BAINBRIDGE ISLAND
SPECIAL NEEDS FOUNDATION

Funding provided by the City of Bainbridge Island

CITY OF BAINBRIDGE ISLAND
2017-2018 HUMAN SERVICES FUNDING PROPOSAL
Cover Letter

1. Organization Name: **Bainbridge Island Special Needs Foundation**
2. Contact Person: Jean Fernandes 206-842-8642
3. Email Address: jfernandesbear@gmail.com
4. Physical Address: 191 Winslow Way West, BI 98110
5. Mailing Address: PO Box 10919, BI 98110
6. Are you a 501(c)(3) nonprofit? YES
7. Organization EIN: 91-2018299
8. Request for 2017-2018 (two-year term):
   A. Amount of City Funding Requested:
      2017: $15,000 2018: $16,200
   B. Organizational budget: $117,704 for fiscal year ended 12/31/16
   C. Type: ☐ Program X Operations ☐ Capital
   D. For Program Support Requests, name of Program: n/a
   E. Brief Description of Request:

Bainbridge Island Special Needs Foundation (BISNF) operates a day program for adults with developmental and/or intellectual disabilities. Our client fees cover most of our staff salaries. All other expenses (i.e., rent, utilities, insurance, supplies and materials) for our daily program are covered by grants, donations and fundraising. For the past several years, BISNF has used COBI funds to cover a portion of these expenses. BISNF would use 2017 and 2018 funds in the same way.

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9. Please attach each of the items below as separate PDF documents:
   - Funding application (proposal and cover letter)
     - attached *BISNF–COBI 2017-2018 HSF application.pdf*
   - Current Board of Directors names, addresses, phone & email information
     - attached "*BISNF – Board contact info.pdf*"
   - Organization Financial Statements (Balance Sheet & Income Statement) – most recent
     - attached "*BISNF 2016 Financial Statements as of 9-30-16.pdf*"
   - 2016 Budget & 2017 Draft Budget
     - attached "*BISNF 2016 Budget and 2017 Draft Budget.pdf*"

10. Please include one copy of: Most Recently Filed Form 990
    - attached "*BISNF 2015 form 990.pdf*"

11. For capital requests, please provide a detailed capital budget, in addition to relevant renderings, cost estimates, etc.
    - not applicable

12. Authorized Signature: Linda Purdom
President, Bainbridge Island Special Needs Foundation

Date: October 28, 2016

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CITY OF BAINBRIDGE ISLAND
2017-2018 HUMAN SERVICES FUNDING
Application

I. STATEMENT OF PURPOSE

Adults with intellectual disabilities need day programs that offer structured activities providing opportunities to develop skills and find a place of belonging in the community. Additionally, families of these individuals need reliable respite care. Since 2002, Bainbridge Island Special Needs Foundation has offered these individuals an affordable program to fill these needs. We are a Washington State Respite Agency.

The COBI Community Needs Assessment Report notes in Overall Finding #2 that senior services must increase to meet the increasing demands of an aging population. As the ages of our caregivers increase, the importance of reliable resources for their loved ones will become more important.

Since its establishment in 2002, BISNF's mission has been to enhance the quality of life of our participants through a variety of activities and social interactions that help them find meaning in their lives. Our programs foster skills that allow them to integrate into the community.

Our short-term goal is to provide activities that will enhance our participants' mental, physical and emotional health. These daily life skills lead to our long-term goal of ensuring the community embraces and empowers them as valued community members.

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II. PROGRAM SUMMARY

1. What services will these funds provide?

These funds will be used in our general operating fund, allowing BISNF to continue with our 8:30am to 3:30pm, Monday to Friday program. Our participants typically attend one to four days a week. Through the general operating fund, we are able to provide vocational opportunities, leisure activities, and develop individual life skills.

2. Who will be the recipients of the services provided by these funds?

The recipients are individuals ages twenty-one to seventy-three living either with their parents or in group homes. Five of our participants are over 54 years of age. Through the first nine months of this year, we have served 21 individuals and are on track to provide over 12,000 program hours in 2016, an 11% increase over 2015.

