

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 Island Volunteer Caregivers, a Washington nonprofit corporation (“Service Provider”).

WHEREAS, the City desires to assist the Service Provider by providing funds for operating support; 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 Fifty-One Thousand Dollars (\$51,000) 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:

- Commercial General Liability as described in Attachment B.
- Directors and Officers Liability as described in Attachment B.
- Automobile Liability as described in Attachment B.
- 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

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.

ISLAND VOLUNTEER CAREGIVERS

CITY OF BAINBRIDGE ISLAND

By Rita Elsberry

By 
Douglas Schulze, City Manager

Name Rita Elsberry

Title Executive Director

Tax I.D. # 91-1843539

ATTACHMENT A
SCOPE OF SERVICES

City of Bainbridge Island 2017-2018 Human Services Funding
Island Volunteer Caregivers 2017 Draft Organizational Budget

INCOME		
Direct Contributions		\$15,000
Appeals		\$5,000
Faith Communities		\$5,000
Organizations/Foundations		
One Call for All		\$33,000
Seattle Foundation		\$1,000
Kitsap Great Give		\$8,000
Subtotal		\$42,000
Grants		\$12,000
City of Bainbridge Contract		\$25,500
Fundraising Events		
Summer Dinner Auction		\$83,500
Life Enrichment Gifts		\$1,500
Other Events		\$2,000
Subtotal		\$87,000
Interest Income		\$35
Dividend Income		\$3,000
Business Contributions/Reimburse		\$3,000
Subtotal		\$6,035
Total		\$198,535
Use of operating reserves		\$4,000
TOTAL INCOME		\$201,535
EXPENSES		
Operations		
Capital Expense	\$1,000	
Postage	\$2,000	\$400 from COBI
Printing-Duplicating	\$2,000	\$400 from COBI
Marketing/PR	\$1,100	
Repairs	\$100	
Office Supplies & Expenses	\$1,800	\$300 from COBI
Telephone-Communications	\$2,118	\$400 from COBI
Website/Internet	\$650	
Office Rent	\$12,097	\$2,000 from COBI
Bookkeeper	\$500	
Miscellaneous Operations Exp.	\$500	
Life Enrichment Program Expense	\$1,500	
Subscriptions and Dues	\$700	
Subtotal	\$26,065	
Staffing		
Taxes & Fees	\$16,149	\$2,000 from COBI
Wages	\$146,771	\$19,000 from COBI
Travel/Continuing Ed	\$2,000	
Subtotal	\$164,920	
Volunteer/Donor/Board Expenses		
Expense-Transport Reimbursement	\$2,300	
Insurance	\$5,500	\$1,000 from COBI
Support-Recognition	\$800	
Training-Materials-Conferences	\$600	
Driver Screening	\$1,100	
Subtotal	\$10,300	
Miscellaneous Expenses		\$250
TOTAL EXPENDITURES		\$201,535

INCOME - EXPENDITURES

\$0

City of Bainbridge Island 2017-2018 Human Services Funding
Island Volunteer Caregivers 2018 Draft Organizational Budget

