AGREEMENT FOR COMMUNITY SERVICES

THIS AGREEMENT FOR COMMUNITY SERVICES ("Agreement") is entered into as of the date written below between the City of Bainbridge Island, a Washington state municipal corporation ("City"), and Helpline House, a Washington nonprofit corporation ("Service Provider").

WHEREAS, the City desires to assist the Service Provider by providing funds for food purchases; and

WHEREAS, the Service Provider has the expertise and experience to provide such services and is willing to do so in accordance with the terms and conditions of this Agreement.

NOW, THEREFORE, in consideration of the mutual covenants, conditions, promises, and agreements set forth herein, it is agreed by and between the City and the Service Provider as follows:

1. SERVICES BY SERVICE PROVIDER

The Service Provider shall provide the services as defined in this Agreement and as necessary to accomplish the scope of services attached hereto as Attachment A and incorporated herein by this reference as if set forth in full. The Service Provider shall furnish all services, labor, and related equipment to conduct and complete the work, except as specifically noted otherwise in this Agreement. The scope of services set forth in Attachment A shall also include a project budget for the services to be performed for the City under this Agreement.

The Service Provider, in its promotional materials, will acknowledge financial support from the City.

2. TERM AND TERMINATION OF AGREEMENT

A. This Agreement shall become effective upon execution by both parties and shall continue in full force until December 31, 2018, unless sooner terminated by either party as provided below.

B. This Agreement may be terminated by either party without cause upon thirty (30) days' written notice to the other party. In the event of termination, all finished or unfinished documents, reports, or other material or work of the Service Provider pursuant to this Agreement shall be submitted to the City, and the Service Provider shall be entitled to just and equitable compensation at the rate set forth in Section 3 for any satisfactory work completed prior to the date of termination.

3. PAYMENT

A. The City shall pay the Service Provider Forty-Four Thousand Dollars ($44,000) for all services performed under this Agreement, to be billed quarterly. The Service Provider shall execute this Agreement by March 31, 2017, in order to receive funding for 2017-2018.

B. The Service Provider shall submit, in a format acceptable to the City, quarterly invoices for services performed in a previous quarter. Quarterly invoices shall be accompanied by information as described in Section 4. The Service Provider shall maintain time and expense records and provide them to the City upon request.

C. The City shall pay all invoices by mailing a City check within sixty (60) days of receipt of a proper invoice from the Service Provider.

D. If the services rendered do not meet the requirements of this Agreement, the Service Provider shall correct or modify the work to comply with this Agreement. The City may withhold payment for such work until it meets the requirements of this Agreement.

4. REPORT ON EXECUTION OF SERVICES

The Service Provider shall submit a quarterly report to accompany each quarterly invoice for the first, second, and third quarters of each calendar year. The quarterly report shall provide information on the number of clients served in the quarter and the percent of clients served who were Bainbridge Island residents.

Information for the fourth quarter shall be provided within an annual report. The Service Provider shall submit an annual report prior to or accompanying its fourth quarter invoice for each calendar year. For 2017 activities, the annual report will be due on January 19, 2018. For 2018 activities, the annual report will be due on January 18, 2019. In each annual report, the Service Provider shall:

1. Summarize the activities undertaken in providing the scope of services described in Attachment A.
2. Reference the project objectives identified in your project proposal. Were those objectives achieved? Why or why not? Were there any unexpected positive outcomes or challenges?
3. Reference the specific measurable results identified in your project proposal. Were they achieved? If not, what challenges prevented the achievement of the anticipated results? How many Bainbridge Island residents were served? Are the conditions for those residents generally improving or worsening? Please explain.
4. Describe the involvement of any partners identified in your project proposal, as well as any unexpected cooperative relationships that developed through implementation of the project. Did the City funding help you attract additional funding or other types of support?

5. Reference the project budget specified in Attachment A. Provide an analysis of actual expenses and income in relation to the projected budget.
6. Please provide a short description of how the City funding has helped your organization or helped the community. Please also include any quotes or stories related to this support.
7. What recommendations, if any, do you have regarding future funding cycles?

