400.00		
381 · OCFA-One Call For All	4,000.00		
382 · Kitsap Great Give	1,500.00		
<b>Total 380 · Fundraising Income</b>	<b>7,900.00</b>		
<b>Total Income</b>	<b>41,308.00</b>	<b>178,000.00</b>	<b>178,400.00</b>
<b>Gross Profit</b>	<b>41,308.00</b>	<b>178,000.00</b>	<b>178,400.00</b>
<b>Expense</b>			
400 · Payroll Expense			
401 · Payroll Wages	84,990.00	82,004.00	90,000.00
435 · Employer FICA/Medi	6,540.00	6,168.00	6,900.00
436 · Employer L & I	804.00	1,404.00	1,608.00
440 · Employers Medical	15,780.00	11,568.00	14,700.00
441 · Employer HSA Contribution	2,500.00	1,250.00	2,500.00
445 · Retirement Plan	1,704.00	1,404.00	1,308.00
<b>Total 400 · Payroll Expense</b>	<b>112,318.00</b>	<b>103,798.00</b>	<b>117,016.00</b>
500 · School Supplies		1,800.00	2,500.00
510 · Food		3,000.00	5,000.00
515 · Consumable Supplies		1,600.00	2,150.00
520 · Hardwares, Small Equipment,	1,000.00	500.00	1,000.00
525 · Auto Expense			
525a · Gasoline		200.00	200.00
525b · Vehicle Maintenance & Repair		800.00	800.00
<b>Total 525 · Auto Expense</b>		<b>1,000.00</b>	<b>1,000.00</b>
530 · Liability Insurance		2,100.00	2,100.00
535 · Advertising/Events/PR			
578 · Classified Ads	250.00		
536 · Events/PR	700.00		
537 · Website	1,000.00		
535 · Advertising/Events/PR - Other	2,000.00		
<b>Total 535 · Advertising/Events/PR</b>	<b>3,950.00</b>		
540 · Dues and Subscriptions	2,000.00	50.00	100.00
545 · Office Supplies	500.00	400.00	550.00
550 · Professional & Other Services			
551 · Accounting Services	1,500.00		
554 · Other Services/Landscaping	1,800.00		
<b>Total 550 · Professional &amp; Other Services</b>	<b>3,300.00</b>		
560 · Taxes			
561 · Business Tax	2,000.00		
562 · Property Taxes		600.00	
<b>Total 560 · Taxes</b>	<b>2,000.00</b>	<b>600.00</b>	

**Bainbridge Island Child Care Centers**  
**Fiscal Budget Overview**  
September 2016 through August 2017

	Administration Sep '16 - Aug 17	Children's Center Sep '16 - Aug 17	Big Kids Sep '16 - Aug 17
565 · Licenses	1,600.00		
570 · Bad Debts	1,500.00		
574 · Bank Charges	100.00		
580 · Staff Recognition	1,000.00	3,000.00	1,500.00
581 · Misc Appreciation	250.00	250.00	250.00
582 · Staff Training	150.00	600.00	600.00
585 · Repairs and Maintenance			
586 · Custodial Maintenance		500.00	500.00
588 · Facility & moving costs		1,000.00	500.00
<b>Total 585 · Repairs and Maintenance</b>		<b>1,500.00</b>	<b>1,000.00</b>
590 · Utilities			
591 · Electricity		2,000.00	2,500.00
592 · Garbage		300.00	204.00
594 · Sewer & Water		2,500.00	525.00
595 · Telephone		1,650.00	2,250.00
<b>Total 590 · Utilities</b>		<b>6,450.00</b>	<b>5,479.00</b>
593 · Rent or Storage			
601 · Tuition Expenses			
610 · BICCC Center Scholarships		11,000.00	3,000.00
620 · BICCC DSHS Scholarships			1,000.00
630 · Family / Sibling Discount		1,000.00	8,000.00
<b>Total 601 · Tuition Expenses</b>		<b>12,000.00</b>	<b>12,000.00</b>
800 · Board of Trustees			
810 · D & O Liability Insurance	1,275.00		
820 · Board expenses	1,100.00		
<b>Total 800 · Board of Trustees</b>	<b>2,375.00</b>		
<b>Total Expense</b>	<b>132,043.00</b>	<b>138,648.00</b>	<b>152,245.00</b>
<b>Net Ordinary Income</b>	<b>(90,735.00)</b>	<b>39,352.00</b>	<b>26,155.00</b>
<b>Net Income</b>	<b>(90,735.00)</b>	<b>39,352.00</b>	<b>26,155.00</b>