INCOME		
Direct Contributions		\$20,000
Appeals		\$5,000
Faith Communities		\$5,000
Organizations/Foundations		
One Call for All		\$35,000
Seattle Foundation		\$1,000
Kitsap Great Give		\$8,000
Subtotal		\$44,000
Grants		\$12,000
City of Bainbridge Contract		\$25,500
Fundraising Events		
Summer Dinner Auction		\$86,000
Life Enrichment Gifts		\$2,000
Other Events		\$2,000
Subtotal		\$90,000
Interest Income		\$35
Dividend Income		\$3,000
Business Contributions/Reimburse		\$3,000
Subtotal		\$6,035
Total		\$207,535
Use of operating reserves		\$747
TOTAL INCOME		\$208,282
EXPENSES		
Operations		
Capital Expense	\$2,000	
Postage	\$2,000	\$400 from COBI
Printing-Duplicating	\$2,000	\$400 from COBI
Marketing/PR	\$1,100	
Repairs	\$100	
Office Supplies & Expenses	\$1,800	\$300 from COBI
Telephone-Communications	\$2,118	\$400 from COBI
Website/Internet	\$650	
Office Rent	\$12,460	\$2,000 from COBI
Bookkeeper	\$500	
Miscellaneous Operations Exp.	\$500	
Life Enrichment Program Expense	\$2,000	
Subscriptions and Dues	\$700	
Subtotal	\$27,928	
Staffing		
Taxes & Fees	\$16,629	\$2,000 from COBI
Wages	\$151,175	\$19,000 from COBI
Travel/Continuing Ed	\$2,000	
Subtotal	\$169,804	
Volunteer/Donor/Board Expenses		
Expense-Transport Reimbursement	\$2,300	
Insurance	\$5,500	\$1,000 from COBI
Support-Recognition	\$800	
Training-Materials-Conferences	\$600	
Driver Screening	\$1,100	
Subtotal	\$10,300	
Miscellaneous Expenses		\$250
TOTAL EXPENDITURES		\$208,282

INCOME - EXPENDITURES

\$0

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

COVER LETTER

1. Organization Name: Island Volunteer Caregivers
2. Contact Person: Rita Elsberry Phone: 206-842-4441
3. Email Address: rita@ivcbainbridge.org
4. Physical Address: 375 Ericksen Ave NE, Suite 212
5. Mailing Address: P.O. Box 11253, Bainbridge Island, WA 98110
6. Are you a 501(c)(3) nonprofit? Yes
7. Organization EIN: 91-1843539
8. Request for 2017-2018 (two-year term):
 - A. Amount of City Funding Requested: 2017: \$29,500 2018: \$29,500
 - B. Organization budget \$159,800 for fiscal year ended December 31, 2015
 - C. Type: General Operating Support
 - D. N/A
 - E. Brief Description of Request: To support provision of direct services to seniors and persons with disabilities to enable independence and safe and healthy aging in place.
9. Please attach each of the items below as separate PDF documents:
 - ✓ This funding application
 - ✓ Current Board of Directors names, addresses, phone & email information
 - ✓ 2016 Organization Financial Statements (Balance Sheet & Income Statement)
 - ✓ 2016 Budget & 2017 Draft Budget
10. Please include one copy of:
 - ✓ Most Recently Filed Form 990
12. Authorized Signature:  Date: 10/27/16
13. Print Name: Rita Elsberry

I. STATEMENT OF PURPOSE

1. Describe the community needs that the program seeks to address, and the projected short-and long-term impacts. Please document and cite relevant City documents, demographic or research sources, etc.

The COBI Community Needs Assessment dated September 19, 2016 identified the increasing need for services for seniors as one of the key overall findings in their report. Key informant interviews indicated a gap in transportation services, especially as people get older. Many people are on fixed incomes and cannot afford rising costs for such things as caregiving or assisted living. The demographic data suggests that the largest population increase on Bainbridge Island has been among middle aged/senior residents. As the median age here is 10 years higher than Washington State's, the need for more services will only keep rising.

Island Volunteer Caregivers (IVC) is a vital mechanism for carrying out the framework values of Bainbridge by caring for our most vulnerable citizens, making them feel valued and connected, and providing opportunities for meaningful contributions from volunteers.

We serve the elderly, persons with disabilities and others temporarily in need by facilitating life-enriching connections with volunteers. In order to age in place, many people on Bainbridge need assistance with transportation, in-home services, companionship and many other tasks that we often take for granted until we're unable to do them on our own. Equally important, are the many people in the early stages of retirement and others who have a need to give back to the community.

I think of this as my third phase of life, following the learning and doing phases, with serving and giving back. IVC provides the ideal opportunity for me, in times that I am able, to help people in the community in ways that are both appreciated for the service requested and the relationship that is fostered. ~Helen, IVC Volunteer

The older population—persons 65 years or older—numbered **46.2 million** in 2014 (the latest year for which data is available). They represented 14.5% of the U.S. population, about one in every seven Americans. By 2060, there will be **about 98 million** older persons, more than twice their number in 2014. (www.aoa.gov). According to DHHS, the “oldest old” category, those over 85, is expected to almost quadruple by 2050 in the U.S, from **5.3 million** in 2006 to **21 million**. On Bainbridge Island adults over 65 already accounted for 18.6% of the Island's population in 2014 and this trend, above the national and state average, is likely to continue.