5. INSPECTION AND AUDIT

The Service Provider shall maintain all books, records, documents, and other evidence pertaining to the costs and expenses allowable under this Agreement in accordance with generally accepted accounting practices. All such books and records required to be maintained by this Agreement shall be subject to inspection and audit by representatives of the City and/or the Washington State Auditor at all reasonable times, and the Service Provider shall afford the proper facilities for such inspection and audit. Representatives of the City and/or the Washington State Auditor may copy such books, accounts, and records if necessary to conduct or document an audit. The Service Provider shall preserve and make available all such books of account and records for a period of three (3) years after final payment under this Agreement. In the event that any audit or inspection identifies any discrepancy in such financial records, the Service Provider shall provide the City with appropriate clarification and/or financial adjustments within thirty (30) calendar days of notification of the discrepancy.

6. INDEPENDENT CONTRACTOR

A. The Service Provider and the City understand and expressly agree that the Service Provider is an independent contractor in the performance of each and every part of this Agreement. The Service Provider expressly represents, warrants, and agrees that its status as an independent contractor in the performance of the work and services required under this Agreement is consistent with and meets the six-part independent contractor test set forth in RCW 51.08.195. The Service Provider, as an independent contractor, assumes the entire responsibility for carrying out and accomplishing the services required under this Agreement. The Service Provider shall make no claim of City employment nor shall the Service Provider claim any related employment benefits, social security, and/or retirement benefits.

B. The Service Provider shall be solely responsible for paying all taxes, deductions, and assessments, including but not limited to federal income tax, FICA, social security tax, assessments for unemployment and industrial injury, and other deductions from income which may be required by law or assessed against either party as a result of this Agreement. In the event the City is assessed a tax or assessment as a result of this Agreement, the Service Provider shall pay the same before it becomes due.

C. The City may, during the term of this Agreement, engage other independent contractors to perform the same or similar work that the Service Provider performs hereunder.

D. The Service Provider shall obtain a business license and, if applicable, pay business and occupation taxes pursuant to Title 5 of the Bainbridge Island Municipal Code.

7. DISCRIMINATION AND COMPLIANCE WITH LAWS

A. The Service Provider agrees not to discriminate against any employee or applicant for employment or any other person in the performance of this Agreement because of race, creed, color, national origin, marital status, sex, sexual orientation, age, disability, or other circumstance prohibited by federal, state, or local law or ordinance, except for a bona fide occupational qualification.

B. The Service Provider shall comply with all federal, state, and local laws and ordinances applicable to the work to be done under this Agreement.

C. Violation of this Section 7 shall be a material breach of this Agreement and grounds for cancellation, termination, or suspension by the City, in whole or in part, and may result in ineligibility for further work for the City.

8. OWNERSHIP OF WORK PRODUCT

All data, materials, reports, memoranda, and other documents developed under this Agreement, whether finished or not, shall become the property of the City and shall be forwarded to the City in hard copy and in digital format that is compatible with the City's computer software programs.

9. GENERAL ADMINISTRATION AND MANAGEMENT

The City Manager of the City, or designee, shall be the City's representative, and shall oversee and approve all services to be performed, coordinate all communications, and review and approve all invoices under this Agreement.

10. HOLD HARMLESS AND INDEMNIFICATION

A. The Service Provider shall defend, indemnify and hold the City, its officers, officials, employees, and volunteers harmless from any and all claims, injuries, damages, losses, or suits including attorney fees, arising out of or resulting from the acts, errors, or omissions of the Service Provider in performance of this Agreement, except for injuries and damages caused by the sole negligence of the City.

B. Should a court of competent jurisdiction determine that this Agreement is subject to RCW 4.24.115, then, in the event of liability for damages arising out of bodily injury to persons or damages to property caused by or resulting from the concurrent negligence of the Service Provider and the City, its officers, officials, employees, and volunteers, the Service Provider's liability, including the duty and cost to defend, hereunder shall be only to the extent of the Service Provider's negligence. It is further specifically and expressly understood that the indemnification provided herein constitutes the Service Provider's waiver of immunity under Industrial Insurance, Title 51 RCW, solely for the purposes of this indemnification. This waiver has been mutually negotiated by the parties. The provisions of this section shall survive the expiration or termination of this Agreement.

