

2016 HUMAN SERVICES FUNDING PROPOSAL COVER LETTER

1. Organization Name: Bainbridge Youth Services (BYS)
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6. Are you a 501(c)(3) nonprofit? Yes
7. Organization EIN: 23-7396474
8. Request for 2017-2018 (two year term):
 - A. Amount of Funding Requested (2017) \$73,000; (2018) \$75,700
 - B. Organization Budget \$238,966 calendar year 2015
 - C. Type of Program: Operations
 - D. N/A
 - E. Description: To deliver mental health counseling and other wellbeing services to island youth and their families.
9. Attached PDF documents include our:
 - 2017 & 2018 funding application
 - Current Board of Directors
 - 2016 Balance Sheet & Income Statement
 - 2016, 2017 & 2018 Budgets
10. One copy of recently Filed Form 990
11. N/A
12. Authorized Signature:  Date: 10/28/16
13. Marina Cofer-Wildsmith

NARRATIVE INFORMATION

I. STATEMENT OF PURPOSE:

Bainbridge Island youth are experiencing high rates of mental health challenges and it's getting worse. Two decades of studies show that in affluent communities, "serious levels of depression, anxiety, or somatic symptoms occur twice as often in youth... compared to national rates." ^{1(p65)} The cultural expectation of constantly measuring life in terms of success leads to "high levels of depressive and anxiety symptoms, self-injurious behavior such as cutting and burning, and rule-breaking behaviors."^{1(p65)}

Our Island is not immune to these struggles. The City of Bainbridge Island 2016 Community Needs Assessment Report's² Executive Summary states that our "Teenagers' mental health and substance use counseling needs are not being met". Our youth agree. In the 2014 Health Youth Survey³, taken by students in our school district we found that amongst high school students:

- Approximately 1 in 4 report experiencing depression in the past 12 months
- 1 in 4 report experiencing anxiety more than half the week in the past 2 weeks
- Nearly half are "Low" or "Medium Low" on the Quality of Life scale
- 57% (up from 51% in 2012) of BHS seniors consumed alcohol in the past month
- 4.2 % (up from 13% in 2012) of these seniors report that they have made a plan about how they would attempt suicide
- When asked if there are adults they can turn to for help when they are feeling sad or hopeless, nearly one in five students answered "No" or "Not sure"

We see two underlying issues causing teens to report so many problems and why they think there is nobody to help them: **Difficulty accessing services and a problematic community culture.**

For most teens, multiple barriers exist to accessing mental health services. They may:

- Not want to tell their parents
- Need access to health insurance from their parents
- Require money for treatment, which may be too high
- Not have transportation
- Experience long waiting times to get in to see a therapist

Culturally, our community is overly focused on achievement. Success driven expectations leave little room for failures or imperfections. And, there is a stigma to getting mental health help. And, many of our youth are turning to alcohol and substance use as a way to cope with that pressure and stress or to simply fit in. Or, they engage in other risky behaviors that lead to more problems. There is a cultural attitude on Bainbridge that we 'work hard and play hard', and that 'blowing off steam' is 'what teens do'.

COBI's needs assessment report supports our suppositions. It states that "achieving and maintaining affluence on the Island has restricted parental oversight of teens in households where both parents work, leading to above-average substance and increased mental health issues (e.g. stress disorders and depression)." And, "access to mental health care (e.g. therapists) is limited, even for those who can afford it." In particular, "confidential services are very hard to obtain in a small town, because parents are involved."

Bainbridge Youth Services (BYS) is the only organization on the Island that addresses these problems:

1. We are easily accessible
2. We provide affordable (FREE) high quality and confidential therapy service; and,
3. We provide programs to promote the social and emotional wellbeing of our youth

BYS provides the most ACCESSIBLE therapy services on the Island:

- Teens can request an appointment through their computer or phone at askBYS.org, 24 hours a day, 7 days a week, even during summers
- Our office is on the BHS campus, so BHS, EHHS and WMS students can walk to see us
- We typically offer first appointments within one week

Our services are confidential and affordable (FREE!):

- **Our therapy services are confidential.** Teens come to us without fear of having teachers, school counselors, parents, or other students find out what they said, because we are legally bound to protect the privacy of our clients.
- **All of our services are FREE**

Research shows that psychotherapy is effective in dealing with adolescent mental health issues at this developmental stage of life⁴, and that those who receive psychotherapy are more likely to improve their mental health symptoms than those who only see a medical doctor⁵. We are proud to be the only Island organization that provides psychotherapy free of charge to all teens.

BYS provides a wide array of prevention services. We continuously develop our web content, promote wellness messages, provide evidenced based mental health promotion programs and supply information and resources through various outreach efforts to youth, parents, schools, and the larger community.

We are the community resource for all our Island teens. Research has shown that Internet use is associated with increased rates of help seeking from formal sources such as mental health professionals and crisis hotlines⁶. And, in order to reduce stigma and facilitate help seeking, teens need to first recognize symptoms of mental disorders, and have increased knowledge about professionals⁷. Providing information and resources on-line (via our website, email, and social media) is an important component of our prevention efforts.

The short term impact we are seeking is that all youth 10 years and older (and their families) receive various prevention services to minimize the need for therapy, and are able to quickly and easily access free, high quality psychotherapy services through BYS, if they need it.

Our End Game is for every youth to know how to access BYS and our services, right when they need us. And, as part of our long-term impacts, we are working on a collective impact initiative to change the culture of our community to support healthier youth, and to end the stigma attached to mental health care. We will monitor behavioral and cultural improvements through the Healthy Youth Surveys.

At BYS, we are proud to provide a service that is unique and increasingly invaluable. Nobody provides all the services that we do, and we do it well. **And our Island teens need more, not less, accessible therapy and prevention work.** We are not funded by the school district. We rely on funds from sources like COBI to keep our services available. Less funding directly translates to less service. We want to do more, provide more capacity, and can only do so with adequate funding.

II. PROGRAM SUMMARY

1. These funds will provide: Psychotherapy services and Prevention services

a) Psychotherapy Services: We provide **FREE and confidential psychotherapy services** to youth and families. Clients are never asked to pay. There are no session limits, and some teens utilize our services for years. Most services are provided on the BHS campus, allowing for minimal interruption and most accessibility for BHS and EHHS students. We also provide therapy on site at Woodward and Sakai. Currently, we do not have a waiting list, and typically can offer a first available appointment within one week. (In comparison, an individual local private practitioner may have a wait list longer than one month.)

We provide **individual therapy** to teens. Washington state law allows teens 13 years old and older to get mental health services (RCW 71.34.530) without parental consent, and their privacy is protected. Often, we encourage teens to consider who will be involved in their mental health care, and as appropriate, we involve family members, through family sessions or parent meetings (with the teen's consent),

Sometimes, parents request **family therapy and parenting consultation** as the primary service. When appropriate, and with staff availability, we provide these therapeutic services as well.

Therapists also see youth for **brief in-school sessions** at Sakai and Woodward, when asked to do so by the school counselors (typically related to academic stress or temporary challenges), and with the consent of the student's parent.