**Bainbridge Island Child Care Centers**  
**Fiscal Budget Overview**  
September 2016 through August 2017

10/26/16

	Kids Club Sep '16 - Aug 17	TOTAL Sep '16 - Aug 17
<b>Ordinary Income/Expense</b>		
<b>Income</b>		
301 · Tuition	162,200.00	495,300.00
305 · Registration Fee		6,000.00
307 · Maintenance Fee		9,000.00
311 · Fieldtrips	1,500.00	2,100.00
313 · DSHS Tuition	28,150.00	35,350.00
321 · Shuttles	1,000.00	2,000.00
325 · Other Income		1,500.00
331 · Montessori Rent		12.00
360 · Grants-COBI		
360a · Direct Scholarship	1,254.00	15,754.00
360c · Special Services		16,896.00
<b>Total 360 · Grants-COBI</b>	<b>1,254.00</b>	<b>32,650.00</b>
380 · Fundraising Income		
380g · Spice Route Fundraiser		2,400.00
381 · OCFA-One Call For All		4,000.00
382 · Kitsap Great Give		1,500.00
<b>Total 380 · Fundraising Income</b>		<b>7,900.00</b>
<b>Total Income</b>	<b>194,104.00</b>	<b>591,812.00</b>
<b>Gross Profit</b>	<b>194,104.00</b>	<b>591,812.00</b>
<b>Expense</b>		
400 · Payroll Expense		
401 · Payroll Wages	92,004.00	348,998.00
435 · Employer FICA/Medi	7,104.00	26,712.00
436 · Employer L & I	1,608.00	5,424.00
440 · Employers Medical	7,092.00	49,140.00
441 · Employer HSA Contribution	1,250.00	7,500.00
445 · Retirement Plan	1,500.00	5,916.00
<b>Total 400 · Payroll Expense</b>	<b>110,558.00</b>	<b>443,690.00</b>
500 · School Supplies	2,500.00	6,800.00
510 · Food	5,000.00	13,000.00
515 · Consumable Supplies	1,950.00	5,700.00
520 · Hardwares, Small Equipment,	1,000.00	3,500.00
525 · Auto Expense		
525a · Gasoline	200.00	600.00
525b · Vehicle Maintenance & Repair	800.00	2,400.00
<b>Total 525 · Auto Expense</b>	<b>1,000.00</b>	<b>3,000.00</b>
530 · Liability Insurance	2,100.00	6,300.00
535 · Advertising/Events/PR		
578 · Classified Ads		250.00
536 · Events/PR		700.00
537 · Website		1,000.00
535 · Advertising/Events/PR - Other		2,000.00
<b>Total 535 · Advertising/Events/PR</b>		<b>3,950.00</b>
540 · Dues and Subscriptions	100.00	2,250.00
545 · Office Supplies	550.00	2,000.00
550 · Professional & Other Services		
551 · Accounting Services		1,500.00
554 · Other Services/Landscaping		1,800.00
<b>Total 550 · Professional &amp; Other Services</b>		<b>3,300.00</b>
560 · Taxes		
561 · Business Tax		2,000.00
562 · Property Taxes		600.00
<b>Total 560 · Taxes</b>		<b>2,600.00</b>