C. The City's inspection or acceptance of any of the Service Provider's work when

completed shall not be grounds to void, nullify, and/or invalidate any of these covenants of indemnification.

D. Nothing contained in this Agreement shall be construed to create a liability or a right of indemnification in any third party.

11. INSURANCE

The Service Provider shall maintain insurance as follows and as further described in Attachment B:

[X] Commercial General Liability as described in Attachment B.
[X] Directors and Officers Liability as described in Attachment B.
[X] Automobile Liability as described in Attachment B.
[X] Workers' Compensation as described in Attachment B.
[ ] None.

12. SUBLETTING OR ASSIGNING CONTRACT

This Agreement, or any interest herein or claim hereunder, shall not be assigned or transferred in whole or in part by the Service Provider to any other person or entity without the prior written consent of the City. In the event that such prior written consent to an assignment is granted, then the assignee shall assume all duties, obligations, and liabilities of the Service Provider as stated herein.

13. EXTENT OF AGREEMENT/MODIFICATION

This Agreement, together with attachments or addenda, represents the entire and integrated Agreement between the parties and supersedes all prior negotiations, representations, or agreements, either written or oral. This Agreement may be amended, modified, or added to only by written instrument properly signed by both parties.

14. SEVERABILITY

A. If a court of competent jurisdiction holds any part, term, or provision of this Agreement to be illegal or invalid, in whole or in part, the validity of the remaining provisions shall not be affected, and the parties' rights and obligations shall be construed and enforced as if the Agreement did not contain the particular provision held to be invalid.

B. If any provision of this Agreement is in direct conflict with any statutory provision of the State of Washington, that provision which may conflict shall be deemed inoperative and null and void insofar as it may conflict, and shall be deemed modified to conform to such statutory provision.

15. FAIR MEANING

The terms of this Agreement shall be given their fair meaning and shall not be construed in favor

of or against either party hereto because of authorship. This Agreement shall be deemed to have been drafted by both of the parties.

16. NON-WAIVER

A waiver by either party hereto of a breach by the other party hereto of any covenant or condition of this Agreement shall not impair the right of the party not in default to avail itself of any subsequent breach thereof. Leniency, delay, or failure of either party to insist upon strict performance of any agreement, covenant, or condition of this Agreement, or to exercise any right herein given in any one or more instances, shall not be construed as a waiver or relinquishment of any such agreement, covenant, condition or right.

17. NOTICES

Unless stated otherwise herein, all notices and demands shall be in writing and sent or hand-delivered to the parties at their addresses as follows:

To the City:	City of Bainbridge Island 280 Madison Avenue North Bainbridge Island, WA 98110 Attention: City Manager
To the Service Provider:	Helpline House 282 Knechtel Way NE Bainbridge Island, WA 98110 Attention: Myra Howrey

or to such addresses as the parties may hereafter designate in writing. Notices and/or demands shall be sent by registered or certified mail, postage prepaid, or hand-delivered. Such notices shall be deemed effective when mailed or hand-delivered at the addresses specified above.

18. SURVIVAL

Any provision of this Agreement which imposes an obligation after termination or expiration of this Agreement shall survive the term or expiration of this Agreement and shall be binding on the parties to this Agreement.

19. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the State of Washington.

20. VENUE

The venue for any action to enforce or interpret this Agreement shall lie in the Superior Court of Washington for Kitsap County, Washington.

21. COUNTERPARTS

This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same Agreement.

IN WITNESS WHEREOF, the parties have executed this Agreement as of February 6, 2017.