Most recently, with the tragic death of a BHS student, we were contacted by BISD immediately to provide support for the BHS community through a **crisis triage response**. We mobilized our therapists to increase our counseling availability so that students, teachers or school personnel could come talk to someone on a walk-in basis during school hours throughout the week. We did the same on the Monday after the memorial service.

Across these varied psychotherapy services, the goal is the same: to provide emotional support for teens and families in need, give them various skills to cope effectively with the situation, explore their thoughts and feelings in a safe, confidential space, and ultimately, improve their emotional well-being.

b) Prevention Services: Our prevention work continues to grow.

In addition to our direct therapy services, our therapists have increasingly provided clinical prevention services. Through consultations, outreach, and education efforts, we continue to increase our reach to the community, at the individual level and to larger group audiences. These prevention services go beyond the confines of an individual therapy session, and still require clinical training to be delivered effectively.

Here are some **clinical prevention services** our therapists provide:

- Educational responses to questions sent to our website
- Phone consultations with parents
- BYS Service introductions to all high school freshmen
- Collaborations with medical practices

- Mental health and wellness promotion programs
- Professional consultations with school personnel and other professional colleagues

In addition to these clinical prevention services, we also have **mental health and wellness promotion programs** continuously being implemented to provide resources and tools to youth to enhance their emotional and social wellbeing. These programs include:

- Youth **Employment** Programs: BYS offers a broad range of paid summer internships for teens. We also connect teen to local job postings throughout the year.
- Youth **Recognition** Programs: To reward acts of services, integrity, courage and stewardship, BYS honors youth with Compassionate Action Awards. The Rose Grant Senior Scholarship is awarded to encourage teens to pursue their passion.
- Active **Community Building**: We engage with our island community through the Healthy Youth Initiative leadership, Teen Councils and Healthy Youth Summits.
- Diverse **Outreach** Program and Services: We provide BHS with Link Crew, an evidenced based peer mentoring program that helps 9th graders transition into high school successfully. Think Tank peer tutoring supports high school and middle school students. And we are currently working to establish programs on Substance Abuse, Sexual Assault, Suicide Prevention and Gender Identity. And, we host the Kitsap Diversion program.

Prevention efforts are vital to community wellness. The Substance Abuse and Mental Health Services Administration (SAMHSA), a federal agency that focuses on public health efforts, considers preventative measures a fundamental aspect of promoting mental health and preventing costly mental and substance use disorders⁸. SAMHSA considers promotion and prevention as an integral part of the behavioral health continuum care model.

SAMHSA also highlights a 2009 report by the National Research Council and Institute of Medicine⁹, which states that prevention and early treatment for mental illness programs were calculated to have a cost-benefit ratio between 1:2 and 1:10. Thus, **a dollar investment in community prevention and early intervention can yield \$2-\$10 savings** (long term mental health care, medication, educational costs, legal issues, work productivity, additional support services, etc.).

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

Psychotherapy Services: Teens and their families of Bainbridge Island are the primary recipients of our therapy services. Although most of our therapy services are for teens 13yo and older (and their families), we occasionally also offer therapy services to youth as young as 10 years old.

Examples of actual challenges our clients struggle with include:

- Using alcohol and drugs, or cutting, to cope
- Learning how to set healthy emotional boundaries with parents during a custody battle
- Figuring out how to tell their family about their gender identity
- Dealing with the aftermath of cyber bullying
- Parents working on parenting strategies and effective communication
- Coping with the trauma of date rape
- Struggling with suicide ideation

Prevention Services: The prevention services delivered by therapists are geared towards Island youth 10 years and older, including BHS and EHHS teens and their families, as well as students and their families at Woodward and Sakai schools.

Some of our prevention and promotion services reach a wider range of Island residents, including: business owners (summer internship program), community organizations (e.g., government, non profits, faith based groups, etc.), parents (e.g., Beyond the Report Card mailing to all households) and elderly individuals (e.g., the tutoring program helps older adults get acquainted with technology devices).

3. How will recipients access those services?

Psychotherapy Services can be accessed through:

1. askBYS.org: Potential clients can send in a request 24 hours a day, 7 days a week.
2. askBYS app: We are currently beta-testing an app (created in collaboration with the AP Computer Science students at BHS), which will allow teens to send in appointment requests via their cell phones.
3. Call/text: Potential clients can also call or text our appointment line.
4. Walk-ins: Teens and families can walk in and ask for help to set up an appointment.

We receive many requests directly from teens, their parents and through referrals from: former clients; teachers, school counselors, nurses, and coaches; Kitsap County Diversion program; medical facilities (like Bainbridge Pediatrics, Swedish and Virginia Mason); Kitsap Mental Health; and other social agencies (like Helpline, Teen Center, Boys and Girls Club).

Prevention Services can be accessed through:

1. **askBYS.org:** our website provides information for our prevention services. One can also pose anonymous questions or find additional resources on various topics.
2. **Social media campaign:** provides current information about our prevention services to our social media followers through Twitter and Facebook.
3. **Community network and word of mouth:** Through our community network, advertisements in local publications, collaborations with various agencies and school personnel, we spread word of our prevention services so that the community can learn from various sources about how we can help teens and families.
4. **Direct contact, on request:** We provide many prevention services based on specific requests from the community, such as presenting at a PTO meeting, and meeting with teachers during their staff training.

4. What percentage of the population of Bainbridge Island residents *who are eligible for these services* will be served by this program? 31%

Overall, 7255 residents (or 31% of the Island population, based on the 2014 US Census population estimate of 23,293 residents) are eligible to receive our psychotherapy and prevention services offered by BYS.

YOUTH(5 th grade and older)	
Sakai	581
Odyssey 5-8	81
WMS	565
EHHS	125
<u>BHS</u>	<u>1,234</u>
TOTAL	2,586 youths
(11% of our Island population)	

PARENTS:	
Sakai	1112 guardians
Odyssey 5-8	60 guardians
WMS	1084 guardians
BHS	2155 guardians
<u>EHHS</u>	<u>258 guardians</u>
TOTAL	4,669 guardians
(20% of our Island population)	

Prevention Services: During 2016, of these 7255 eligible residents, BYS has reached out directly to 3,844 (53%), and indirectly to approximately 7,000 (96%) residents through our prevention services, including: Summer Intern Program, the Link Crew, Jobs Board, Summit work, tutoring, Diversion program, Fun Run, Compassionate Action Award, Rose Scholarship presentation, Breakfast fundraiser, Beyond the Report Card mailing to all BISD households and media coverage.

We also do a community article series called the *Teenage Pressure Cooker*, and at least once a year, Brian Kelly puts one of our articles in an island-wide distribution of the Bainbridge Review.

Circles of influence are affected when we reach out to adults and youth through community activities. One parent may attend a workshop and then talk to other adults about what they learned. One youth may take a tour and tell their friends about us and our website. Our website traffic continues to increase as we develop more content and add more resources. As we build awareness and provide the opportunity for youth and their families to have access to more counselors, more youth learn about our help.