3. How will recipients access those services?

Over the years, we have used a variety of venues to create and maintain community awareness of and access to our program. We:

- Use Kitsap Access as transportation to and from the program for most of our participants.
- Have a nine-passenger van through a special program with Kitsap County Vanlink that allows our participants to access off-site venues.
- Advertise with the Bainbridge Island Chamber of Commerce.
- Are listed in the Kitsap County Resource booklet for Disability Services.
- Maintain our own website.
- Use Facebook as our social media platform and will be expanding social media visibility (e.g., using Instagram) in the coming year. One of our Board members recently attended the social media workshop

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hosted by One Call For All that provided insight on effective use of social media.

- Annually host an informational booth during the Bainbridge Grand Old 4th of July and in prior years hosted booths at the Battle Point Park Bluegrass Festival and the Bainbridge Island Police sponsored National Night Out.
- Participate in the transitional meetings that the Bainbridge School District provides to parents of special education students.
- Maintain our program at Stephens House on Winslow Way which has provided visibility and access for the Bainbridge Island community.

4. **What percentage of the population of Bainbridge Island residents who are eligible for these services will be served by this program?**

This specific demographic is not cited in the COBI Community Needs Assessment Report but the individuals we serve correlate with the 12.7% special education school enrollment cited in the report. We believe about 10% of the of the student special needs population (about 40-50 individuals) in the school system would eventually be eligible for our program. Those students finish public school in the Adult Living Program when they are ages 18 – 21. The number exiting that program typically adds 2 – 8 individuals each year to the population that is eligible for our program.

5. **How many (or what percentage) of those served overall will be Bainbridge Island residents?**

BISNF was originally established for Bainbridge Island residents but we now welcome participants from all of Kitsap County. Bainbridge Island residents have always been at least 50% of our participants and are typically 50%-70% of the participants.

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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.**

   - Economic

     Our staff works with the participants to teach them to help with daily chores at Stephens House: e.g., gardening, shopping for lunch items, cooking and helping keep the house clean. These are opportunities for learning to accept responsibility and to follow directions. Some participants have part-time jobs on Bainbridge, so our activities also focus on the skills they need.

   - Social

     The staff holds daily "coffee talks" where the group discusses what will happen that day as well as any other topics that may arise. Participants listen to each other, form opinions and contribute ideas. Since participants share experiences such as attending movies and going on field trips together, they have a shared history and, if they have the communication skills, enjoy sharing memories with friends.

     Our routine trips down Winslow Way to the Post Office, Chase Bank, and Town & Country are examples of opportunities we provide to engage in social interactions and raise community awareness of this population.

   - Emotional

     While our participants are adults, their social/emotional maturity is markedly below age level. The staff provides meditation time with soothing music and yoga sessions to help promote both emotional and physical health. When conflicts arise, staff intervenes to help individuals make better choices. Using story boards and logical consequences, they help participants improve their ability to express themselves appropriately. Our staff

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works closely with families and care givers to align programs with participant needs.

- **Offer activities and services that promote healthy development of the individual, prevent problems, and support positive outcomes.**

o Our staff is always cognizant of the healthy development of the participants, preventing problems, and supporting positive outcomes as they participate in the following activities:
  - Fitness activities include swimming, bowling and the YMCA
  - Field trips to Seattle and throughout Kitsap County
  - Visiting parks on and off island
  - Attending movies and plays
  - Enjoying meals at restaurants
  - Participating in yoga and meditation
  - Art projects – onsite and offsite
  - Provide opportunities with similar organizations so participants can develop and foster friendships

o Monthly activity calendars are distributed in advance so participants can select participation days that best fit their interests and abilities. A sample calendar is included in the attachment "BISNF activity calendar.pdf"

- **Support quality of life programs that enhance the health and well-being of the individual and the community.**

o Giving back to the community and being part of the community is at the center of what we do. Recent examples:

  - Support for Owens Playground by delivering fliers and managing the Pennies of Play with downtown businesses.
  - Labeling coffee bags under contract for Ometepe Coffee.
  - Partnering with Mesolini Glass on Bainbridge to foster a relationship that enables participants to create art that can be and has been displayed and sold in the community.