HELPLINE HOUSE

By_____

Name Joanne E Lews

Title Director

Tax I.D. # 91-0902503

CITY OF BAINBRIDGE ISLAND

By_____

Douglas Schulze, City Manager

ATTACHMENT A

SCOPE OF SERVICES

IV. Human Services funding Program Budget: 2017-2018

Food Bank Program - Amended Budget

	Year 1			
Area	**Applicant Program Budget Allocation Year 1**	**COBI HSF REQUEST Year 1**	**Total Year 1**	**OTHER SOURCES**
Staff salaries/Benefits	$ 119,720		$ 119,720	Helpline House
Space/Facilities	$ 8,500		$ 8,500	Helpline House
Food and Food Transportation/Storage/Equipment maintenance	$ 38,500	$ 21,500	$ 60,000	Emergency Food Assistance Program for food and Helpline for Transp, storage, equip maint.
Travel/Training	$ 500		$ 500	Helpline House
Insurance	$ 2,460		$ 2,460	Helpline House
Operating Expenses	$ 11,972		$ 11,972	Helpline House
Other - In kind	$ 734,280		$ 734,280	Value of Donated food/volunteer hours
Total	$ 915,932	$ 21,500	$ 937,432	

	Year 2			
Area	**Applicant Program Budget Allocation Year 2**	**COBI HSF REQUEST Year 2**	**Total Year 2**	**OTHER SOURCES**
Staff salaries/Benefits	$ 122,114		$ 122,114	Helpline
Space/Facilities	$ 8,670		$ 8,670	Helpline
Food and Food Transportation/Storage/Equipment maintenance	$ 40,500	$ 22,500	$ 63,000	Emergency Food Assistance Program for food and Helpline for Transp, storage, equip maint.
Travel/Training	$ 500		$ 500	Helpline
Insurance	$ 2,509		$ 2,509	Helpline
Operating Expenses	$ 12,211		$ 12,211	Helpline
Other - In kind	734,280		$ 734,280	Value of Donated food/volunteer hours
Total	$ 920,785	$ 22,500	$ 943,285	

1. Total Helpline estimated budget for 2017 is: $722,813.
2. Amount awarded is 3% of the Total Agency Budget
3. In the past, we funded this expense through private donations, business/organization donations, and faith group donations.
4. Sources of funding would include our contract with the Emergency Food Assistance Program (EFAP) in the amount of $6,939 and Helpline House private donations.
5. N/A

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

COVER LETTER

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

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

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

NARRATIVE INFORMATION
2016 HUMAN SERVICES FUNDING PROGRAM PROPOSAL

HELPLINE HOUSE

I. STATEMENT OF PURPOSE

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

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

II. PROGRAM SUMMARY

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

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

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

III. ORGANIZATIONAL STRENGTH

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

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

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

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

IV. Human Services funding Program Budget: 2017-2018

Food Bank Program

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

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

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

V. Output and Outcomes

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

VI. PROGRAM EVALUATION

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

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

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

Helpline House

Board of Directors

Helpline House
Current Board Members - 2016

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

Helpline House

Current Financial Statement

Helpline House Operating Accounts
Balance Sheet
As of 09/30/2016

	2016 ACTUALS
Assets	
Current Assets	
Cash in Banks	
Columbia Bank - Checking	$ 58,500
Columbia Bank - Oper. Reserve	2,514
Columbia Bank - Payroll	4,171
Columbia Bank - EDD	3,859
Columbia Bank - Cap. Fund Res.	11,465
Total Operational Cash	$ 80,509
Other Current Assets	
501 (C) AGENCIES TRUST	19,006
Trading Account - Schwab	287,503
Total Current Assets	$ 387,018
Long Term Assets	
Helpline House Endowment	1,722,501
Fixed Assets	
Land and Building-282 Knechtel	2,227,506
Accumulated Depreciation	(219,618)
Total Assets	$ 4,117,407
Liabilities	
Current Liabilities	
Payroll Taxes Payable	470
Flex Ben-Dep.Care/PXDCA EE PRE	385
Flexible benefits - 403B/ROTH	(1)
Flex.Ben-Hlth Ins PXCMP EE PRE	7
Flex.Ben-FlexMed to PXUME EE	756
Total Liabilities	$ 1,617
Helpline Endowment Fund	1,748,719
General Fund Equity	2,447,928
Current Year Excess (Deficit)	$ (80,857)
Total Equity	$ 4,115,790
Total Liabilities and Equity	$ 4,117,407