Psychotherapy Services: Although the teens and their families who utilize our psychotherapy services are much smaller in number, our psychotherapy services provide the solid foundation on which we build trust and validate our community-wide message. Therapy sessions take time – each session is typically an hour long, and many clients come for more than 10 sessions. It’s a service mostly provided one to one. **But, to the teen that utilized our help, psychotherapy can have a life changing impact.**

As of October 2016, our therapists have provided **950 free therapy sessions with 150 unique residents**. In addition, the clinical team has spent an additional 1200 hours in clinical prevention, professional consultations, supervision, and educational outreach including content development for our website, which provides information that is accessible to 100% of our eligible residents.

The number of youth who require psychotherapy is smaller than the number of youth in the community. That’s a good thing – not everyone will need therapy. **But providing therapy to the teens that see us, who need it, has a huge beneficial impact on the community.** The consequences of not providing adequate mental health care can have extreme consequences for the teen, the family, and the community. In the worst-case scenario, it might result in suicide. The Suicide Resource Prevention Center (SPRC) has estimated that the average cost of one suicide was \$1,795,379 (based on the loss of productivity of the person who died, families, friends, employers, the community, etc., as well as medical treatments associated with the death)¹⁰, and that **“every \$1.00 spent on psychotherapeutic interventions and interventions that strengthened linkages among different care providers saved \$2.50 in the cost of suicides.”**

In order for the large-impact prevention efforts to have long-term, meaningful success, they must co-exist with a quality psychotherapy service that is easily accessible. After all, **a campaign that**

encourages teens to address mental health issues, without providing accessible, high quality therapy services, is a hollow promise. The Island community trusts BYS because we advocate for the emotional wellbeing of our teens, and back up our assertions by providing easily accessible, high quality, confidential, and free mental health care when they need help.

5. How many (or what percentage) of those served overall will be Bainbridge Island residents? 100% of all of those served through this funding will be 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 Comp. 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 wellbeing of the individual and the community.**
- **These services may be provided on an emergency, temporary, or ongoing basis, depending on the circumstances.**

The mission of BYS aligns perfectly with the definition of Human Services as provided in the City's Comprehensive Plan.

BYS provides many services to our youth and families to help **achieve social and emotional stability, promote healthy development, solve problems, and enhance the wellbeing of the individual and the youth community** in Bainbridge Island. Our main service is to provide cost-free psychotherapy services to teens and families, and deliver this service in the most accessible way manageable.

Our free therapy service allows BYS therapists to **work with clients temporarily or on an on-going basis, tailoring our therapy service to the client's needs.** We also provide **information on how to access appropriate emergency/urgent mental health care**, so that in immediate crisis, teens and their families then have the resources they need available to access higher-level psychological care.

When appropriate we also offer **support groups** for teens.

Our therapists also provide their clinical expertise in prevention services and indirect clinical work to **promote positive outcomes in the community.** They attend PTO meetings to provide information to parents; participate in teacher training meetings to talk about how to support students; support students and families navigating complex situations that might involve multiple social service agencies or medical personnel; respond to anonymously posted questions on-line; and meet with every freshman health class.

BYS also runs other programs that celebrate **the quality of life of our local youth**, support them in other ways during times of need, and help them develop into successful young adults. We reach out to every freshman BHS student through Link Crew. We recognize students for acts of compassion and celebrate the everyday kindness. We provide free peer tutoring. The youth job board and our internship program connect the youth to local business opportunities, and give youth a chance to earn money and gain job skills. Community outreach programs such as the Healthy Youth Summit turn directly to our youth to ask them what they think is most important in promoting wellness.

Then we take what they are telling us and through a coalition of partners work to implement community changes and improvements based on what we are hearing.

Whether one-on-one or through a community wide social media campaign, our goal is always to promote the wellbeing of the Island youth.

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

This funding will allow BYS to grow our counseling and prevention services and continuously increase both capacity and frequency of the outreach with our youth and families.

Fostering a community culture that values emotional wellbeing and overcomes the stigma of mental health care requires continuous open dialogue. We want BYS to be a part of the Island's everyday conversation. In doing so, when there are life challenges, teens and parents know they can rely on us to provide the mental health care they need. This funding will allow us to continue to provide education through outreach events (e.g., health class, PTO, Link Crew, etc); continue to build content of our web and social media resources; include more students in various programs (e.g. summer internship, rose grant); and collaborate with other agencies for larger community efforts (e.g. Healthy Youth Alliance).

Our clinical services will also continue to grow with this funding. We anticipate that with increased awareness of our services (due to our prevention outreach efforts), appointment requests will continue to increase. We want to make sure that we staff our clinical team adequately so that we can continue to offer appointments without a waiting list, and without limits to our services, even as demand for therapy sessions grow. In addition to increasing the hours for therapy services we already provide, we want to offer a wider range of services as needs are identified, such as regular group therapy for students, walk-in hours, and more hours for students in WMS and Sakai.

With our growing therapy practice, we will also increase clinical operations (supervision, appointment and record systems, etc.) so that we can ensure high quality therapy and best practices. We want to give therapists opportunities to get more training in relevant areas so that our clinical knowledge matches the morphing needs of our teens. Our clinicians are increasingly involved in prevention services as well, and we want to make sure that we are able to increase our clinical expertise outside of therapy.

Lastly – we want to always be ready to serve our community in time of tragedy. During the recent tragic loss of a beloved high school student, BYS was able to immediately mobilize the clinical team to provide additional hours, supporting BISS in staffing a triage room for a week. During unexpected tragedies, a community can remain stronger when there is a system in place able to provide emotional support from trusted community resources.

III. ORGANIZATIONAL STRENGTH

BYS was established in 1962, when the community first recognized the need for free mental health care for our youth. In the last 54 years, we have continued to grow as an organization, increasing the types of services, hours of services, and number of therapists, and implementing upgrades so that we stay current with the ever-changing environment and needs of our teens (creating a website, using electronic health records, etc.).

Since 2011, Marina Cofer-Wildsmith has served as our Executive Director, providing exceptional stewardship and leadership of our organization with her extensive experience in non-profit organization. She has dedicated 25 years to causes she believes in. First at the World Wildlife Fund as a grant administrator and then at the American Lung Association, where she eventually served as the CEO of the Pacific Northwest chapter. During her tenure, she managed over \$100 million in grants; passed the Smoke Free Restaurant Law; spearheaded Clean Air for Kids, a cost-effective asthma management program; engaged in countless advocacy, programming, research funding and worked on major collective impact projects. She also served on the Puget Sound Clean Air Agency Board for 9 years. In addition, she is as an active member of Rotary and has been for 10 years. Her considerable knowledge of non-profit management and our Island community (a resident since 1997) has been indispensable in our organizational growth.