**Bainbridge Island Child Care Centers**  
**Fiscal Budget Overview**  
September 2016 through August 2017

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	Kids Club Sep '16 - Aug 17	TOTAL Sep '16 - Aug 17
565 · Licenses		1,600.00
570 · Bad Debts		1,500.00
574 · Bank Charges		100.00
580 · Staff Recognition	1,500.00	7,000.00
581 · Misc Appreciation	250.00	1,000.00
582 · Staff Training	600.00	1,950.00
585 · Repairs and Maintenance		
586 · Custodial Maintenance	14,100.00	15,100.00
588 · Facility & moving costs	500.00	2,000.00
<b>Total 585 · Repairs and Maintenance</b>	<b>14,600.00</b>	<b>17,100.00</b>
590 · Utilities		
591 · Electricity		4,500.00
592 · Garbage		504.00
594 · Sewer & Water		3,025.00
595 · Telephone	432.00	4,332.00
<b>Total 590 · Utilities</b>	<b>432.00</b>	<b>12,361.00</b>
593 · Rent or Storage	29,232.00	29,232.00
601 · Tuition Expenses		
610 · BICCC Center Scholarships	1,000.00	15,000.00
620 · BICCC DSHS Scholarships	2,000.00	3,000.00
630 · Family / Sibling Discount	7,000.00	16,000.00
<b>Total 601 · Tuition Expenses</b>	<b>10,000.00</b>	<b>34,000.00</b>
800 · Board of Trustees		
810 · D & O Liability Insurance		1,275.00
820 · Board expenses		1,100.00
<b>Total 800 · Board of Trustees</b>		<b>2,375.00</b>
<b>Total Expense</b>	<b>181,372.00</b>	<b>604,308.00</b>
<b>Net Ordinary Income</b>	<b>12,732.00</b>	<b>(12,496.00)</b>
<b>Net Income</b>	<b>12,732.00</b>	<b>(12,496.00)</b>

# Return of Organization Exempt From Income Tax

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

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

# 2014

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2014 calendar year, or tax year beginning** Sep 1, 2014, and ending Aug 31, 2015

<b>B</b> Check if applicable:	<b>C</b> Name of organization <u>BAINBRIDGE ISLAND CHILD CARE CENTERS</u>	<b>D</b> Employer identification number <u>91-0907295</u>
<input type="checkbox"/> Address change	Doing business as	<b>E</b> Telephone number <u>(206) 842-6525</u>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	<b>G</b> Gross receipts \$ <u>622,035.</u>
<input type="checkbox"/> Initial return	<u>502 CAVE AVE</u>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
<input type="checkbox"/> Amended return	<u>BAINBRIDGE ISL WA 98110</u>	<b>H(c)</b> Group exemption number ▶
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer: <u>Sarah Morgans 9180 Lovgreen Rd Bainbridge WA 98110</u>	
<b>I</b> 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	
<b>J</b> Website: ▶ <u>www.biccc.org</u>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <u>1974</u>	<b>M</b> State of legal domicile: <u>WA</u>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>HIGH QUALITY CHILD CARE SERVICES</u> <u>For details, please visit: www.biccc.org</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	7
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	7
	<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	<b>5</b>	25
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	10
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	64,804.	38,306.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	549,494.	569,347.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	90.	123.
	<b>12</b>	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	7,455.	12,738.
			621,843.	620,514.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .		
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	373,962.	439,222.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>4,833.</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	134,562.	109,799.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	508,524.	549,021.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 . . . . .	113,319.	71,493.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) . . . . .	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .	1,064,967.	1,142,701.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 . . . . .	31,770.	42,721.
			1,033,197.	1,099,980.

## 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.

<b>Sign Here</b>	Signature of officer	Date			
	<u>Kimberly Paulson</u>	<u>06/09/16</u>			
	Type or print name and title.	Treasurer			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	<u>MARK ULLOA CPA</u>		<u>06/10/16</u>		<u>P01274678</u>
	Firm's name ▶ <u>MARK ULLOA CPA</u>				
	Firm's address ▶ <u>PO BOX 10177</u> <u>BAINBRIDGE WA 98110</u>	Firm's EIN ▶ <u>27-4654086</u>			
					Phone no. <u>(206) 855-9716</u>

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:

HIGH QUALITY CHILD CARE SERVICES

For details, please visit: www.biccc.org

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 No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If 'Yes,' describe these changes on Schedule O.

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 \$ 134,192. including grants of \$ 0.) (Revenue \$ 172,293.)

PRE-SCHOOL DAYCARE PROGRAM- Offers full & part-time child care with a planned AM curriculum and optional child-centered activities in PM for dozens of children ages two thru five. (at Children's Center, 502 Cave Ave, Bainbridge Island)

4b (Code: ) (Expenses \$ 148,803. including grants of \$ 0.) (Revenue \$ 186,644.)