According to *Aging in Place: A State Survey of Livability Policies and Practices*, written by the National Conference of State Legislatures with the AARP Public Policy Institute, nearly 90 percent of people over age 65 want to stay in their home for as long as possible, and 80 percent

believe their current residence is where they will always live. However, for older adults to age in place, their physical and service environment must be accommodating.

In 2015 we had 112 new care receivers and 59 new volunteers who provided reliable person-to-person services to their neighbors. In the first 9 months of 2016 alone we have had 97 new care receivers. 43% of our care receivers are over the age of 85 and 54% of this group live alone, often without family nearby or a strong support system. For 2016, we are averaging nearly 110 additional direct service hours per month--an increase of 19%--compared with 2015.

The short-term impact of IVC is helping to meet the growing day to day needs that are not able to be addressed by other organizations, families and governmental entities; and the long-term impact is allowing people to safely age in place and continue to be engaged and valued members of their community. There is also a significant cost savings when people are able to stay at home versus moving to assisted living or a skilled nursing facility. According to AARP, the median cost for nursing home care in Washington State is \$96,725 to \$107,675 per year, Assisted Living \$54,000 per year and homemaker services for 22 hours per week equates to \$28,417 per year.

II. PROGRAM SUMMARY

2. **What services will these funds provide?**

These funds will provide operating support for the following services offered by Island Volunteer Caregivers, as well as for volunteer recruitment and retention, screening and training:

- a) Door-through-door transportation to medical, physical therapy or counseling appointments in Kitsap County and downtown Seattle
- b) Transportation for activities to maintain health and well-being, such as exercise classes at the Senior Center or swimming at the pool and other life enriching community activities
- c) In-home services such as:
 - Companionship
 - Light housekeeping or meal prep
 - Light yard care or home maintenance
 - Assistance with pet care
 - Reading to visually impaired persons
 - Respite care for family caregivers
- d) Errands, including:
 - Grocery shopping
 - Picking up prescriptions
 - Delivering flowers to homebound through the *Flowers From the Heart* Program June through August
- e) Phone reassurance

- f) Advocacy and referrals to other appropriate agencies
- g) Visitation to facilities to provide companionship, reading and music
- h) Quality of life activities, such as going to a concert, movie or museum, attending an IVC sponsored Music Appreciation Group or Book Group
- i) IVC sponsors two support groups: a Grief Support Group and a Caregivers Support Group
- j) A new Compassionate Companions program for one on one grief support and upcoming in home pet therapy visits
- k) Trained medical note-takers to accompany people to appointments
- l) A Bainbridge specific resource guide for seniors and their families to assist them with life transitions

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

Recipients of these services are seniors, persons with disabilities and others temporarily in need of assistance, as well as volunteers who benefit from the meaningful connections and opportunities to serve their neighbors. Family caregivers and those who have suffered the loss of a loved one receive the benefits from support groups. We also provide monthly trainings for volunteers and sponsor educational forums in collaboration with organizations such as the Alzheimer's Association on topics related to aging, which are free of charge and open to the entire community.

4. How will recipients access those services?

Our services can be accessed by calling, emailing, or walking in to our office. We receive referrals from other social service or non-profit agencies, healthcare providers and therapists, family members, friends, emergency responders, senior living facilities, faith communities, current care receivers and volunteers, etc. The Program Manager then arranges an in-home assessment for each care receiver to determine whether we can safely provide appropriate services, obtain emergency contact and mobility information, answer questions, assess for additional resource needs and explain more about the process for requesting a specific service from volunteers.