The clinical team is led by Dr. Asako Matsuura, a Washington licensed clinical psychologist. Adding a clinical services oversight has resulted in strong improvement in our organizational structure and management of therapists. In addition, we have 8 part-time therapists, including: a clinical psychologist, four Masters' level therapists (2 LMHC, 1 LMFT, and 1 LMHC Associate), plus 3 Masters level interns (those who are completing supervised internship experiences as part of their graduation requirements to obtain a Masters degree). All therapy staff are licensed to practice in WA, or are supervised by a WA licensed clinician. All of our clinical team members work part-time at BYS.

All of our work requires building strong relationships. We want everyone in the community to know what healthy youth look like, and to recognize when help is needed, and to think of mental health services as a positive tool and not a stigma. We want them to know that **they can always turn to BYS** for information, support, and therapy services, and for teens to get more prevention services to minimize problems, and in time of need, to seek therapy earlier, before irreversible consequences occur. To do so requires collaboration with our community.

Our numerous active partners across the community to achieve our mission include:

1. National Honor Society
2. City of Bainbridge Island (Mayor's office and Police Department)
3. Bainbridge Island School District
4. Bainbridge Library
5. Raising Resilience
6. Boys and Girls Club
7. Bainbridge Pediatrics
8. Virginia Mason, Swedish
9. Psychotherapy Guild
10. Rotary Club of Bainbridge Island
11. Town and Country
12. Kidimu
13. Peacock Family Services
14. BIMA
15. BI History Museum
16. Bloedel Reserve
17. Bainbridge Community Foundation
18. Chamber of Commerce
19. Wildlife Shelter
20. Bainbridge Arts and Crafts
21. Bainbridge Performing Arts
22. Senior Center

Additional Island businesses including: Olympic Glass; Wicklund Dental; Far Bank Enterprises Inc.; Fairbank Construction; Windermere; Franciscan Harrison Hospital, Ozone International, Brain Squall Studio; Far Away Entertainment; Bainbridge Review; Bainbridge Skin Surgery; and Interpack Frozen Foods.

IV. BUDGET

Please complete the following Budget Summary:

	Year 1 (2017)			Year 2 (2018)		
	Applicant Budget Alloc	COBI HSF Request	Total Year	Applicant Budget Alloc	COBI HSF Request	Total Year
Human Resources (Salaries, Benefits, Consultants)	164,600	51,100	215,700	170,210	52,990	223,200
Space / Facilities	5,000	-	5,000	5,000	-	5,000
Equipment Purchase	1,000	-	1,000	2,000	-	2,000
Travel / Training	-	-	-	-	-	-
Insurance	5,200	-	5,200	5,500	-	5,500
Operating Expenses	48,339	21,900	70,239	51,960	22,710	74,670
Scholarships / Stipends	30,000	-	30,000	35,000	-	35,000
Other	2,000	-	2,000	1,950	-	1,950
Indirect Administrative Costs	-	-	-	-	-	-
Total	256,139	73,000	329,139	271,620	75,700	347,320

1. The total of our agency's estimated budget for 2017 is \$329,139.

2. This represents 22% of our total agency budget

3. How have the services you are requesting been funded in the past? In the past the largest portion of our funding has come from the City of Bainbridge Island ranging over the past decade from 25-35% of overall budget. Last year was the first year it declined to 16%. Raising additional funds was difficult, and made it a very challenging income generating year for BYS, exhausting our small staff. At the same time, demands for services were high and we had to wait to start 8 counselors (which we were hoping to start in January) in September.

Other funds come from grants, special events, individuals and jam sales.

4. What other sources of funding are you seeking (or have you secured)? We are constantly working to grow our donor base and increase donations from individuals. We are completing a new donor cultivation plan this year to formalize our efforts. The plan has been outlined and should be formally adopted by December. We are also planning to grow our special events. For example, three years ago our Fourth of July Fun Run had 600 participants. This past summer we had 1,010. It is now the largest fun run in Kitsap County. We would like it to grow beyond 1,100 runners this year. Our Breakfast event is also growing annually. Both events will not realize more than small incremental growth, however. We also apply for Family Foundation funds and grants. And, this year we were successful in securing small funds from Kitsap Commission on Children and Health grant to help fund our summer intern program expansion and funds from the 1/10 of 1% sales tax to support the collective impact work of the Alliance.

5. What are the consequences to your clientele, organization and/or the community if you do not receive these funds? If funding is not available to operate the psychotherapy services with the expediency and flexibility that we currently provide to our clients, our challenge will be to find a balance so that all clients can be seen, but within the limited availability of therapists on staff. This likely means longer wait times for first appointments; limiting the number of sessions clients can attend (ie, max 8 sessions); scheduling sessions less frequently (ie, every other week); limiting prevention services; or limiting services to the younger schools.

We would also limit the number of students and adults we reach, and consider delaying various prevention programs. Over the next several years, we are planning to produce a You Tube series on Gender Identity issues, launch a Substance Abuse public awareness campaign and work with the Students Against Sexual Assault on various projects. Much more work also needs to be provided for Suicide Prevention. We have just started working with BISD on what this will look like. Our debrief meeting about the recent death and how we approached the care of students and teachers will be evaluated together and next steps will be outlined.

V. ESTIMATED OUTPUTS, OUTCOMES, & ASSESSMENT

Outputs and Outcomes Chart		
Program Name	Outputs	Outcome
Therapy Services	Y1: 180 unique clients Y2: 216 unique clients	80% of respondents will report that their therapy is helpful
Prevention and education	Y1: 300 students and 60 parents Y2: 300 students and 60 parents	80% of respondents report increase in knowledge based on attending event
AskBYS.org	Y1: 20,000 page visits Y2: 24,000 page visits	Cumulative number of unique page visits using Google analytics indicating users are accessing information
Summer Intern Program	Y1: 30 employers, 45 youth Y2: 35 employers, 50 youth	90% of employers report satisfaction with program 90% of interns report increased knowledge about working
Link Crew	Y1: 50 peer leaders working with 300 freshman Y2: 50 peer leaders working with 300 freshman	80% of peer leader respondents report increased knowledge of leadership skills through year round training
Think Tank Tutoring	Y1: 30 tutors, 50 students, & 25 senior citizens Y2: 30 tutors, 50 students, & 25 senior citizens	90% of tutor program participants report service was helpful and knowledge was gained
Compassionate Action Awards	Y1: 100 students Y2: 110 students	10% increase in the number of nominees being recognized for acts of compassion

Sponsor an expert speaker for professionals on wellbeing in youth	Y1: 30 Island organizations and 150 participants receive ACES training Y2: Project TBD	90% of respondents will report increased knowledge of ACES 25% of respondents will report that they are willing to consider a change behavior that will increase resilience in their sphere of influence
Sponsor an expert speaker for the community on wellbeing in youth	Y1: 150 parents, educators, and youth workers Y2: 150 parents, educators, and youth workers	90% of respondents will report increased knowledge in behaviors that support social and emotional well-being
Publish second state of the youth report	Y1: 3,100 parents Y2: 3,100 parents	100% of BISD households receive a report with information about the state of our youth and their health

VI. PROGRAM EVALUATION

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

Our ultimate goal is to have all Bainbridge Island youth and families aware of our services, so that in the time of need, they know that we are able to support them. As such, our effectiveness can be measured by specific numbers of people we serve and by the number of people that we contact through our outreach efforts. But, we can also measure progress through the Healthy Youth Survey data over time, as well as the surveys we conduct at the high school, to see if attitudes and sentiments change over time.