(2)

HELPLINE HOUSE OPERATING ACCOUNTS
Operating Statement

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

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

3

HELPLINE HOUSE OPERATING ACCOUNTS
Operating Statement

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

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

Helpline House

2016 Budget and

Draft 2017 Budget

Helpline House Total Agency Budget

Revenue

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

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

Helpline House Total Agency Budget

Expense

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

Helpline House

Form 990 for 2015

EXTENDED TO AUGUST 15, 2016

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

C Name of organization: HELPLINE HOUSE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 282 KNECHTEL WAY NE — Room/suite

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

D Employer identification number: 91-0902503

E Telephone number: 206-842-7621

G Gross receipts $ 800,869.

F Name and address of principal officer: JOANNE TEWS
282 KNECHTEL WAY NE, BAINBRIDGE ISLAND, WA

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.HELPLINEHOUSE.ORG

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

L Year of formation: 1968 **M** State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SOCIAL SERVICE AGENCY FOR THE COMMUNITY OF BAINBRIDGE ISLAND, WA

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	10
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	764,652.	764,499.
	9	Program service revenue (Part VIII, line 2g)	8.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,604.	30,505.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	119,393.	3,048.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	913,657.	798,052.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	521,412.	518,224.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 20,888.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	262,326.	250,599.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	783,738.	768,823.
	19	Revenue less expenses. Subtract line 18 from line 12	129,919.	29,229.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,172,138.	4,197,115.
	21	Total liabilities (Part X, line 26)	37,935.	470.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,134,203.	4,196,645.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 5-10-16

▶ JOANNE TEWS, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JESSE M. SABEY		05/10/16		P01653737

Firm's name ▶ MKD CPAS PLLC — Firm's EIN ▶ 45-1070919

Firm's address ▶ 1809 7TH AVENUE, SUITE 1300
SEATTLE, WA 98101-1313 — Phone no. (206) 624-7434

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 $ 236,019. including grants of $) (Revenue $)
COMMUNITY SUPPORT-VOLUNTEER SERVICES: INFORMATION & RESOURCES, FOOD BANK, CLOTHING, MEDICAL EQUIPMENT,TRANSPORTATION AND RENTAL ASSISTANCE.

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

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

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

4e Total program service expenses ▶ 674,340.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	10		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	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?	7a			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?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [X] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

JOANNE TEWS, EXEC. DIR - 206-842-7621
282 KNECHTEL WAY N.E., BAINBRIDGE ISLAND, WA 98110

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

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

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

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

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

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

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

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

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

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

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

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

Section B. Independent Contractors

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

(A) Name and business address NONE	(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 ▶ 0

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	454,046.	399,560.	36,324.	18,162.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,475.	10,098.	918.	459.
9 Other employee benefits	17,805.	15,668.	1,424.	713.
10 Payroll taxes	34,898.	30,710.	2,792.	1,396.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	6,844.		6,844.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	4,273.	4,273.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,941.	3,926.	13,015.	
23 Insurance	6,673.	6,006.	667.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD COSTS	63,812.	63,812.		
b HOUSING	62,145.	62,145.		
c UTILITIES AND REPAIRS	54,739.	46,528.	8,211.	
d SUPPLIES	16,986.	15,287.	1,699.	
e All other expenses	18,186.	16,327.	1,701.	158.
25 **Total functional expenses.** Add lines 1 through 24e	768,823.	674,340.	73,595.	20,888.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		155,893.	1	160,231.
	2	Savings and temporary cash investments		222,311.	2	287,489.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,227,506.			
	b	Less: accumulated depreciation	10b 219,618.	2,024,829.	10c	2,007,888.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		1,748,719.	12	1,722,501.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		20,386.	15	19,006.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,172,138.	16	4,197,115.
Liabilities	17	Accounts payable and accrued expenses		3,429.	17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		34,506.	25	470.
	26	**Total liabilities.** Add lines 17 through 25		37,935.	26	470.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,134,203.	27	4,196,645.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		4,134,203.	33	4,196,645.
	34	Total liabilities and net assets/fund balances		4,172,138.	34	4,197,115.