SCHOOL AGE "BIG KIDS" PROGRAM- Offers before & after elementary school care with planned activities & curriculum in grades K thru 2. Full day programs offered during vacations (behind Ordway Grade School, Madison Ave, Bainbridge Island)

4c (Code: ) (Expenses \$ 144,505. including grants of \$ 0.) (Revenue \$ 222,879.)

SCHOOL AGE "KIDS CLUB" PROGRAM- Offers before & after elementary school care with planned activities & curriculum in grades 3 thru 6. Full day programs offered during vacations; We have served hundreds of families and working parents with quality child-care.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 427,500.

**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)? If 'Yes,' complete Schedule A . . . . .	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I . . . . .		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II . . . . .		X
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? If 'Yes,' complete Schedule C, Part III . . . . .		X
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? If 'Yes,' complete Schedule D, Part I . . . . .		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II . . . . .		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III . . . . .		X
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? If 'Yes,' complete Schedule D, Part IV . . . . .		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V . . . . .		X
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? If 'Yes,' complete Schedule D, Part VI . . . . .	X	
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? If 'Yes,' complete Schedule D, Part VII . . . . .		X
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? If 'Yes,' complete Schedule D, Part VIII . . . . .		X
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? If 'Yes,' complete Schedule D, Part IX . . . . .		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X . . . . .		X
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)? If 'Yes,' complete Schedule D, Part X . . . . .		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII . . . . .		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E . . . . .	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
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? If 'Yes,' complete Schedule F, Parts I and IV . . . . .		X
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? If 'Yes,' complete Schedule F, Parts II and IV . . . . .		X
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? If 'Yes,' complete Schedule F, Parts III and IV . . . . .		X
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? If 'Yes,' complete Schedule G, Part I (see instructions) . . . . .		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II . . . . .		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III . . . . .		X
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . .		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II . . . . .</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III . . . . .</i>		X
<b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J . . . . .</i>		X
<b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a . . . . .</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? . . . . .		
<b>25 a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I . . . . .</i>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I . . . . .</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II . . . . .</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III . . . . .</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV . . . . .</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV . . . . .</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV . . . . .</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M . . . . .</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M . . . . .</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I . . . . .</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II . . . . .</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I . . . . .</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		X
<b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2 . . . . .</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2 . . . . .</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI . . . . .</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

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 line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

**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.

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1 b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7 a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>7 b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8 a</b>	The governing body? . . . . .	X	
<b>8 b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O . . . . .		X

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

		Yes	No
<b>10 a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>10 b</b>	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11 a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .		X
<b>12 a</b>	Did the organization have a written conflict of interest policy? If 'No,' go to line 13 . . . . .		X
<b>12 b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .		
<b>12 c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done . . . . .		
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		X
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .		X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15 a</b>	The organization's CEO, Executive Director, or top management official . . . . .		X
<b>15 b</b>	Other officers or key employees of the organization . . . . .		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16 a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>16 b</b>	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ Washington
- 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.  
 Own website     Another's website     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: ▶  
 Shelley Long                      502 Cave Ave,                      Bainbridge,                      WA                      98110                      (206) 842-6525

**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**

**1 a** 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 dotted 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) Shelley Long Executive Director	40.00	X					54,601.	0.	8,626.	
(2) Sarah Morgans President	4.00	X		X			0.	0.	0.	
(3) Kimberly Paulson Treasurer	4.00	X		X			0.	0.	0.	
(4) Michelle Weaver Secretary	4.00	X		X			0.	0.	0.	
(5) Russel King Director	4.00	X					0.	0.	0.	
(6) Anne McElearney Vice President	4.00	X		X			0.	0.	0.	
(7) Kathryn McCafferty Director	4.00	X					0.	0.	0.	
(8) James Shepard Officer	4.00	X		X			0.	0.	0.	
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

**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 dotted 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			
(15) -----	-----								
(16) -----	-----								
(17) -----	-----								
(18) -----	-----								
(19) -----	-----								
(20) -----	-----								
(21) -----	-----								
(22) -----	-----								
(23) -----	-----								
(24) -----	-----								
(25) -----	-----								
<b>1 b Sub-total</b> . . . . .							54,601.	0.	8,626.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .									
<b>d Total (add lines 1b and 1c)</b> . . . . .							54,601.	0.	8,626.
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶									