1. We watch the Healthy Youth Survey mental health questions/responses over time to monitor changes in those experiencing anxiety, depression and suicide ideation. The most recent survey administered was October 2016 (results available in May 2017). Another survey will be administered in fall of 2018 (with results in spring 2019).
2. Within therapy, we use assessment tools such as the Beck Depression Inventory and PHQ-9 when it is appropriate to do so, and identify therapy goals so that the individual needs of each client are defined, and we can ensure that they are met over time. We also keep track of by whom the client was referred from, so that we are aware of our community network. Because these are part of our clients' medical records, we cannot disclose this information for the purpose of grant funding (that

will violate privacy laws). But it's an important means by which we do evaluate the effectiveness of our therapy services.

3. It is unethical for therapists to solicit client testimonials (even after therapy has ended), and we cannot compel clients to consent to disclose therapy progress, even anonymously. Instead, we will make anonymous customer satisfaction surveys available to all clients, and present aggregate data on responses from those who participate.

4. Number of people we serve: We track the number of youth and families who are provided free therapy services, the number of hours worked by the therapists (in therapy, outreach, and operations). We also track the number of people that attend our events (such as the Fun Run and the Healthy Youth Summit), and participate in our programs, such as tutoring, internship, and the job board. Lastly, we also track of the number of youth nominations and recipients for the Compassionate Action Awards and the Rose Scholarship.

5. Outreach efforts: We track the number of people who visit our websites and utilize our services via our on-line presence (ie, job board and askBYS appointment requests). We track the number of people are served with our outreach efforts by keeping track of the number of educational materials dispersed (ie, flyers), and the number of people who attend educational outreach meetings (ie, PTSO meetings). For the purposes for this grant, we will also measure increased knowledge for events as outlined Section IV.

Appendix A: Reference

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2. COBI 2016 Community Needs Assessment Report. (2016). <http://bainbridge.novusagenda.com/agendapublic/CoverSheet.aspx?ItemID=1691&MeetingID=31>
3. Accessed October 21, 2016.
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6. Gould, M.S., Munfakh, J.L. H., Lubell, K., Kleinman, M., * Parker, S. (2002). Seeking help from the Internet during adolescence. *Journal of American Academy of Child and Adolescent Psychiatry*, 41(10), 1182-1189.
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8. Prevention of substance abuse and mental illness. (2016, August 9). Retrieved October 21, 2016, from <http://www.samhsa.gov/prevention>
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**BAINBRIDGE
YOUTH
SERVICES**

BOARD & STAFF ROSTER

Mail to: P.O. Box 11173, B.I, 98110

9330 High School Rd.

Bldg 100, Rm 103 Main Office #: 842-9675

BOARD MEMBERS	Address	Phone	Email address
Tom McCloskey President	9022 Springwood Avenue Business Development	(206) 920-0552 c (206) 780-2484 h	mccloskeys@bainbridge.net
Bob Linz Vice President	PO Box 10445 Board Development	(206) 780-9127 c	heyblinz@gmail.com
Kelly Deis Treasurer - Healthy Youth Char	1016 Alexander Place NE Financial/Strategic Planning	(206) 842-4922 h (415) 847-4808 c	kellydeis@yahoo.com
Isabel Barjesteh Secretary	13269 Fairfield Pl. NE BHS Senior	(206) 451-4710 h (206) 743-2486c	ibee128@gmail.com
Becky Anderson Development Champion	10342 NE French Lane Development Officer BSF	(206) 780-7980 h (310) 450-0750 c	rcrawfordanderson@gmail.com
Bo Baird Youth Champion	439 Brien Dr. SE BHS Junior	(206) 240-1335	bairdbo000@frogrock.org
Shannon Dierickx Compassionate Awards	4541 Point White Dr. NE Business Dev./Marketing	(206) 799-0888	Shannon@Windermere.com
Allen Ferris Marketing Champion	10810 Falk RD NE Promotions	(775) 843-4637 c	AFerris417@aol.com
William Gibson, Ph.D. Counseling Champion	10912 Warabi Lane Counseling Professor	(206) 780-6718 h (206) 465-9935 c	DrWillGibson@aol.com
Tina Gilbert Building Champion	15155 Skogen Lane NE Construction Management	(206) 842-0849	tina@otwb.net
Ali Spence Youth Champion	8469 Ferncliff Avenue BHS Freshman	(206) 780-5774h (206) 818-5103 c	amwspence@gmail.com
Katie Yoson Youth Champion	10284 Beach Crest Dr. BHS Freshman	(206) 451-3767 c	tenorsax@comcast.net
Jillian Worth, MD Outreach Champion	8033 Bucklin Hill Family Physician	(206) 714-0888	jillianw73@gmail.com

October-16

Bainbridge Youth Services
Income & Expenses - Budget vs. Actual
August 2015 through September 2016

	Budget		
	2016 Budget	2017	2018
Revenue			
Healthy Youth Alliance			
Partner Funds - Other	6,000	15,000	20,000
Bainbridge Comm Fund	5,000	5,000	7,000
Individual Donors	3,600	1,000	1,500
Other Grants	5,000	26,600	10,000
Healthy Youth Alliance - Other	-	-	-
Total Healthy Youth Alliance	19,600	47,600	38,500
Summer Intern Program	15,000	18,000	20,000
Youth Programs (Hot Topics)	-	1,500	1,500
Jobs Registration	-	-	-
Compassionate Action Awards	-	500	500
Grants			
Tomberg	10,000	10,000	10,000
Rotary - Community Grants	2,500	2,500	2,500
Other Grant	12,000	4,500	15,000
HHHS-COBI	54,150	73,000	75,700
Total Grants	78,650	90,000	103,200
Diversion	560	500	500
Fundraising			
Fourth of July Fun Run	50,000	26,000	27,500
Breakfast Event	52,000	45,000	48,000
Sponsorships	-	45,000	48,000
Chilly Hilly	2,000	1,700	1,800
Donations (Individuals & Groups)	44,900	25,000	25,000
House Parties	-	2,000	4,000
Jam Sales	8,000	7,500	7,600
One Call for All	21,000	23,000	26,000
Total Fundraising	177,900	175,200	187,900
Other	-	-	-
Total Revenue	291,710	333,300	352,100
Cost of Goods Sold			
Jams	5,000	4,500	4,500
Total Cost of Goods Sold	5,000	4,500	4,500
Gross Profit	286,710	328,800	347,600
Expense			
Business Licenses and Permits	-	150	150
Rose Grant Scholarships-restric	-	1,500	1,500
Bank Service Charges	-	-	-
Board Expense	1,000	350	350
Business Insurance			
General/Professional Liability	3,461	3,700	4,000
Business Insurance-Other	2,350	1,500	1,500
Total Business Insurance	5,811	5,200	5,500
Computers and Office Equipment	-	1,000	2,000
Depreciation Expense	1,144	500	450
Diversion Expense	560	500	500
Fundraising Expense			
Fun Run Expenses	9,640	10,000	10,500
Breakfast Event	10,000	5,000	5,500
Donor Cultivation Expenses	600	1,000	1,000
Donor Software	2,500	2,500	2,500
Chilly Hilly Expense	-	-	-
Fundraising Expense - Other	-	-	-
Total Fundraising Expense	22,740	18,500	19,500