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization HELPLINE HOUSE

Employer identification number 91-0902503

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 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	758,293.	693,091.	751,963.	764,652.	764,499.	3732498.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,707.	28,438.	27,814.	29,604.	30,502.	143,065.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						3875563.

12 Gross receipts from related activities, etc. (see instructions) ..... 12 141,898.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) ..... 14 96.31 %

15 Public support percentage from 2014 Schedule A, Part II, line 14 ..... 15 92.69 %

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		

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

			Yes	No
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

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

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

Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

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

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

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

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2015

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ _____

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

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

523451
10-26-15

Name of organization: HELPLINE HOUSE

Employer identification number: 91-0902503

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization: HELPLINE HOUSE

Employer identification number: 91-0902503

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

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

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

Name of organization: HELPLINE HOUSE

Employer identification number: 91-0902503

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

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

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization: HELPLINE HOUSE

Employer identification number: 91-0902503

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

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

Part XIII Supplemental Information *(continued)*

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization: HELPLINE HOUSE

Employer identification number: 91-0902503

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

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

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

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

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

ACCRUAL TO CASH ADJ	33,213.

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

(D) - Asset disposed

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

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

(D) - Asset disposed

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

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

990

▶ Attach to your tax return.

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

OMB No. 1545-0172

2015

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
HELPLINE HOUSE	FORM 990 PAGE 10	91-0902503

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

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 ▶	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	16,941.

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

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

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	16,941.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

516251
12-28-15 LHA **For Paperwork Reduction Act Notice, see separate instructions.**

Form **4562** (2015)

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

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

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

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

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

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI **Amortization**

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

516252 12-28-15

Form **8868**
(Rev. January 2014)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

OMB No. 1545-1709

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

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

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

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

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

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

- The books are in the care of ▶ JOANNE TEWS, EXEC. DIR 282 KNECHTEL WAY N.E. - BAINBRIDGE ISLAND, WA 98110
  Telephone No. ▶ 206-842-7621 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

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

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

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

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HELPLINE HOUSE

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

528102
04-01-15

(D) - Asset disposed

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

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HELPLINE HOUSE

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

528102
04-01-15

(D) - Asset disposed

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

Helpline House

Volunteer Newsletter

Volunteer Services

volunteer Newsletter

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

Helpline House Happenings | October 2016

Helpline's Nutrition Study Results

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

Thank you to all our Local Gardeners!

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

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

Medicaid Costs Decline with Increased SNAP Benefits

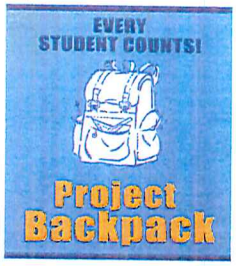
Hunger and Health is a trend that Food Lifeline has been tracking for some time now. Recent studies have shown that there is a clear link between not having access to healthy food and an individual's health. Food Lifeline's Hunger in America 2014 survey revealed that nearly half of Western Washington's food bank client households have someone living with a chronic illness. Read more...

Summer Food Bank Program For Kids Going Strong

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

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

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



Project Backpack served 143 students!

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

Summer of Service at Helpline

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

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

Did You Know?

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

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

Food Drives

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

Brighten Up the Holidays

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

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

Like us on Facebook

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

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

Stay in touch and learn up to date happenings at Helpline's Facebook Page
Visit us at https://www.facebook.com/helpline.house

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

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

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

Executive Director: Joanne Tews
Administrative Office: Myra Howrey **Helpline Desk:** Megan Markley
Social Services: Murray Prins MSE, LMHC,
Brianna McNamara MA, MFT, Jonathan Ehlinger LMHCA, NCC

Thank you to Helpline's volunteer copy writer Karen West for this edition.

STAY CONNECTED:

Helpline House, 282 Knechtel Way NE, Bainbridge Island, WA 98110

SafeUnsubscribe™ {recipient's email}
Forward this email | Update Profile | About our service provider
Sent by volunteerservices@helplinehouse.org in collaboration with

Constant Contact
Try it free today

ATTACHMENT B

INSURANCE REQUIREMENTS

A. Insurance Term

The Service Provider shall procure and maintain for the duration of the Agreement insurance against claims for injuries to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Service Provider, its agents, representatives, or employees.