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i> . . . . .	3	X
<b>4</b> 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? <i>If 'Yes' complete Schedule J for such individual</i> . . . . .	4	X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i> . . . . .	5	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

**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 ▶

**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		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns . . . . .	<b>1 a</b>					
	<b>b</b> Membership dues . . . . .	<b>1 b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1 c</b>					
	<b>d</b> Related organizations . . . . .	<b>1 d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1 e</b> 27,564.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . .	<b>1 f</b> 10,742.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		38,306.				
<b>Program Service Revenue</b>	<b>2 a</b> DAYCARE TUITION		900099	539,605.	539,605.	0.	0.
	<b>b</b> DAYCARE FEES		900099	19,939.	19,939.	0.	0.
	<b>c</b> DAYCARE FIELDTRIPS		900099	4,062.	4,062.	0.	0.
	<b>d</b> SHUTTLES PROGRAM, LATE CHARGES		900099	5,741.	5,741.	0.	0.
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶			569,347.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . . ▶			123.	123.	0.
<b>4</b> Income from investment of tax-exempt bond proceeds . . ▶							
<b>5</b> Royalties . . . . . ▶							
<b>6 a</b> Gross rents . . . . .		(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss) . .					
		<b>d</b> Net rental income or (loss) . . . . . ▶					
<b>7 a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . .					
		<b>c</b> Gain or (loss) . . . . .					
		<b>d</b> Net gain or (loss) . . . . . ▶					
<b>8 a</b> Gross income from fundraising events (not including . . \$ _____ of contributions reported on line 1c). See Part IV, line 18. . . . . <b>a</b> 7,448.							
<b>b</b> Less: direct expenses . . . . . <b>b</b> 1,521.							
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶			5,927.	0.	5,927.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19. . . . . <b>a</b>							
<b>b</b> Less: direct expenses . . . . . <b>b</b>							
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶							
<b>10 a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>							
<b>b</b> Less: cost of goods sold . . . . . <b>b</b>							
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶							
<b>11 a</b> IRS Health Insurance Tax Credit		900099	6,811.	6,811.	0.	0.	
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d. . . . . ▶			6,811.				
<b>12 Total revenue.</b> See instructions . . . . . ▶			620,514.	576,281.	0.	5,927.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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 . . . . .	54,601.	8,190.	43,681.	2,730.
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 . . . . .	289,039.	268,667.	19,174.	1,198.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
9 Other employee benefits . . . . .	65,312.	42,432.	22,880.	0.
10 Payroll taxes . . . . .	30,270.	24,063.	6,207.	0.
11 Fees for services (non-employees):				
a Management . . . . .				
b Legal . . . . .	3,168.	1,584.	1,584.	0.
c Accounting . . . . .	2,114.	1,128.	986.	0.
d Lobbying . . . . .				
e Professional fundraising services. See Part IV, line 17 . . . . .				
f Investment management fees . . . . .				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	391.	279.	112.	0.
12 Advertising and promotion . . . . .	9,110.	1,289.	7,014.	807.
13 Office expenses . . . . .	2,547.	1,825.	722.	0.
14 Information technology . . . . .	1,527.	0.	1,527.	0.
15 Royalties . . . . .				
16 Occupancy . . . . .	22,512.	20,262.	2,250.	0.
17 Travel . . . . .				
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 . . . . .	18,379.	16,540.	1,839.	0.
23 Insurance . . . . .	7,693.	6,389.	1,304.	0.
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 <u>Daycare Supplies</u> . . . . .	10,135.	10,086.	49.	0.
b <u>Daycare Food</u> . . . . .	11,576.	11,576.	0.	0.
c <u>Daycare Fieldtrip costs</u> . . . . .	3,063.	3,063.	0.	0.
d <u>Staff training/Recog.</u> . . . . .	8,203.	5,274.	2,929.	0.
e All other expenses . . . . .	9,381.	4,853.	4,430.	98.
25 <b>Total functional expenses.</b> Add lines 1 through 24e. . . . .	549,021.	427,500.	116,688.	4,833.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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	
<b>Assets</b>	1	Cash — non-interest-bearing . . . . .	363,173.	1	226,121.
	2	Savings and temporary cash investments . . . . .	213,680.	2	453,802.
	3	Pledges and grants receivable, net . . . . .	4,294.	3	4,294.
	4	Accounts receivable, net . . . . .	15,221.	4	9,141.
	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 instructions). Complete Part II of Schedule L . . . . .		6	
	7	Notes and loans receivable, net . . . . .		7	
	8	Inventories for sale or use . . . . .		8	
	9	Prepaid expenses and deferred charges . . . . .	6,462.	9	5,918.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a 716,152.		
	10b	Less: accumulated depreciation . . . . .	10b 272,727.		
	11	Investments — publicly traded securities . . . . .	462,137.	10c	443,425.
	12	Investments — other securities. See Part IV, line 11 . . . . .		11	
	13	Investments — program-related. See Part IV, line 11 . . . . .		12	
	14	Intangible assets . . . . .		13	
	15	Other assets. See Part IV, line 11 . . . . .		14	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,064,967.	15	1,142,701.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .	25,095.	16	35,712.
	18	Grants payable . . . . .		17	
	19	Deferred revenue . . . . .	6,675.	18	7,009.
	20	Tax-exempt bond liabilities . . . . .		19	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		20	
	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 . . . . .		21	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		22	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .		23	
	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 . . . . .		24	
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	31,770.	25	42,721.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets . . . . .	683,197.	26	749,980.
	28	Temporarily restricted net assets . . . . .	350,000.	27	350,000.
	29	Permanently restricted net assets . . . . .		28	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds . . . . .		29	
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		30	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .		31	
	33	<b>Total net assets or fund balances.</b> . . . . .	1,033,197.	32	1,099,980.
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .	1,064,967.	33	1,142,701.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	620,514.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	549,021.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	71,493.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,033,197.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-4,710.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,099,980.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" 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.			
<b>2 a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>2 b</b>	Were the organization's financial statements audited by an independent accountant?		X
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			
<b>2 c</b>	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3 a</b>	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
<b>3 b</b>	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		