Bainbridge Youth Services
Income & Expenses - Budget vs. Actual
August 2015 through September 2016

	Budget		
	2016 Budget	2017	2018
Miscellaneous Projects	17	-	-
Office Expense	800		
Crystal Springs	400	500	500
BYS Internet	300	300	350
Custodial	2,430	1,579	1,800
Utilities	1,920	2,340	2,500
Telephone	1,800	1,800	1,800
Postage and Delivery	400	500	500
Office Supplies & Other	880	1,500	1,500
Food/Candy	175	200	200
Total Office Expense	9,105	8,719	9,150
Contractors			
HYA Director	30,000	30,000	30,000
Tara	500	-	-
Development Coordinator	12,000	10,000	10,000
Event & Communications	10,000	12,000	15,000
Total Contractors	52,500	52,000	55,000
Payroll Expenses			
Management	50,000	53,000	55,000
Support & Program Mgt	21,924	25,000	25,000
Tutoring & School/Parent Liason		9,000	9,000
Counselor Wages	55,000	58,000	60,000
Bonus & Other		-	-
Payroll Taxes	12,210	14,500	15,000
Payroll Expenses - Other	-	-	-
Total Payroll	139,134	159,500	164,000
Rent	-	5,000	5,000
Professional Fees			
Graphic Design and Marketing	120	1,500	1,500
Accounting	1,080	1,200	1,200
Consulting	-	1,500	1,500
Professional Fees - Other	5,000	-	-
Total Professional Fees	6,200	4,200	4,200
PR & Branding	3,000	4,500	4,500
Program Expense			
Care Paths Client Database	960	1,120	1,120
Healthy Youth Alliance			
Communications & Report Card	1,000	12,000	12,000
Summit	3,000	3,000	2,000
Partnership Costs	1,000	1,000	1,000
Professional Contractor		-	-
Healthy Youth Alliance - Other	-	-	-
Total Healthy Youth Alliance	5,000	17,120	16,120
Intern Program	25,000	30,000	35,000
Link Crew/ Tutoring	3,000	5,000	7,000
Miscellaneous Projects	400	500	500
Printing and Reproduction	600	1,000	1,000
Postage and Delivery	780	400	400
askBYS	5,600	8,000	8,000
Compassionate Action Awards	500	500	500
Youth Programs (Hot Topics)	-	5,000	7,000
Total Program Expense	41,840	67,520	75,520
Staff Education	-	-	-
Total Expense	283,051	329,139	347,320
Net Ordinary Income	3,659	(339)	280

Bainbridge Youth Services
Balance Sheet
As of October 28, 2016

Bainbridge Youth Services	<u>Oct 28, 16</u>
ASSETS	
Current Assets	
Checking/Savings	
Kitsap Bank - Rose Grant	8,690.00
Liberty Bay Bank Money MARKET	138,283.49
Umpqua Checking 10083	95,822.04
Umpqua Money Market 10075	<u>21,384.90</u>
Total Checking/Savings	<u>264,180.43</u>
Accounts Receivable	
Accounts Receivable	<u>4,513.41</u>
Total Accounts Receivable	<u>4,513.41</u>
Total Current Assets	<u>268,693.84</u>
Fixed Assets	
Accumulated Depreciation	-26,348.00
Equipment	11,110.00
Furniture and Fixtures	3,000.00
Inventory	1,470.00
Leasehold Improvements	<u>11,300.88</u>
Total Fixed Assets	<u>532.88</u>
TOTAL ASSETS	<u><u>269,226.72</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Payroll Liabilities-Fed & State	<u>3,919.02</u>
Total Other Current Liabilities	<u>3,919.02</u>
Total Current Liabilities	<u>3,919.02</u>
Total Liabilities	<u>3,919.02</u>
Equity	
Gain/Loss On Investment	9,297.73
Retained Earnings	224,633.44
Net Income	<u>31,376.53</u>
Total Equity	<u>265,307.70</u>
TOTAL LIABILITIES & EQUITY	<u><u>269,226.72</u></u>

Bainbridge Youth Services
Profit & Loss
 January through October 2016

	<u>Bainbridge Youth Services</u>	<u>Jan - Oct 16</u>
Ordinary Income/Expense		
Income		
Rose Grant Donations-restricted		0.00
Program Income		
Healthy Youth Alliance		
Boys and Girls Club		1,000.00
Bainbridge Comm Fund		8,000.00
Individual Donors		469.42
Other Grants		6,750.00
Raising Resilience		2,000.00
Healthy Youth Alliance - Other		<u>0.00</u>
Total Healthy Youth Alliance		18,219.42
Summer Intern Program		450.00
Youth Programs (Teen Retreats)		280.74
Jobs Registration		0.00
Grants		
Tomberg		10,000.00
Rotary		2,388.00
Other Grant		2,000.00
HHHS-COBI		<u>51,044.00</u>
Total Grants		65,432.00
Program Income - Other		<u>0.00</u>
Total Program Income		84,382.16
Diversion		746.30
Fundraising		
Fourth of July		
Registration/T-Shirt		24,696.71
Sponsors		33,714.40
Fourth of July - Other		<u>0.00</u>
Total Fourth of July		58,411.11
Breakfast Event		42,413.35
Chilly Hilly		1,638.00
Donations from Groups		1,246.84
Donations from Individuals		35,461.63
Jam Sales		4,774.23
One Call for All		<u>25,202.93</u>
Total Fundraising		169,148.09
Total Income		<u>254,276.55</u>
Cost of Goods Sold		
Cost of Goods Sold		
Jams		3,263.07
Total Cost of Goods Sold		<u>3,263.07</u>
Total COGS		<u>3,263.07</u>
Gross Profit		251,013.48

Bainbridge Youth Services
Profit & Loss
 January through October 2016

Bainbridge Youth Services	<u>Jan - Oct 16</u>
Expense	
Business Licenses and Permits	40.00
Rose Grant Scholarships-restric	1,500.00
Reconciliation Discrepancies	0.00
Bank Service Charges	0.35
Board Expense	244.03
Business Insurance	
General/Professional Liability	3,461.00
Business Insurance-Other	1,503.00
Business Insurance - Other	0.00
Total Business Insurance	<u>4,964.00</u>
Diversion Expense	552.28
Fundraising Expense	
Fun Run Expenses	
Fun Run T-Shirt Expense	4,064.30
Fun Run Race Expense	3,802.98
Fun Run Race Coordinator	0.00
Fun Run Expenses - Other	888.23
Total Fun Run Expenses	<u>8,755.51</u>
Breakfast Event	5,961.61
Event Expenses - other	0.00
Donor Cultivation Expenses	60.87
Donor Software	4,396.80
Chilly Hilly Expense	20.22
Total Fundraising Expense	<u>19,195.01</u>
Miscellaneous	194.30
Office Expense	
Crystal Springs	305.26
BYS Internet	264.02
Computers and Other	-33.22
Custodial	1,578.60
Office Equipment	319.57
Utilities	2,340.00
Telephone	1,754.05
Postage and Delivery	240.60
Office Supplies	879.93
Food/Candy	97.58
Supplies-Other	269.55
Office Expense-Other	101.54
Office Expense - Other	3.00
Total Office Expense	<u>8,120.48</u>
Staff	
Contractors	
HYA Director	25,000.00