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- Our participants are proud of their participation in the community; they feel competent and accepted. They love seeing their art on display and seeing Ometepe coffee bags in local stores with "their" labels in place.

  - **These services may be provided on an emergency, temporary, or ongoing basis, depending on the circumstances.**

- Our program runs Monday to Friday, 8:30am-3:30pm throughout the year with planned holidays.

7. **Describe how this funding will foster improvement in the range and quality of health, housing and/or human services on Bainbridge Island.**

   - The full day service that BISNF offers is not duplicated by any other agency on Bainbridge or in all of Kitsap County. Providing support for adults with intellectual disabilities is an important responsibility for a caring community and contributes to the quality of life in that community.

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 stake-holders (architects, developers, etc.).

- BISNF has successfully provided these services since our start in 2002.

- Our Board members include special education teachers, a parent of an adult special needs son, and a doctoral student in

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the field of special education at the University of Washington. These members serve as staff resources on a routine basis.

- We employ a program director and an assistant who are competent, caring, compassionate and enthusiastic. They plan the day-to-day operations with an eye toward balancing active with more relaxing activities. When a potential conflict or stressful situation arises (some participants are easily agitated) they are quick to assess the situation and respond appropriately.

- Our staff work closely with parents/care-givers and our success is measured by our high retention rate and our near capacity participation.

- Our volunteer treasurer is a business executive who provides detailed financial reports to help us cost effectively manage our program. Over 93% of expenses are directly supporting our day program. Administrative overhead expense is mostly the cost of insurance. This enables us to keep our fees low as low as possible so that families can afford to send their loved ones to a quality program.

- We continue to coordinate activities with Island Time Activities.

- We coordinate with Washington State Department of Social and Health Services (DSHS) to insure qualifying families have affordable access to our program.

- BISNF provides a place for these special community members to create community and to have friends. They care about each other and the staff. They know they belong. They know they belong at T&C, at the YMCA, at the cinema. They know they are important. They are part of the BI community.

- Looking ahead, through a grant from Bainbridge Community Foundation, we are working with a Bainbridge Island consultant

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to assess the needs of the special needs community, identify opportunities and help strengthen our organization.

IV. BUDGET

1. **What is the total of your agency's estimated budget for 2017?**
   - $120,460
2. **What portion of your total agency budget does this request represent?**
   - 12.5%
3. **How have the services you are requested funding been paid in the past?**

   Our funding sources over the last 3 years have been:
   - Participant Program Fees 63%
   - One Call for All 12%
   - Public Support 12%
   - COBI Funding 7%
   - All Other Income 5%

4. **What other sources of funding are you seeking (or have you secured)?**

   We expect our sources of funding to be consistent with those outlined in question #3.

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

   Without COBI funding we would be significantly challenged to continue a program that is affordable. As we highlighted last year, a huge rent increase for our facility was in the works and we now know that rent increase is 48% plus annual escalations. Even with COBI funding we are planning an increase in our program fees of 10% beginning in January 2017. Without COBI funding that increase would be 30%.

   We estimate that 2/3 of our clientele are highly sensitive to any increase in program fees because they have limited financial means and/or are dependent on limited DSHS funding. Without COBI funding this 2/3 of our clientele would eliminate or significantly reduce participation in our program. COBI has been and we hope will continue to be a critical part of our program.

