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: 206-842-6525
3. Email Address: slong@biccc.org
4. Physical Address: 502 Cave Ave, Bainbridge Island, Wa 98110
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: $32,650.00 2018: $ 32,650.00
   B. Organization budget $604,308.00 for fiscal year ended: 8/2017
   C. Type: ☐ XProgram Support ☐ General Operating Support (not specific to any one program or targeted service) ☐Capital (appreciable asset)
   D. For Program Support Requests, name of Program: Scholarships, Shuttle Service, Special Needs Staffing
   E. Brief Description of Request: Scholarship benefits and staffing assistance specifically provides preschool education, before and after school care, summer camps and care for children during out of school time. Direct scholarships will provide care for children of low-income families or families in needs. A safe, nurturing environment will be provided while parents are at work.
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 990

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: 10/26/16

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.

BICCC was organized in 1975 by a grass roots group that recognized childcare for young children outside of the home as an emergent community need. Their aspiration was to create a program for children and families, based on a solid curriculum, an enriched environment and nurturing support. As the community expanded, so did the need to serve more families. BICCC grew into 3 programs: Children's Center (ages 2 ½-6 years of age), Big Kids (K-2nd grade), and Kids Club (3rd -6th grade).

BICCC has continued to serve our community and its families by providing affordable, accessible programs for children regardless of socio-economic background, race, color or creed. We offer outstanding care for nearly 200 children including typical and non-typical functioning students, students with special needs, and children from foster homes. We also provide assistance for low income families as well as families with more than one child enrolled.

70% of Bainbridge Island's households are Family Households .As Bainbridge Island's influx of children is on the rise, as evidenced by BISD enrollments overflowing and more people moving to the Island, BICCC is striving to continue offering scholarships and availability to families in need. This assistance provides economic and emotional stability for families while one or more parents work. It enhances 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.

Our goal is to continue to offer scholarships to families in need. Funding would provide essential scholarships to continue quality education and child care to low-income Bainbridge Island residents that demonstrate a financial need as determined by either DSHS or Helpline House. The short term impact will be to assure families that there is money available to assist in tuition prices. The long term impact will be that families can keep their children enrolled for years knowing that their scholarship will stay intact. BICCC has been in business for more than 40 years and our impact on students, families and our community continues to be as strong as ever. Our philosophy has remained that it is necessary to provide an atmosphere and environment conducive to every child's continued growth with respect for each child's uniqueness in development, culture, family and self.

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.

III.

IV. II. PROGRAM SUMMARY

V. 1. The funds provided will directly benefit families in need of financial assistance. We work in collaboration with Helpline House to identify those needs and award up to 1/3 off of tuition rates for qualified families. Secondly, we will provide additional staffing for our non-typical functioning students, students with special needs and/or receiving accommodations as specified on their IEP. These students need close attention which requires additional staffing. And thirdly, we will provide our walking "shuttle service" with an extra staff person delegated to take our students to and from enrichment classes that otherwise they would miss while their parents are working. We shuttle more than 188 children annually to and from classes such as swimming, gymnastics, math blast, Lacrosse and more. This service allows children to participate in extracurricular activities. We have a trained staff person whose sole purpose is to safely accompany our students to these classes. It is a vital and welcomed service that expands the health and experiences of our children.

VI. 2. The recipients will be the identified families in need of financial assistance, the families that have children with special needs (by means of extra staffing for their particular requirements), and a majority of children who benefit from taking enrichment classes while their parents are at work (a designated staff person whose sole purpose is to walk kids to their classes and back daily).

VII. 3. The recipients of financial assistance fill out an application at Helpline House where the Social Workers there do an intake to determine need. They make the recommendation and we award the scholarship. The extra staffing required for our students with special needs is available on an ongoing basis, including assistance with homework and monitoring behavior. The shuttle services are available and parents simply fill out a shuttle form and we provide the staff.

VIII. 4. 100% of our families that are eligible will benefit from scholarships, special needs staffing and shuttle services.