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

As can be seen by the chart on the previous page, 18.5% of Bainbridge Island's population in 2014 was 55-64 years old and an additional 18.6% were 65 and older. We are an open, public service that is available to anyone who needs it, regardless of income. Although we do not ask for specific income data, approximately 45% of those we serve live in subsidized housing or in their own homes on limited fixed incomes. No one who comes to us for services is turned away for lack of resources but as our population continues to age at the pace reflected above, we will have to expand our capacity to meet those needs. In the past two months we have already brought on 33 new care receivers which is definitely stretching our resources and making it imperative that we put more effort in recruiting new volunteers to meet these needs.

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

More than 95% of our care receivers and volunteers are Bainbridge Island residents. Some care receivers who were previously residents of Bainbridge have moved off Island, often due to lack of affordable care or housing options as their needs increased. Whenever possible, we try to continue providing services for them if they are in Poulsbo.

7. Describe how this request fits within the definition of Human Services as provided in the Human Services Element of the City's Comprehensive Plan:

The services IVC provides to the community are a perfect match for the goals outlined in the Human Services Element of the City's Comprehensive Plan, as demonstrated by our Mission Statement: *Island Volunteer Caregivers works within community to support life-enriching connections between caring people and the elderly and persons with disabilities to enable their independence, dignity, health and well-being.*

- **Provide people with the tools to achieve economic, social and emotional stability to the best of their ability.**

We are a very important leg of the “three-legged stool” consisting of family, professional services and volunteers/neighbors that help people maintain their independence and well-being. Our services are person-to-person, no-cost services such as transportation, in-home assistance, companionship and respite care that support people's ability to safely age in place and remain in their own community. Many of the people we serve are on very limited, fixed incomes and cannot afford to pay for these services. This quote from the daughter of a care receiver who passed away recently beautifully illustrates the impact of our volunteer services:

Thanks again for doing the work you do in the world. Please pass on my gratitude to Robin and all the care-givers who assisted my mother this past year. Your loving care and help has been a wonderful gift to all of us.

We collaborate with Helpline House, the Senior Center, Housing Resources Bainbridge, the Area Agency on Aging and other agencies to weave together all available resources without duplication and are currently collaborating with the BI Village organization to be a provider of volunteer services for Village members as well as anyone in the community who requests it.

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

The services our program provides support the dignity and respect of all people, and encourages intergenerational interactions. We truly feel that it's a two way street and volunteers consistently tell us that they get as much or more out of the experience than they give. Providing transportation to critical medical and therapy appointments and

post-hospitalization in-home services for care receivers improves health outcomes and reduces re-hospitalization that occurs due to missed follow up. Recent studies also show that volunteering adds substantial health benefits to individuals, particularly in the over 60 age category, which comprises about 63% of our volunteers.

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

We have initiated a special focus on Life-Enrichment programs and, thanks to funding support from the City of Bainbridge and grant sources, we were able to fill a 0.6 FTE position for a Life Enrichment Coordinator and program support this year. These life-enrichment opportunities, which are intended to help people remain engaged and connected with their community, have become extremely popular and well utilized. Research has clearly shown the relationship between social isolation and adverse health outcomes in the elderly in particular. Isolated and lonely people are at great risk for all-cause mortality, such as inflammation and infection, heart disease, depression, dementia, re-hospitalization, and an increased number of falls. Helping people access exercise, social and recreational activities enhances both their physical and emotional well-being.

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

We provide support services on an ongoing basis for most of our care receivers but also provide temporary help for people who, due to unforeseen circumstances such as an accident or injury, are unable to drive for a period of time or need some in-home assistance while they recover. We are also working with emergency responders and emergency preparedness resource groups on Bainbridge and in Kitsap County to identify and help high risk individuals prepare for severe weather events or large scale disasters.

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

This funding will help further promote the full range of services that Island Volunteer Caregivers provides and reach even more people who could benefit from our services. Consequently, this will help to alleviate the demands on other governmental social services, improve the overall health of residents, delay the need for higher levels of care, support safe aging in place and increase the health and well-being of volunteer community members. The expanded life-enrichment program for our care receivers and others will help strengthen our sense of community and inclusion.