B. No Limitation

The Service Provider's maintenance of insurance as required by the Agreement shall not be construed to limit the liability of the Service Provider to the coverage provided by such insurance, or otherwise limit the City's recourse to any remedy available at law or in equity.

C. Minimum Scope of Insurance

The Service Provider shall obtain insurance of the types and coverage described below:

1. Automobile Liability insurance covering all owned, non-owned, hired, and leased vehicles. Coverage shall be written on Insurance Services Office (ISO) form CA 00 01 or a substitute form providing equivalent liability coverage.

2. Commercial General Liability insurance shall be at least as broad as ISO occurrence form CG 00 01 and shall cover liability arising from premises, operations, stop-gap liability, independent contractors, and personal injury and advertising injury. The City shall be named as an additional insured under the Service Provider's Commercial General Liability insurance policy with respect to the work performed for the City using an additional insured endorsement at least as broad as ISO CG 20 26.

3. Workers' Compensation coverage as required by the Industrial Insurance laws of the State of Washington.

4. Directors and Officers Liability insurance coverage.

D. Minimum Amounts of Insurance

The Service Provider shall maintain the following insurance limits:

1. Automobile Liability insurance with a minimum combined single limit for bodily injury and property damage of $1,000,000 per accident.

2. Commercial General Liability insurance shall be written with limits no less than $1,000,000 each occurrence, $2,000,000 general aggregate.

3. Directors and Officers Liability insurance shall be written with limits no less than $1,000,000 per claim and $1,000,000 policy aggregate limit.

E. Other Insurance Provision

The Service Provider's Automobile Liability and Commercial General Liability insurance policies are to contain, or be endorsed to contain, that they shall be primary insurance as respect the City. Any insurance, self-insurance, or self-insured pool coverage maintained by the City shall be excess of the Service Provider's insurance and shall not contribute with it.

F. Acceptability of Insurers

Insurance is to be placed with insurers with a current A.M. Best rating of not less than A:VII.

G. Verification of Coverage

Before commencing work and services, the Service Provider shall provide to the person identified in Section 9 of the Agreement a Certificate of Insurance evidencing the required insurance. The Service Provider shall furnish the City with original certificates and a copy of the amendatory endorsements, including but not necessarily limited to the additional insured endorsement, evidencing the insurance requirements of the Service Provider before commencement of the work. The City reserves the right to request and receive a certified copy of all required insurance policies.

H. Notice of Cancellation

The Service Provider shall provide the City with written notice of any policy cancellation within two business days of their receipt of such notice.

I. Failure to Maintain Insurance

Failure on the part of the Service Provider to maintain the insurance as required shall constitute a material breach of contract, upon which the City may, after giving five (5) business days' notice to the Service Provider to correct the breach, immediately terminate this Agreement or, at its discretion, procure or renew such insurance and pay any and all premiums in connection therewith, with any sums so expended to be repaid to the City on demand, or at the sole discretion of the City, offset against funds due the Service Provider from the City.

J. City Full Availability of Service Provider Limits

If the Service Provider maintains higher insurance limits than the minimums shown above, the City shall be insured for the full available limits of Commercial General and Excess or Umbrella liability maintained by the Service Provider, irrespective of whether such limits maintained by the Service Provider are greater than those required by this Agreement or whether any certificate of insurance furnished to the City evidences limits of liability lower than those maintained by the Service Provider.