IX. 5. 100% of those served will be from Bainbridge Island.

X. 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.

XI. 7. This funding will allow us to continue to provide an atmosphere and environment conducive to every child's continued growth with respect for each child's uniqueness in development, culture, family and self.

XII. 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.).

This proposal request is based off of our abiding philosophy that we have embraced for more than 40 years. Every child and family receives unparalleled services from BICCC in support for the family unit, unequalled care, and intuitive programming for specific needs. We have been thankful for the assistance COBI has provided and take our stewardship seriously. We track all scholarships monthly and award them based on a strong team approach, including Helpline House. We have dutifully provided shuttle services to make sure children wanting enrichment classes while their parents work, receive them.
Our staff participates in annual training as required by Washington State. 10 hours of specialized instruction is provided by BICCC to ensure the highest levels of expertise and education. Our lead staff members have been with us for anywhere from 15-40 years. Their commitment resounds in the respectful and nurturing presence they provide to Bainbridge families. They take their continuing education classes seriously to further their knowledge. We have previous students that loved their experience at BICCC so much that they have returned to work for us. We take this as a compliment and it strengthens our company greatly.

XIII. 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).

	YEAR 1			Year 2			
AREA	**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**	**OTHER SOURCES**
Human Resources (Staff Salaries, Benefits, Consultant Services)	443,690.00	Shuttles Special needs 6,336.00+ 10,560.00	16,896.00	Same projections	6,336.00 10,560.00	16,896.00	
Space / Facilities	44,400.00						
Equipment Purchase	3,500.00						
Travel / Training	1,950.00						
Insurance	7,575.00						

Operating Expenses	See attached						7,900.00
Scholarships / Stipends	34,000.00	15,754.00	15,754.00		15,754.00	15,754.00	
Other	See						
Indirect Administrative Costs	See attached						
TOTAL	535,115.00	32,650.00	32,650.		32,650.00	32,650.	

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? We are asking for roughly 5% of our total budget.
3. How have the services you are requesting been funded for in the past? Generously they have been provided by COBI.
4. What other sources of funding are you seeking (or have you secured) to support this proposed program or services? Other funding sources include the Kitsap Great Give and One Call for All.

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

XIV. 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)
Scholarships	Year 1: Estimated 22 Students will receive tuition support Year 2: Estimated 22 students will receive tuition support	Year 1and 2:100% of low income families eligible will receive a tuition benefit of up to 33%.
Special Needs Staffing	About 15% of our preschool children have special needs and many school aged are on IEP.	We will provide adequate staffing to accommodate their special needs.
Shuttle Staffing	An estimated 188 children will participate in our shuttle service.	Upon request from parents, 100% of all children will be provided our shuttle service.

XV. 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.

BOARD OF DIRECTORS

BICCC 2016

Kim Paulson, Treasurer	8041 NE Paulanna Ln
	K_paulson@hotmail.com
	206-780-1344
James Shephard, Vice President	9415 NE Northtown Loop
	Shepa.james@gmail.com
	240-620-3443
Sarah Morgans, Treasurer	9180 NE Lovgreen Rd
	Sarah.morgans@hotmail.com
	206-842-2351
Kathryn McCafferty	10320 NE Roberts Rd
	Katmac014@gmail.com
	206-794-0025
Russell King	10478 Arrow Point Dr NE
	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
ASSETS		
Current Assets		
Checking/Savings		
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	
Total 101 · Columbia Bank Checking xx8836		246,399.64
121 · Chase Business Savings xx5383		41,688.14
120 · Chase Platinum Checking xx3336		52.00
111 · Columbia Bank Savings xx0297		59,913.45
Total Checking/Savings		348,053.23
Other Current Assets		
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	
Total 110 · Petty Cash		198.98
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	
Total 150 · Prepaid Expenses		6,461.03
Total Other Current Assets		10,639.22
Total Current Assets		358,692.45
Fixed Assets		
160 · Daycare Equipment		
162 · Furniture & Equipment	25,114.50	
164 · Office Equipment	4,960.27	
Total 160 · Daycare Equipment		30,074.77
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	
Total 170 · Buildings		670,859.46
178 · Vehicles		
178a · 1991 Dodge Ram	15,217.87	
Total 178 · Vehicles		15,217.87