III. ORGANIZATIONAL STRENGTH

9. Describe your organization's ability and qualifications to deliver the services you are requesting be funded. Include efforts to coordinate these services with other agencies. May include past service record, staff qualifications, etc.

Island Volunteer Caregivers (IVC), originally Interfaith Volunteer Caregivers, was founded in 1996 with funding from the Robert Wood Johnson Foundation, channeled through Hospice of Kitsap County. IVC began with a small group of volunteers from several faith communities and less than 30 care receivers, and has now grown to over 225 care receivers and more than 185 community volunteers. Volunteers are provided with an individual orientation and receive background and driving record checks, vehicle inspections, reference checks and provide proof of insurance and sign a confidentiality agreement.

Through September 2016, IVC volunteers have provided 6,242 direct service hours and driven more than 22,000 miles on behalf of care receivers. Using the current Independent Sector Value of Volunteer Time for Washington State of \$27.54 per hour, that translates to \$171,905.

IVC has a full time Executive Director and 0.8 FTE Program Manager, a 0.6 FTE Life Enrichment Coordinator and Program Support, as well as a person who facilitates the Caregivers Support Group. The Executive Director is an R.N. who previously served on the Board of Directors and has an extensive background working with the elderly and terminally ill, persons with developmental disabilities and in healthcare management. She is a native of Bainbridge Island and has a good understanding of community strengths and challenges. The Program Manager also served on the Board in 2006 and has been in her current position for over 3 years. She has a Masters in Adult Education and Training and was previously employed by the Center for Courage and Renewal for 15 years as their Program Manager. She has attended 2 intensive training courses on dealing with grief and facilitates that support group as well as spearheading our new Compassionate Companions grief program. The Life Enrichment Coordinator and Program Support staff member has long-time Island roots and involvement in the arts. Her work history included many years as a Film Industry Location Manager and she has served on a variety of arts boards, both on Bainbridge and in Seattle. While caring for her centenarian mother, she provided innovative enrichment activities for residents at the Exeter House in Seattle.

In 2014 IVC received a \$7,500 STAR Award for Distinction from the National Volunteer Transportation Center for an outstanding volunteer transportation program. After conducting community Listening Sessions, IVC completed a new, comprehensive Strategic Plan in early 2015 to guide our growth into the future and help us to focus on strengthening organizational capacity to meet growing demands for our services. One goal for this plan states: *IVC is actively engaged with other community leaders to distinguish Bainbridge Island as the most livable small town in America with the highest percentage of seniors and disabled living independently and*

participating in their community.” We believe this is a perfect fit for the new Comprehensive Plan being finalized by the City.

Our greatest strengths are the broad community support we receive, the ability to leverage a dedicated, screened and well prepared force of volunteers and an engaged and supportive Board. We put a priority on collaborating with other community organizations to best meet the needs of those we serve and avoid duplication of services through appropriate referrals. For the past 18 months we have been working with and participating in the development of a Village for Bainbridge Island to act as a one call resource to help coordinate access to the services of many organizations in the community.

IV. BUDGET (SEE ATTACHED)

11. What is the total of your agency’s estimated budget for 2017?

The total draft budget for 2017 is \$201,535, which includes four additional hours per week for the Program Manager to support the increasing demands for our services as well as facilitation of the new Compassionate Companions Grief Support.

12. What portion of your total agency budget does this request represent?

This request represents 14.64% of our total budget.

13. How have the services you are requesting funding for been paid in the past?

The services we are requesting funding for have been paid for in the past partly by the Human Services Contract with the City of Bainbridge Island.

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

Other sources of funding are individual donations, One Call For All, the Kitsap Great Give, support from faith communities, a huge fundraiser put on by Board, staff and community volunteers and support from local businesses and foundations. In 2016 we also applied for and received a grant from Bainbridge Community Foundation. We will again be applying for grant funds from Kitsap Community Foundation and other sources as applicable.

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

In addition to the financial support, funding from the City of Bainbridge sends a clear message that the services our volunteers provide to their neighbors are recognized, valued and appreciated by the City. This core operations funding we have received over the years from the City has been instrumental in our ability to provide these services. Looking at the aging demographic on Bainbridge Island it is certain that these needs will be growing at an accelerated pace in the next several years and without increased funding we will be unable to dedicate the necessary resources to respond to those needs in a timely manner.