BAA

Form 990 (2014)

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization <b>BAINBRIDGE ISLAND CHILD CARE CENTERS</b>	Employer identification number <b>91-0907295</b>
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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.)
- 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 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 or IRC section (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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**SCHEDULE E**  
**(Form 990 or 990-EZ)**

**Schools**

OMB No. 1545-0047

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**  
▶ **Attach to Form 990 or Form 990-EZ.**

**2014**

Department of the Treasury  
Internal Revenue Service

▶ **Information about Schedule E (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

Name of the organization

BAINBRIDGE ISLAND CHILD CARE CENTERS

Employer identification number

91-0907295

**Part I**

	YES	NO
<b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	X	
<b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	X	
<b>3</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No,' please explain. If you need more space, use Part II . . . . . <u>Nondiscriminatory in all documents and matters.</u> ----- ----- -----	X	
<b>4</b> Does the organization maintain the following? <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	X	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	X	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	X	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . . If you answered 'No' to any of the above, please explain. If you need more space, use Part II. ----- -----	X	
<b>5</b> Does the organization discriminate by race in any way with respect to: <b>a</b> Students' rights or privileges? . . . . .		X
<b>b</b> Admissions policies? . . . . .		X
<b>c</b> Employment of faculty or administrative staff? . . . . .		X
<b>d</b> Scholarships or other financial assistance? . . . . .		X
<b>e</b> Educational policies? . . . . .		X
<b>f</b> Use of facilities? . . . . .		X
<b>g</b> Athletic programs? . . . . .		X
<b>h</b> Other extracurricular activities? . . . . . If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II. ----- -----		X
<b>6 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	X	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered 'Yes' to either line 6a or line 6b, explain on Part II.		X
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' explain on Part II . . . . .	X	

**Part II** **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

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Line 3 This day-care organization is non-discriminatory and embraces diversity.

Line 6b Our organization receives quarterly grant funding from the City of Bainbridge Island for scholarships for tuition needed by local children.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Employer identification number

BAINBRIDGE ISLAND CHILD CARE CENTERS

91-0907295

Pt VI, Line 11b

IRS Form 990 is prepared by independent CPA, who reviews these forms with the organization's Executive Director and Treasurer, and any necessary updates or edits are made before the annual Form 990 is circulated to other governing Board members or filed with Internal Revenue Service.