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

	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)	
Total 180 · Accumulated Depreciation		(272,727.13)
190 · Facility Project		365,976.79
Total Fixed Assets		809,401.76
TOTAL ASSETS		**1,168,094.21**
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
200 · Accounts Payable		3,749.45
Total Accounts Payable		3,749.45
Other Current Liabilities		
202 · Expenses Payable		1,680.47
205 · Pre-Paid Tuition		
206 · Last Month Dep	5,628.50	
Total 205 · Pre-Paid Tuition		5,628.50
210 · Payroll Liabilities		
235 · Labor & Industries Payable	1,310.22	
236 · Retirement Plan Payable	162.11	
237 · Medical Benefit Payable	4,105.46	
Total 210 · Payroll Liabilities		5,577.79
225 · Payroll Payable		15,318.78
240 · Vacation Payable		8,440.55
Total Other Current Liabilities		36,646.09
Total Current Liabilities		40,395.54
Total Liabilities		40,395.54
Equity		
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
Total Equity		1,127,698.67
TOTAL LIABILITIES & EQUITY		**1,168,094.21**

9:41 AM
10/27/16
Accrual Basis

Bainbridge Island Child Care Centers
Profit & Loss Income Statement
September 2015 through August 2016

	Administration	Children's Center	Big Kids	Kids Club	TOTAL
Ordinary Income/Expense					
Income					
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
Total 350 · Grants	3,500.00				3,500.00
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
Total 360 · Grants-COBI	1,000.00	18,829.39	7,256.25	4,800.21	31,885.85
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
Total 380 · Fundraising Income	10,072.56	24.00	251.53	1,566.47	11,914.56
Total Income	34,078.94	195,249.74	179,714.78	199,960.46	609,003.92
Gross Profit	34,078.94	195,249.74	179,714.78	199,960.46	609,003.92
Expense					
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

	Administration	Children's Center	Big Kids	Kids Club	TOTAL
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
Total 400 · Payroll Expense	106,223.08	96,857.19	112,490.50	104,030.55	419,601.32
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
Total 525 · Auto Expense	110.51	608.56	645.41	775.11	2,139.59
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
Total 535 · Advertising/Events/PR	3,139.41	33.33	33.34	33.33	3,239.41
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
Total 550 · Professional & Other Services	1,533.50	1,711.46	25.00		3,269.96
560 · Taxes					

Bainbridge Island Child Care Centers
Profit & Loss Income Statement
September 2015 through August 2016

	Administration	Children's Center	Big Kids	Kids Club	TOTAL
561 · Business Tax	1,941.18				1,941.18
562 · Property Taxes		589.06			589.06
Total 560 · Taxes	1,941.18	589.06			2,530.24
565 · Licenses	1,394.00				1,394.00
570 · Bad Debts					
570a · NSF Checks	900.00		880.00		1,780.00
Total 570 · Bad Debts	900.00		880.00		1,780.00
574 · Bank Charges					
574a · NSF Fees	20.00		20.00		40.00
Total 574 · Bank Charges	20.00		20.00		40.00
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
585 · Repairs and Maintenance					
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
Total 585 · Repairs and Maintenance		960.22	1,480.04	14,329.39	16,769.65
590 · Utilities					
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
Total 590 · Utilities		5,970.76	5,452.67	429.24	11,852.67
593 · Rent or Storage				33,120.13	33,120.13
601 · Tuition Expenses					
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
Total 601 · Tuition Expenses		11,045.32	13,546.10	9,060.68	33,652.10
6560 · Payroll Expenses					
800 · Board of Trustees					
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

	Administration	Children's Center	Big Kids	Kids Club	TOTAL
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
Total 830 · Fundraising	1,470.24	8.67	328.35	1,387.24	3,194.50
Total 800 · Board of Trustees	3,454.04	8.67	328.35	1,387.24	5,178.30
Total Expense	123,835.24	125,946.00	150,335.08	181,168.86	581,285.18
Net Ordinary Income	(89,756.30)	69,303.74	29,379.70	18,791.60	27,718.74
Net Income	**(89,756.30)**	**69,303.74**	**29,379.70**	**18,791.60**	**27,718.74**