V. ESTIMATED OUTPUTS, OUTCOMES & ASSESSMENT

16. (SEE ATTACHED CHART)

VI. PROGRAM EVALUTION

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

We measure outputs such as service hours, mileage and number of new volunteers and care receivers on a quarterly basis. We regularly evaluate the effectiveness of our programs informally through follow-up conversations with care receivers and volunteers about their experiences. Annually we complete an online survey of volunteers and a phone survey of care receivers to measure satisfaction with services, request suggestions for improvements, and assess unmet needs. We then make changes to our programs as necessary to reflect the stated needs of care receivers and volunteers.

Island Volunteer Caregivers
 2017-2018 COBI HSF Funding Proposal
 OUTPUTS AND OUTCOMES CHART

PROGRAM ACTIVITIES OR SERVICES	Annual Goal: Unduplicated Bainbridge Residents Served	Outcome of Receiving this Program/Service
Transportation	130	At least 95% of requests for transportation will be fulfilled. 98% of care receivers surveyed will report that they have not missed a medical appointment due to lack of transportation.
Support Groups	30	Anyone in need of uncomplicated grief and caregiver support will be included in a group session or matched one-on-one with a volunteer, if desired. 98% of participants surveyed report improved sense of well-being as result of these programs.
In-Home Services	60	98% of care receivers will report that volunteer services have allowed them to live more independently and have positive social connections. At least 95% of care receivers will still be living in their homes or choice of residence at 9 months after enrollment.
Flowers From the Heart	150	500+ bouquets of donated flowers will be delivered by volunteers to homebound, ill or fragile residents of Bainbridge Island from June through August each year.
Errands	40	At least 95% of service requests will be fulfilled. At least 98% of care receivers will report satisfaction with the services provided.

Island Volunteer Caregivers
 2017-2018 COBI HSF Funding Proposal
 OUTPUTS AND OUTCOMES CHART

Volunteer Recruitment and Retention	60	IVC will recruit 10% more new volunteers in each succeeding year. 80% of new volunteers will still be active at 9 months. At least 90% of volunteers will report they feel well prepared for their responsibilities.
Community Outreach		IVC will participate in at least 1 monthly outreach event to build awareness of our services and encourage participation and volunteerism.
Life Enrichment	40	One group enrichment activity will be offered to participants at least every other month, coordinating with existing community programs whenever possible.

**Island Volunteer Caregivers
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2016-2017**

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Island Volunteer Caregivers

Balance Sheet

As of September 30, 2016

	Sep 30, 16
ASSETS	
Current Assets	
Checking/Savings	
Kitsap Bank Checking	92,178.75
Kitsap Bank General Funds	40,007.09
Kitsap Bank Paypal	6,940.37
Total Checking/Savings	139,126.21
Other Current Assets	
Prepaid auction expenses	100.00
Rent security Deposit	900.00
Vanguard Investment Account	134,065.43
Vanguard Market Fluctuation	39,333.80
Total Other Current Assets	174,399.23
Total Current Assets	313,525.44
TOTAL ASSETS	313,525.44
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Payroll Liabilities	3,842.64
Total Other Current Liabilities	3,842.64
Total Current Liabilities	3,842.64
Total Liabilities	3,842.64
Equity	
Opening Bal Equity	15,000.00
Retained Earnings	247,382.61
Net Income	47,300.19
Total Equity	309,682.80
TOTAL LIABILITIES & EQUITY	313,525.44