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V. ESTIMATED OUTPUTS, OUTCOMES & ASSESSMENT

OUTPUTS AND OUTCOMES CHART		
Program Services	Annual Goal	Outcome
Adult respite day program with structured activities	Affordable and meaningful community based and client focused activities	Measured as indicated in "Activities Summary" data report shown below and evaluated as outlined in Section VI

Our goal is to provide adults with intellectual disabilities an affordable respite day program with structured activities that integrate these individuals into the community. To facilitate measurements, we track activities and costs monthly in detail in a database. A sample data report:

Bainbridge Island Special Needs Foundation
Stephens House Activities Summary

	January - September 2016		
	Quantity	**Cost**	**Average Cost**
Full Day	1,225	$46,691	$39
1/2 Day	283	$5,302	$22
Stephens House onsite lunch	554	$3,878	$7
Offsite Lunch	204	$2,058	$10
Bowling	80	$360	$5
Movie	50	$433	$9
Museum	8	$54	$8
YMCA	76	$285	$4
Swimming	202	$707	$4
Travel (Ferry)	26	$212	$8
Other Offsite Activity	77	$557	$7
TOTAL	2,785	$60,537	$22

Our data base allows us to 'drill down' to determine exactly what activities each client is engaging in and to determine the cost effectiveness of the activities.

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VI. PROGRAM EVALUATION

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

Our evaluation takes place on 3 levels: weekly, monthly and annually.

On a weekly basis, a board member meets with staff to discuss participant, program, or facility issues that may have come up. When new clients join the program or old clients leave we evaluate the transition. For new clients, we discuss how they found us and what they are expecting from the program; for departing clients, we make sure we know why they are leaving. Also on a week to week basis, Board and staff members keep in touch with participants' families and care givers.

On monthly basis, our Board meets and most of the meetings include a session with our Program Director to evaluate the prior month and the upcoming month or two. What worked, what didn't work, suggestions for improvements and new ideas are reviewed and evaluated.

In the past, we have annually done a formal evaluation of the program, working with input from a survey of the families/caregivers. This year, we are doing a more detailed review and have formed a subcommittee to evaluate each activity to see how it supports our mission. We will make any necessary adjustments to the program to ensure we have a well-balanced offering of activities that reflect our mission.

BAINBRIDGE ISLAND
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P. O. Box 10919
Bainbridge Island, WA 98110
(206) 780-1211

NOVEMBER 2016

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
		1	2	3	4	5
		Swim 10-11 Be at SH by 9AM Lunch Program Coffee Bags	Super Science Rodgers Country Nursey & Garden/Pick a Plant Here by 10AM Sack Lunch	Clean SH Lunch Program SH Movie Tea Time	Story Time Holiday Crafts Out To Lunch Baking Class	
6	7	8	9	10	11	12
	Hearts & Crafts Gym at Pavilion Meditation Sack Lunch	Swim 10-11 Be at SH by 9AM Lunch Program Coffee Bags	Super Science Bowling/ Lunch@ Diner	Clean SH Lunch Program SH Movie Tea Time	Story Time Holiday Crafts Sack Lunch Baking Class	
13	14	15	16	17	18	19
	Hearts & Crafts Gym at Pavilion Meditation Sack Lunch	Swim 10-11 Be at SH by 9AM Lunch Program Coffee Bags	Super Science BI Cinema Trolls Sack Lunch Board Games	Clean SH Lunch Program SH Movie Tea Time	Story Time Holiday Crafts Out to Lunch Baking Class	
20	21	22	23	24	25	27
	Hearts & Crafts Gym at Pavilion Meditation Sack Lunch	Swim 10-11 Be at SH by 9AM Lunch Program Coffee Bags	Super Science Thanksgiving Lunch @ SH Harvest Party!	CLOSED HAPPY THANKSGIVING	CLOSED	
28	29	30				
	Hearts & Crafts Gym at Pavilion Meditation Sack Lunch	Swim 10-11 Be at SH by 9AM Lunch Program Coffee Bags				