10/26/16

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
Ordinary Income/Expense			
Income			
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		
Total 360 · Grants-COBI	16,896.00	11,000.00	3,500.00
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		
Total 380 · Fundraising Income	7,900.00		
Total Income	41,308.00	178,000.00	178,400.00
Gross Profit	41,308.00	178,000.00	178,400.00
Expense			
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
Total 400 · Payroll Expense	112,318.00	103,798.00	117,016.00
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
Total 525 · Auto Expense		1,000.00	1,000.00
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		
Total 535 · Advertising/Events/PR	3,950.00		
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		
Total 550 · Professional & Other Services	3,300.00		
560 · Taxes			
561 · Business Tax	2,000.00		
562 · Property Taxes		600.00	
Total 560 · Taxes	2,000.00	600.00	

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
Total 585 · Repairs and Maintenance		1,500.00	1,000.00
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
Total 590 · Utilities		6,450.00	5,479.00
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
Total 601 · Tuition Expenses		12,000.00	12,000.00
800 · Board of Trustees			
810 · D & O Liability Insurance	1,275.00		
820 · Board expenses	1,100.00		
Total 800 · Board of Trustees	2,375.00		
Total Expense	132,043.00	138,648.00	152,245.00
Net Ordinary Income	(90,735.00)	39,352.00	26,155.00
Net Income	**(90,735.00)**	**39,352.00**	**26,155.00**

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

	Kids Club Sep '16 - Aug 17	TOTAL Sep '16 - Aug 17
Ordinary Income/Expense		
Income		
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
Total 360 · Grants-COBI	1,254.00	32,650.00
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
Total 380 · Fundraising Income		7,900.00
Total Income	194,104.00	591,812.00
Gross Profit	194,104.00	591,812.00
Expense		
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
Total 400 · Payroll Expense	110,558.00	443,690.00
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
Total 525 · Auto Expense	1,000.00	3,000.00
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
Total 535 · Advertising/Events/PR		3,950.00
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
Total 550 · Professional & Other Services		3,300.00
560 · Taxes		
561 · Business Tax		2,000.00
562 · Property Taxes		600.00
Total 560 · Taxes		2,600.00

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

	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
Total 585 · Repairs and Maintenance	14,600.00	17,100.00
590 · Utilities		
591 · Electricity		4,500.00
592 · Garbage		504.00
594 · Sewer & Water		3,025.00
595 · Telephone	432.00	4,332.00
Total 590 · Utilities	432.00	12,361.00
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
Total 601 · Tuition Expenses	10,000.00	34,000.00
800 · Board of Trustees		
810 · D & O Liability Insurance		1,275.00
820 · Board expenses		1,100.00
Total 800 · Board of Trustees		2,375.00
Total Expense	181,372.00	604,308.00
Net Ordinary Income	12,732.00	(12,496.00)
Net Income	**12,732.00**	**(12,496.00)**

Form **990**

Department of the Treasury
Internal Revenue Service

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.*

OMB No. 1545-0047

2014

Open to Public Inspection

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

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: BAINBRIDGE ISLAND CHILD CARE CENTERS

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 502 CAVE AVE | Room/suite

City or town, state or province, country, and ZIP or foreign postal code: BAINBRIDGE ISL WA 98110

D Employer identification number: 91-0907295

E Telephone number: (206) 842-6525

G Gross receipts $ 622,035.