Island Volunteer Caregivers
Profit & Loss
 January through September 2016

	Jan - Sep 16
Ordinary Income/Expense	
Income	
Contributions	8,729.81
Faith Communities	8,677.00
Funding Events	
Auction	86,979.46
Letter Appeal-Spring	5,325.00
Total Funding Events	92,304.46
Grants	
Bainbridge Community Foundation	10,000.00
City of Bainbridge Island	18,094.00
Total Grants	28,094.00
Organization	
Kitsap Great Give	9,993.73
One Call for All	33,495.78
Other	6.47
Seattle Foundation	673.00
United Way	45.08
Total Organization	44,214.06
Other Income	350.00
Reimbursements/Business Contrib	2,826.87
Total Income	185,196.20
Expense	
Bank Charges	4.28
Contracted Services	1,620.00
Miscellaneous Expense	104.00
Operations	
Advertising	707.02
Bookkeeping-Database Maint	246.78
Computer Internet Expense	239.68
D & O Insurance	2,792.44
Filing Fee State of Washington	10.00
Group Expense Program	2,074.12
Office	136.94
Postage	1,554.42
Printing-Duplicating	829.32
Rent/Office Expense	8,793.77
Supplies	1,445.03
Telephone-Communications	1,520.88
Total Operations	20,350.40
Paypal Expense	60.88
Reconciliation Discrepancies	-0.02
Staff Expenses	
Staff Salaries	105,940.85
Training & Continuing Education	1,872.84
Travel	31.40
Total Staff Expenses	107,845.09

2:24 PM

10/28/16

Accrual Basis

Island Volunteer Caregivers
Profit & Loss
January through September 2016

	<u>Jan - Sep 16</u>
Staffing	
Pay Taxes	10,050.56
Total Staffing	10,050.56
Subscriptions & Dues	509.00
Uncategorized Expenses	1,133.79
Volunteer Appreciation Event	319.59
Volunteers	5,352.30
Total Expense	<u>147,349.87</u>
Net Ordinary Income	37,846.33
Other Income/Expense	
Other Income	
Dividend Income	2,546.05
Interest Income	19.97
Unrealized Gain/Losses Vanguard	6,887.84
Total Other Income	<u>9,453.86</u>
Net Other Income	<u>9,453.86</u>
Net Income	<u><u>47,300.19</u></u>

Copy-mailed

Return of Organization Exempt From Income Tax

2015

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ISLAND VOLUNTEER CAREGIVERS		D Employer identification number 91-1843539
	Doing business as		E Telephone number (206) 842-4441
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		
	P.O. BOX 11253		G Gross receipts \$ 224,340.
	City or town, state or province, country, and ZIP or foreign postal code BAINBRIDGE ISLAND WA 98110		
F Name and address of principal officer: Eric Cederwall 547 HORIZON VIEW PL, NW BAINBRIDGE ISLAND WA 98110		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? If "No," attach a list. (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

J Website: N/A **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1996 **M** State of legal domicile: WA

Part I Summary		Prior Year	Current Year	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDING VOLUNTEER SUPPORT TO THE ELDERLY AND PERSONS WITH DISABILITIES TO HELP THEM MAINTAIN THEIR INDEPENDENCE, HEALTH AND AGE IN PLACE SAFELY.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	3	
	6 Total number of volunteers (estimate if necessary)	6	156	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	189,722.	207,598.
		9 Program service revenue (Part VIII, line 2g)	12,890.	13,278.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,208.	3,464.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10.	0.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		205,830.	224,340.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,790.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	117,420.	123,649.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,225.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	37,714.	36,151.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	157,924.	159,800.	
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	47,906.	64,540.	
	20 Total assets (Part X, line 16)	Beginning of Current Year 205,231.	End of Year 232,800.	
	21 Total liabilities (Part X, line 26)	3,049.	2,863.	
	22 Net assets or fund balances. Subtract line 21 from line 20	202,182.	229,937.	

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: *Eric Cederwall* Date: 5/31/16

Type or print name and title: Eric Cederwall

Paid Preparer Use Only

Print/Type preparer's name: Eric R. Cederwall Preparer's signature: [Signature] Date: [Date] Check if self-employed PTIN: P00022249

Firm's name: ERIC CEDERWALL Firm's address: 547 HORIZON VIEW PL NW BAINBRIDGE ISLAND WA 98110 Firm's EIN: Phone no.:

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:

PROVIDING VOLUNTEER SUPPORT TO THE ELDERLY AND PERSONS WITH DISABILITIES TO HELP THEM MAINTAIN THEIR INDEPENDENCE, HEALTH AND AGE IN PLACE SAFELY.