HelpH11

Non Profit Insurance Program

CERTIFICATE OF COVERAGE

Issue Date: 02/07/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONVERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGRATION IS WAIVED, subject to the terms and conditions of the policy, certain coverage may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	COMPANIES AFFORDING COVERAGE
Clear Risk Solutions 451 Diamond Drive Ephrata, WA 98823	GENERAL LIABILITY American Alternative Insurance Corporation AUTOMOBILE LIABILITY American Alternative Insurance Corporation
INSURED	
Helpline House 282 Knechtel Way NE Bainbridge, WA 98110	PROPERTY American Alternative Insurance Corporation, et al. MISCELLANEOUS PROFESSIONAL LIABILITY Princeton Excess and Surplus Lines Insurance Company Torus Specialty Insurance Company

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE COVERAGE PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	DESCRIPTION	LIMITS
GENERAL LIABILITY					
COMMERCIAL GENERAL LIABILITY OCCURRENCE FORM INCLUDES STOP GAP	N1-A2-RL-0000013-08	06/01/2016	06/01/2018	PER OCCURRENCE PER MEMBER AGGREGATE PRODUCT-COMP/OP PERSONAL & ADV. INJURY ANNUAL POOL AGGREGATE	$5,000,000 $10,000,000 $5,000,000 $5,000,000 $50,000,000
(LIABILITY IS SUBJECT TO A $50,000 SIR PAYABLE FROM PROGRAM FUNDS)					
AUTOMOBILE LIABILITY					
ANY AUTO	N1-A2-RL-0000013-08	06/01/2016	06/01/2018	COMBINED SINGLE LIMIT ANNUAL POOL AGGREGATE	$5,000,000 NONE
(LIABILITY IS SUBJECT TO A $50,000 SIR PAYABLE FROM PROGRAM FUNDS)					
PROPERTY					
	N1-A2-RL-0000013-08	06/01/2016	06/01/2018	ALL RISK PER OCC EXCL EQ & FL EARTHQUAKE PER OCC FLOOD PER OCC ANNUAL POOL AGGREGATE	$75,000,000 $1,000,000 EXCLUDED NONE
(PROPERTY IS SUBJECT TO A $50,000 SIR PAYABLE FROM PROGRAM FUNDS)					
MISCELLANEOUS PROFESSIONAL LIABILITY					
	N1-A3-RL-0000060-07	06/01/2016	06/01/2018	PER CLAIM ANNUAL POOL AGGREGATE	$2,000,000 $40,000,000
(LIABILITY IS SUBJECT TO A $50,000 SIR PAYABLE FROM PROGRAM FUNDS)					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS

Regarding contract for food bank funds. City of Bainbridge Island is named as Additional Insured regarding this contract only and is subject to policy terms, conditions, and exclusions. Additional Insured endorsement is attached.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

CERTIFICATE HOLDER	AUTHORIZED REPRESENTATIVE
Attn: City Manager City of Bainbridge Island 280 Madison Avenue North Bainbridge Island, WA 98110	Vanessa Brown

3211706

AMERICAN ALTERNATIVE
INSURANCE COMPANY

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION (GENERAL LIABILITY)

Named Insured Non Profit Insurance Program (NPIP)	
Policy Number N1-A2-RL-0000013-08	Endorsement Effective 6/1/2016

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

This endorsement modifies insurance provided under the following:

GENERAL LIABILITY COVERAGE PART

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

Schedule

Person or Organization (Additional Insured): As Per Schedule on file with Clear Risk Solutions, Underwriting Administrator

Attn: City Manager
City of Bainbridge Island
280 Madison Avenue North
Bainbridge Island, WA 98110

Regarding contract for food bank funds. City of Bainbridge Island is named as Additional Insured regarding this contract only and is subject to policy terms, conditions, and exclusions. Additional Insured endorsement is attached.

A. With respects to the General Liability Coverage Part only, the definition of **Insured** in the Liability Conditions, Definitions and Exclusions section of this policy is amended to include as an **Insured** the Person or Organization shown in the above Schedule. Such Person or Organization is an **Insured** only with respect to liability for **Bodily Injury**, **Property Damage**, or **Personal and Advertising Injury** caused in whole or in part by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In performance of your ongoing operations; or
2. In connection with your premises owned or rented to you.

B. The Limits of Insurance applicable to the additional **Insured** are those specified in either the:

1. Written contract or written agreement; or
2. Declarations for this policy,

whichever is less. These Limits of Insurance are inclusive and not in addition to the Limits Of Insurance shown in the Declarations.

All other terms and conditions remain unchanged.

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