Bainbridge Youth Services
Profit & Loss
 January through October 2016

Bainbridge Youth Services	<u>Jan - Oct 16</u>
Development Coordinator	10,000.00
Event & Fun Run Communications	9,000.00
Total Contractors	<u>44,000.00</u>
Payroll Expenses	
Management	
Salaries	41,666.70
Total Management	<u>41,666.70</u>
Support	
Hourly Wages	16,462.25
Total Support	<u>16,462.25</u>
Psychotherapy	
Counselor Wages	39,322.35
Psychotherapy - Other	351.20
Total Psychotherapy	<u>39,673.55</u>
Bonus	1,006.25
Medical	0.00
Taxes	
Employment Security	-2.43
FICA	7,537.10
L&I	793.04
Penalties	0.00
Total Taxes	<u>8,327.71</u>
Payroll Expenses - Other	<u>1,072.50</u>
Total Payroll Expenses	<u>108,208.96</u>
Staff - Other	<u>68.40</u>
Total Staff	<u>152,277.36</u>
Professional Fees	
Graphic Design and Marketing	811.25
Accounting	700.00
Contract Labor	0.00
Professional Fees - Other	2,500.00
Total Professional Fees	<u>4,011.25</u>
PR & Branding	
BI Magazine Quarterly Ads	0.00
Advertising-Other	1,671.00
Total PR & Branding	<u>1,671.00</u>
Program Expense	
Care Paths Client Database	720.00
Healthy Youth Alliance	
Communications Campaign	678.00
Partnership Costs	172.83
Report Card	19.02
Summit_2015	500.00
Healthy Youth Initiative-other	172.40

Bainbridge Youth Services
Profit & Loss
January through October 2016

Bainbridge Youth Services	Jan - Oct 16
Professional Contractor	0.00
Healthy Youth Alliance - Other	2,873.26
Total Healthy Youth Alliance	4,415.51
Intern Program	23,353.24
Link Crew/ Tutoring	3,403.72
Miscellaneous Projects	392.64
Printing and Reproduction	592.05
Postage and Delivery	94.60
askBYS	
Smartphone Fees	697.52
askBYS - Other	4,157.65
Total askBYS	4,855.17
Compassionate Action Awards	1,080.00
Youth Programs	0.00
Program Expense - Other	0.00
Total Program Expense	38,906.93
Uncategorized Expenses	10.10
Dues and Sub - Membership	0.00
Total Expense	231,687.09
Net Ordinary Income	19,326.39
Other Income/Expense	
Other Income	
Interest Income	1,154.92
Other Income	0.00
Total Other Income	1,154.92
Net Other Income	1,154.92
Net Income	20,481.31

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.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

B Check if applicable:	C Name of organization BAINBRIDGE YOUTH SERVICES	D Employer identification number
<input type="checkbox"/> Address change	Doing business as	23-7396474
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number
<input type="checkbox"/> Initial return	PO BOX 11173	(206) 842-9675
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 252,002.
<input type="checkbox"/> Amended return	BAINBRIDGE ISLAND WA 98110	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending	F Name and address of principal officer: MARINA COFER-WILDSMITH Box 11173 Bainbridge WA 98110	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
I Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
J Website: ▶	www.BainbridgeYouthServices.org	
K Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1965 M State of legal domicile: WA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>To promote the social and emotional well being of local adolescents and young adults.</u> <u>For full details, see: www.BainbridgeYouthServices.org</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	10
	6	Total number of volunteers (estimate if necessary)	6	181
	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.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	136,727.	116,816.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,908.	33,308.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,689.	1,709.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	58,576.	68,555.
			206,900.	220,388.
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)	109,625.	106,585.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,056.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).	62,893.	105,312.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	172,518.	211,897.	
19	Revenue less expenses. Subtract line 18 from line 12	34,382.	8,491.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	226,213.	234,740.
	22	Net assets or fund balances. Subtract line 21 from line 20	5,032.	5,025.
			221,181.	229,715.

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	
	MARINA COFER-WILDSMITH	Executive Director	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	MARK ULLOA CPA		05/04/16
	Firm's name ▶	Firm's EIN ▶	Check <input checked="" type="checkbox"/> if self-employed
	MARK ULLOA CPA	27-4654086	PTIN P01274678
	Firm's address ▶	Phone no.	
	PO BOX 10177	(206) 855-9716	
	BAINBRIDGE WA 98110		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

To promote the social and emotional well being of local adolescents and young adults. For full details, see: www.BainbridgeYouthServices.org

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

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

Yes No

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

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

4a (Code:) (Expenses \$ 189,699. including grants of \$ 1,500.) (Revenue \$ 33,308.)

Bainbridge Youth Services (BYS) has been offering island youth steady support for more than 50 years. ... (continued below)

4b (Code:) (Expenses \$ 0. including grants of \$ 0.) (Revenue \$ 0.)

(continued from above) ... (continued below)

4c (Code:) (Expenses \$ 0. including grants of \$ 0.) (Revenue \$ 0.)

(continued from above) ... (see 'BYS 2015 Annual Report' under 'About Us' link.)

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

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

4e Total program service expenses 189,699.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		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? <i>If 'Yes,' complete Schedule C, Part II.</i>		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? <i>If 'Yes,' complete Schedule C, Part III.</i>		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? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		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? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		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? <i>If 'Yes,' complete Schedule D, Part VI.</i>	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? <i>If 'Yes,' complete Schedule D, Part VII.</i>		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? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		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? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		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)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		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? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		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? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		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? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		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? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		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? <i>If 'Yes,' complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a 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? <i>If 'Yes,' complete Schedule L, Part I</i>		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? <i>If 'Yes,' complete Schedule L, Part I</i>		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? <i>If 'Yes,' complete Schedule L, Part II</i>		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? <i>If 'Yes,' complete Schedule L, Part III</i>		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? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
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? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
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? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
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? <i>If 'Yes,' complete Schedule R, Part VI</i>		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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1 a 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 1 b 11		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		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		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		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		X
b	Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ Washington
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
 Marina Cofer-Wildsmith PO Box 11173 Bainbridge Isl WA 98110 (206) 842-9675