NAME	BOARD POSITION	PHONE NUMBER(S)	ADDRESS	EMAIL ADDRESS
Linda Purdom	President	H: 206-842-1325 C: 206-719-1590	10761 Bill Point Crest	linda@thestephenshouse.org
Karen Keller	Vice President	H/C :206-617-1201 W: 206-780-2049	5919 Blakely Ave. NE	karenk@thestephenshouse.org
Renata Lac	Grant Coordinator	206-855-9625	9013 Nisqually Way NE	renlac@msn.com
Jean Fernandes	Secretary	206-842-8642	141 Parfitt Way SW PO Box 10482	jfernandesbear@gmail.com
Vanessa Johnson	Member at large	H: 206 855-8331 C: 206 859-7051	2130 Belfair Ave	vanessa@thestephenshouse.org
Elizabeth Saliba	Member at large	206-963-1791	14655 Sunrise drive	lizsaliba98110@gmail.com

Bainbridge Island Special Needs Foundation

10/28/16

Cash Basis

Income & Expense Report

January through September 2016

	Jan - Sep 16
Income	
1.1 · Public Grants	3,143.62
1.2 · Direct Public Support	2,291.75
1.31 · Indirect Public Support	500.00
1.32 · One Call for All	18,305.20
2.1 · COBI Contract	8,665.00
2.2 · Program Fees	59,959.23
4 · Rental/Inv Income	3,825.00
6b · Fundraising	269.00
Total Income	96,958.80
Gross Profit	96,958.80
Expense	
16.1 · Program Expense	7,105.65
14 · Facility	24,853.24
6c · Fundraising Exp	100.00
12 · Payroll Expenses	49,968.55
16.2 · Other Expenses	5,058.27
15 · Print, mail, ship	191.76
13 · Prof Fees/Ind Contractors	1,969.85
Total Expense	89,247.32
Net Income	**7,711.48**

Bainbridge Island Special Needs Foundation

10/28/16

Cash Basis

Balance Sheet

As of September 30, 2016

	Sep 30, 16
ASSETS	
Current Assets	
Checking/Savings	
22.0 · Chase Checking x2327	22,815.16
Total Checking/Savings	22,815.16
Total Current Assets	22,815.16
TOTAL ASSETS	**22,815.16**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
26 · Payroll Liabilities	1,789.07
Total Other Current Liabilities	1,789.07
Total Current Liabilities	1,789.07
Long Term Liabilities	
Sch-L · Loan	2,000.00
Total Long Term Liabilities	2,000.00
Total Liabilities	3,789.07
Equity	
27 · Net Assets	11,314.61
Net Income	7,711.48
Total Equity	19,026.09
TOTAL LIABILITIES & EQUITY	**22,815.16**

BISNF-COBI 2017-2018 HSF Application

Bainbridge Island Special Needs Foundation

	2016 Budget	2017 Draft Budget
Income		
1.1 · Public Grants	3,144	2,400
1.2 · Direct Public Support	2,324	2,400
1.31 · Indirect Public Support	500	480
1.32 · One Call for All	18,305	16,000
2.1 · COBI Contract	11,953	15,000
2.2 · Program Fees	74,859	78,240
4 · Rental Income	5,850	6,950
6b · Fundraising	769	400
Total Income	117,704	121,870
Expense		
16.1 · Program Expense	9,506	9,600
14 · Facility	31,453	33,000
6c · Fundraising Exp	100	100
12 · Payroll Expenses	66,569	68,880
16.2 · Other Expenses	5,691	6,000
15 · Print, mail, ship	342	480
13 · Prof Fees/Ind Contractors	2,270	2,400
Total Expense	115,930	120,460
Net Income	**1,774**	**1,410**

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ **Do not enter social security numbers on this form as it may be made public.**

▶ **Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*.**

OMB No. 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning January 1 **, 2015, and ending** December 31 **, 20** 15

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

C Name of organization: Bainbridge Island Special Needs Foundation

Number and street (or P.O. box, if mail is not delivered to street address): PO Box 10919 | Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Bainbridge Island, WA 98110

D Employer identification number 91-2018299

E Telephone number 206-780-1211

F Group Exemption Number ▶

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

J Tax-exempt status (check only one) — ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ $ 103,709