F Name and address of principal officer: Sarah Morgans 9180 Lovgreen Rd Bainbridge WA 98110

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If 'No,' attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► www.biccc.org

H(c) Group exemption number ►

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of formation: 1974 **M** State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: HIGH QUALITY CHILD CARE SERVICES
For details, please visit: www.biccc.org

2 Check this box ► [ ] 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	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	25
6	Total number of volunteers (estimate if necessary)	6	10
7a	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.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	64,804.	38,306.
	9	Program service revenue (Part VIII, line 2g)	549,494.	569,347.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	90.	123.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,455.	12,738.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	621,843.	620,514.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	373,962.	439,222.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 4,833.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	134,562.	109,799.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	508,524.	549,021.
	19	Revenue less expenses. Subtract line 18 from line 12	113,319.	71,493.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,064,967.	1,142,701.
	21	Total liabilities (Part X, line 26)	31,770.	42,721.
	22	Net assets or fund balances. Subtract line 21 from line 20	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.

Sign Here

► Signature of officer — Date: 06/09/16

► Kimberly Paulson — Treasurer
Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
MARK ULLOA CPA		06/10/16		P01274678

Firm's name ► MARK ULLOA CPA

Firm's address ► PO BOX 10177
BAINBRIDGE WA 98110

Firm's EIN ► 27-4654086

Phone no. (206) 855-9716

May the IRS discuss this return with the preparer shown above? (see instructions) [X] 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.

4 a (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 cirriculum and optional child-centered activities in PM for dozens of children ages two thru five.
(at Children's Center, 502 Cave Ave, Bainbridge Island)

4 b (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 & cirriculum in grades K thru 2. Full day programs offered during vacations
(behind Ordway Grade School, Madison Ave, Bainbridge Island)

4 c (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 & cirriculum in grades 3 thru 6. Full day programs offered during vacations;
We have served hundreds of families and working parents with quality child-care.

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

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

4 e 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*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		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*	3		X
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? *If 'Yes,' complete Schedule C, Part II*	4		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*	5		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*	6		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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		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*	9		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*	10		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*	11 a	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*	11 b		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*	11 c		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*	11 d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11 e		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*	11 f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI, and XII*	12a		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*	12 b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13	X	
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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*	14b		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*	15		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*	16		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)	17		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*	18		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*	19		X
20 a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

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

			Yes	No
21	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? *If 'Yes,' complete Schedule I, Parts I and II*	**21**		X
22	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? *If 'Yes,' complete Schedule I, Parts I and III*	**22**		X
23	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? *If 'Yes,' complete Schedule J*	**23**		X
24 a	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? *If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a*	**24a**		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	**24d**		
25 a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	**25a**		X
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? *If 'Yes,' complete Schedule L, Part I*	**25b**		X
26	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? *If 'Yes', complete Schedule L, Part II*	**26**		X
27	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? *If 'Yes,' complete Schedule L, Part III*	**27**		X
28	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):			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	**28a**		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	**28b**		X
c	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? *If 'Yes,' complete Schedule L, Part IV*	**28c**		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	**29**		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	**30**		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	**31**		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	**32**		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part I*	**33**		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		X
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)? *If 'Yes,' complete Schedule R, Part V, line 2*	**35b**		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	**36**		X
37	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? *If 'Yes,' complete Schedule R, Part VI*	**37**		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	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 . . . . . ☐

				Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	**1 a**	2			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	**1 b**	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1 c**	X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2 a**	25			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2 b**	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3 a Did the organization have unrelated business gross income of $1,000 or more during the year?			**3 a**		X
b If 'Yes' has it filed a Form 990-T for this year? *If 'No' to line 3b, provide an explanation in Schedule O*			**3 b**		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4 a**		X
b If 'Yes,' enter the name of the foreign country: ►					
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)					
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5 a**		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5 b**		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			**5 c**		
6 a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6 a**		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6 b**		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7 a**		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			**7 b**		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7 c**		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	**7 d**				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7 e**		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7 f**		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7 g**		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7 h**		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		X
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?			**9 a**		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9 b**		X
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	**10 a**				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10 b**				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	**11 a**				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11 b**				
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			**12 a**		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	**12 b**				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state?			**13 a**		
Note. See the instructions for additional information the organization must report on Schedule O.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13 b**				
c Enter the amount of reserves on hand	**13 c**				
14 a Did the organization receive any payments for indoor tanning services during the tax year?			**14 a**		X
b If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*			**14 b**		