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Marina Cofer-Wildsmith Executive Director	40.00	X					46,500.	0.	0.	
(2) Ann Livengood President	2.00	X		X			0.	0.	0.	
(3) Bob Linz past President	2.00	X					0.	0.	0.	
(4) Beckey Anderson Development Director	2.00	X					0.	0.	0.	
(5) Paulina Bredy Secretary	2.00	X		X			0.	0.	0.	
(6) Kelly Deis Treasurer	2.00	X		X			0.	0.	0.	
(7) Tom McCloskey Director	2.00	X					0.	0.	0.	
(8) William Gibson PhD Director	2.00	X					0.	0.	0.	
(9) Kirk Godfredtsen Director	2.00	X					0.	0.	0.	
(10) Allen Ferris Director	2.00	X					0.	0.	0.	
(11) Jillian Worth MD Director	2.00	X					0.	0.	0.	
(12) Isabel Barjesteh Director	2.00	X					0.	0.	0.	
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----	-----									
(16) -----	-----									
(17) -----	-----									
(18) -----	-----									
(19) -----	-----									
(20) -----	-----									
(21) -----	-----									
(22) -----	-----									
(23) -----	-----									
(24) -----	-----									
(25) -----	-----									
1 b Sub-total							46,500.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							46,500.	0.	0.	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶										

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>	3	X
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? <i>If 'Yes' complete Schedule J for such individual</i>	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? <i>If 'Yes,' complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c 2,188.				
	d Related organizations	1 d				
	e Government grants (contributions) . .	1 e 35,033.				
	f All other contributions, gifts, grants, and similar amounts not included above . .	1 f 79,595.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f ▶		116,816.			
Program Service Revenue	2 a <u>Healthy Young Initiative</u> Business Code					
		900099	13,861.	13,861.	0.	0.
	b <u>Intern Programs</u>	900099	13,000.	13,000.	0.	0.
	c <u>Jobs Registrations +</u>	900099	1,447.	1,447.	0.	0.
	d <u>Youth Retreats</u>	900099	5,000.	5,000.	0.	0.
	e _____					
	f All other program service revenue . . .					
g Total. Add lines 2a-2f ▶		33,308.				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▶		1,709.	1,709.	0.	0.
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties ▶					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss) . .				
	d Net rental income or (loss) ▶					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses . . .				
		c Gain or (loss)				
	d Net gain or (loss) ▶					
	8 a Gross income from fundraising events (not including . . \$ 2,188 . of contributions reported on line 1c). See Part IV, line 18.	a 100,169.				
		b Less: direct expenses	b 31,614.			
c Net income or (loss) from fundraising events ▶			68,555.		0.	68,555.
9 a Gross income from gaming activities. See Part IV, line 19.	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue		Business Code				
11 a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶						
12 Total revenue. See instructions ▶		220,388.	35,017.	0.	68,555.	

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	46,500.	32,550.	6,975.	6,975.
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	51,634.	51,634.	0.	0.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	8,451.	6,761.	845.	845.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	935.	0.	935.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	11,998.	11,500.	498.	0.
12 Advertising and promotion	3,354.	3,354.	0.	0.
13 Office expenses	2,668.	2,401.	267.	0.
14 Information technology	4,335.	3,902.	433.	0.
15 Royalties				
16 Occupancy	4,320.	3,888.	432.	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	532.	0.	532.	0.
23 Insurance	2,283.	2,055.	228.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Healthy Youth Program</u>	36,284.	36,284.	0.	0.
b <u>Intern & Youth Programs</u>	19,150.	19,150.	0.	0.
c <u>Ask_BYS_progams</u>	7,562.	7,562.	0.	0.
d <u>Rose scholarships</u>	1,500.	1,500.	0.	0.
e All other expenses	10,391.	7,158.	1,997.	1,236.
25 Total functional expenses. Add lines 1 through 24e.	211,897.	189,699.	13,142.	9,056.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash — non-interest-bearing	58,385.	1	65,504.
	2	Savings and temporary cash investments	156,773.	2	158,513.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see 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		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 26,881.		
	b	Less: accumulated depreciation	10b 26,348.	1,065.	10c 533.
	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	9,990.	15	10,190.
16	Total assets. Add lines 1 through 15 (must equal line 34)	226,213.	16	234,740.	
Liabilities	17	Accounts payable and accrued expenses	5,032.	17	5,025.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	5,032.	26	5,025.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	221,181.	32	229,715.
33	Total net assets or fund balances	221,181.	33	229,715.	
34	Total liabilities and net assets/fund balances	226,213.	34	234,740.	

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	220,388.
2	Total expenses (must equal Part IX, column (A), line 25)	2	211,897.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,491.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	221,181.
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	43.
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	229,715.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2 b	Were the organization's financial statements audited by an independent accountant?		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2 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?		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?		X
3 b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

BAA

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization BAINBRIDGE YOUTH SERVICES	Employer identification number 23-7396474
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(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.')	129,468.	149,956.	137,420.	136,727.	116,816.	670,387.
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.				23,997.	23,997.	47,994.
4 Total. Add lines 1 through 3	129,468.	149,956.	137,420.	160,724.	140,813.	718,381.
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						718,381.

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	129,468.	149,956.	137,420.	160,724.	140,813.	718,381.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		950.	1,156.	1,689.	1,709.	5,504.
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						723,885.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99.24 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	99.47 %
16a 33-1/3% support test – 2015. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test – 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (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 YOUTH SERVICES

Employer identification number

23-7396474

Part I

Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
	July 4 Fun-Run (event type)	BYS Breakfast events (event type)	BYS JAM (total number)	(add column (a) through column (c))		
1	Gross receipts	45,840.	49,229.	5,100.	100,169.	
2	Less: Contributions					
3	Gross income (line 1 minus line 2)	45,840.	49,229.	5,100.	100,169.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages		4,893.	4,893.	
	8	Entertainment				
	9	Other direct expenses	13,523.	13,198.		26,721.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				31,614.
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				68,555.	

Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(add column (a) through column (c))
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Noncash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	Yes _____ % No	Yes _____ % No
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶			
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

BAINBRIDGE YOUTH SERVICES

23-7396474

Other

Pt VI, Line 11b

Pt VI, Line 19

Before submitting IRS Form 990, Executive Director meets with experienced independent CPA, who reviews the organization's accounting records used to accurately prepare Form 990 and schedules. Form 990 then reviewed by Executive Director and Treasurer officer, and is available to all members of the organization's governing body. The organization makes its documents and financial information available upon request, at the discretion of the Executive Director and the Board

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning _____, 2015, and ending _____, 20____

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

2015

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

BAINBRIDGE YOUTH SERVICES

23-7396474

Name and title of officer

MARINA COFER-WILDSMITH

Executive Director

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1 a	Form 990 check here . . . ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	<u>220,388.</u>
2 a	Form 990-EZ check here . . . ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2 b	
3 a	Form 1120-POL check here . . . ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3 b	
4 a	Form 990-PF check here . . . ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	
5 a	Form 8868 check here . . . ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5 b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MARK ULLOA CPA to enter my PIN 96474 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 91379692711
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 05/04/2016

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**