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	24,911
	2	Program service revenue including government fees and contracts			2	76,706
	3	Membership dues and assessments			3	0
	4	Investment income			4	0
	5a	Gross amount from sale of assets other than inventory	5a	0		
	b	Less: cost or other basis and sales expenses	5b	0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	0
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a	0		
	b	Gross income from fundraising events (not including $ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	1,492		
	c	Less: direct expenses from gaming and fundraising events	6c	114		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	1,378
	7a	Gross sales of inventory, less returns and allowances	7a	0		
	b	Less: cost of goods sold	7b	0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	0
	8	Other revenue (describe in Schedule O)			8	600
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	103,595
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	0
	11	Benefits paid to or for members			11	0
	12	Salaries, other compensation, and employee benefits			12	58,508
	13	Professional fees and other payments to independent contractors			13	694
	14	Occupancy, rent, utilities, and maintenance			14	21,355
	15	Printing, publications, postage, and shipping			15	241
	16	Other expenses (describe in Schedule O)			16	16,028
	17	**Total expenses.** Add lines 10 through 16 ▶			17	96,826
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	6,769
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	4,546
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	11,315

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	8,755	22	14,488
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	8,755	25	14,488
26	**Total liabilities** (describe in Schedule O)	4,209	26	3,173
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	4,546	27	11,315

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? day program for adults with developmental disabilities

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	Our day program for adults with developmental disabilities provides healthy life-enhancing activities and a supportive environment while integrating with the local community. Over 10,000 hours of direct client care were provided this year. (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	92,042
29	n/a - no other programs (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	n/a - no other programs (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	92,042

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Linda Purdom President	10	0	0	0
Karen Keller Vice President	8	0	0	0
Jean Fernandes Secretary	8	0	0	0
Renata Lac Director	8	0	0	0
Gary Purdom Treasurer	5	0	0	0
Carley Reeves Program Director	37.5	31,453	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 2,000			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶ none			
42a	The organization's books are in care of ▶ Gary Purdom Telephone no. ▶ 206-347-6075 Located at ▶ PO Box 10919, Bainbridge Island, WA ZIP + 4 ▶ 98110			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		✓
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	**No**
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		✓

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

Part VI **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	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	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶ 0

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☑ **Yes** ☐ **No**

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

▶ Gary Purdom, Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ **Yes** ☐ **No**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization: Bainbridge Island Special Needs Foundation

Employer identification number: 91-2018299

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☑ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a ☐ **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B**.

b ☐ **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C**.

c ☐ **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E**.

d ☐ **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V**.

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) . . . . **14** %

15 Public support percentage from 2014 Schedule A, Part II, line 14 . . . . . **15** %

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	47,210	31,299	30,034	40,904	33,249	182,696
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	41,703	65,734	76,784	66,334	68,368	318,923
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	88,913	97,033	106,818	107,238	101,617	501,619
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	88,913	97,033	106,818	107,238	101,617	501,619
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			1	1	0	2
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			1	1	0	2
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				600	600	1,200
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	88,913	97,033	106,819	107,839	102,217	502,821

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	100 %
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	100 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	0 %
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	0 %

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

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

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

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047

2015

Open To Public Inspection

Name of the organization: Bainbridge Island Special Needs Foundation

Employer identification number: 91-2018299

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) No	(h) Approved by board or committee? Yes	(h) No	(i) Written agreement? Yes	(i) No
(1)	Dale Cunningham	ex-Treasurer	cash fund	✓		5,000	2,000		✓	✓		✓	
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							▶ $ 2,000						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V **Supplemental Information**
Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
Bainbridge Island Special Needs Foundation	91-2018299

Form 990-EZ, Part I, line 16

"Other Expenses" Described:

Activities for Clients $3,228

Food for Clients $6,506

General Facility Supplies $2,270

License/Permits/Fees/Education/Misc $190

Bank Fees $3

Insurance $3029

Advertising $802

Total Part I, line 16 + $16,028

Form 990-EZ, Part I, line 8 "Other revenue" is unrelated business income of $600 from subletting garage

Form 990-EZ, Part II, line 26 "Total liabilities" totaling $3,173 described:

Year end payroll liabilities $1,173

Year end loan balance $2,000