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

				Yes	No
1 a	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.	**1 a**	7		
b	Enter the number of voting members included in line 1a, above, who are independent	**1 b**	7		
2	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?	**2**			X
3	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?	**3**			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**			X
6	Did the organization have members or stockholders?	**6**			X
7 a	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?	**7 a**			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7 b**			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	**8 a**		X	
b	Each committee with authority to act on behalf of the governing body?	**8 b**		X	
9	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*	**9**			X

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

			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	**10 a**		X
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?	**10 b**		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11 a**		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12 a	Did the organization have a written conflict of interest policy? *If 'No,' go to line 13*	**12 a**		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12 b**		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this was done*	**12 c**		
13	Did the organization have a written whistleblower policy?	**13**		X
14	Did the organization have a written document retention and destruction policy?	**14**		X
15	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?			
a	The organization's CEO, Executive Director, or top management official	**15 a**		X
b	Other officers or key employees of the organization	**15 b**		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16 a**		X
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?	**16 b**		

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 [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: ►

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(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 organiza - tions below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total ►								54,601.	0.	8,626.
c Total from continuation sheets to Part VII, Section A ►										
d Total (add lines 1b and 1c) ►								54,601.	0.	8,626.

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 ►

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

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	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 Daycare Supplies	10,135.	10,086.	49.	0.
b Daycare Food	11,576.	11,576.	0.	0.
c Daycare Fieldtrip costs	3,063.	3,063.	0.	0.
d Staff training/Recog.	8,203.	5,274.	2,929.	0.
e All other expenses	9,381.	4,853.	4,430.	98.
25 **Total functional expenses.** Add lines 1 through 24e	549,021.	427,500.	116,688.	4,833.
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	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.			
	b	Less: accumulated depreciation — 10b 272,727.	462,137.	10c	443,425.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,064,967.	16	1,142,701.
Liabilities	17	Accounts payable and accrued expenses	25,095.	17	35,712.
	18	Grants payable		18	
	19	Deferred revenue	6,675.	19	7,009.
	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		25	
	26	**Total liabilities.** Add lines 17 through 25	31,770.	26	42,721.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ► [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	683,197.	27	749,980.
	28	Temporarily restricted net assets	350,000.	28	350,000.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► [ ] 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	1,033,197.	33	1,099,980.
	34	Total liabilities and net assets/fund balances	1,064,967.	34	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 . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	620,514.
2	Total expenses (must equal Part IX, column (A), line 25)	2	549,021.
3	Revenue less expenses. Subtract line 2 from line 1	3	71,493.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,033,197.
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	-4,710.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	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
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a	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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2 b		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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2 c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 a	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?	3 a		X
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	3 b		

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

2014

Open to Public Inspection

Name of the organization	Employer identification number
BAINBRIDGE ISLAND CHILD CARE CENTERS	91-0907295

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 [X] 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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule **A** (Form 990 or 990-EZ) 2014

TEEA0401 07/16/14

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

► **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.**
► **Information about Schedule E (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form 990.***

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: BAINBRIDGE ISLAND CHILD CARE CENTERS

Employer identification number: 91-0907295

Part I

			YES	NO
1	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?	1	X	
2	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?	2	X	
3	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	3	X	
	Nondiscriminatory in all documents and matters.			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4 a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4 b	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4 c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4 d	X	
	If you answered 'No' to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5 a		X
b	Admissions policies?	5 b		X
c	Employment of faculty or administrative staff?	5 c		X
d	Scholarships or other financial assistance?	5 d		X
e	Educational policies?	5 e		X
f	Use of facilities?	5 f		X
g	Athletic programs?	5 g		X
h	Other extracurricular activities?	5 h		X
	If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II.			
6 a	Does the organization receive any financial aid or assistance from a governmental agency?	6 a	X	
b	Has the organization's right to such aid ever been revoked or suspended?	6 b		X
	If you answered 'Yes' to either line 6a or line 6b, explain on Part II.			
7	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	7	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).

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

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

2014

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Employer identification number: 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 ciculated to other governing Board members or filed with Internal Revenue Service.