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 \$ 132,148. including grants of \$ 0.) (Revenue \$ 0.)

156 VOLUNTEERS ASSISTED 217 CARE RECEIVERS, SPENDING 7,651 HOURS IN PROVIDING SUPPORT. ACTIVITIES INCLUDED TRANSPORTATION TO MEDICAL PROVIDERS AND TO OTHER LOCATIONS, ERRANDS, IN-HOME SERVICES, COMPANIONSHIP, RESPITE CARE AND LIFE ENRICHMENT ACTIVITIES.

4b (Code:) (Expenses \$ 4,408. including grants of \$ 0.) (Revenue \$ 0.)

THREE SUPPORT GROUPS CONDUCTED BY IVC STAFF- TWO GRIEF SUPPORT GROUPS & ONE CAREGIVERS SUPPORT GROUP.

4c (Code:) (Expenses \$ 1,995. including grants of \$ 0.) (Revenue \$ 0.)

TRAINING FOR VOLUNTEERS & THE GENERAL PUBLIC, COVERING TOPICS OF INTEREST AND RELEVANCE TO VOLUNTEERS IN PERFORMING THEIR ROLES

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

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

4e Total program service expenses 138,551.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

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

Main form body containing questions 1a through 14b with input fields and Yes/No columns.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 13; 1b Enter the number of voting members included in line 1a... 13; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?... X; 6 Did the organization have members or stockholders?... X; 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?... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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. X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official. X; 15b Other officers or key employees of the organization. X; 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? X; 16b 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? X

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed Washington
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ERIC CEDERWALL 547 HORIZON VIEW PL. NW 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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) JANIE EKBERG PRESIDENT	4.00	X		X			0.	0.	0.
(2) KAREN CONOLEY VICE-PRESIDENT	2.00	X		X			0.	0.	0.
(3) GEORGE SHIPE DIRECTOR	1.00	X					0.	0.	0.
(4) ERIC CEDERWALL TREASURER	2.00	X		X			0.	0.	0.
(5) LEN BEIL DIRECTOR	1.00	X					0.	0.	0.
(6) MARILYN DEARSLEY DIRECTOR	1.00	X					0.	0.	0.
(7) BEVERLEY KRAUS DIRECTOR	1.00	X					0.	0.	0.
(8) PEG NICKUM SECRETARY	1.00	X		X			0.	0.	0.
(9) RITA ELSBERRY EXECUTIVE DIRECTOR	40.00				X	X	66,548.	0.	0.
(10) CHERYL DENTON DIRECTOR	1.00	X					0.	0.	0.
(11) DICK GOFF DIRECTOR	1.00	X					0.	0.	0.
(12) SANDY YOUNG DIRECTOR	1.00	X					0.	0.	0.
(13) ROBIN GAPHNI PROGRAM MANAGER	32.00				X		42,461.	0.	0.
(14) KAREN CARSON SUPPORT GP FACILITATOR	2.00				X		2,730.	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CAROL WHITE DIRECTOR	1.00	X						0.	0.	0.
(16) STELLA LEY DIRECTOR	1.00	X						0.	0.	0.
(17) DEBORAH SCHENK DIRECTOR	1.00	X						0.	0.	0.
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total								111,739.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								111,739.	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 0										

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **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	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c	110,627.			
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	96,971.			
	g Noncash contributions included in lines 1a-1f: \$		36,785.			
	h Total. Add lines 1a-1f		207,598.			
Program Service Revenue	Business Code					
	2 a CITY SERVICE CONTRACT	999999	13,278.	13,278.	0.	0.
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
g Total. Add lines 2a-2f		13,278.				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		3,464.	0.	0.	3,464.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including: \$ 110,627. of contributions reported on line 1c). See Part IV, line 18.	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
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 OTHER, UNCATEGORIZED	999999	0.	0.	0.	0.	
b -----						
c -----						
d All other revenue						
e Total. Add lines 11a-11d		0.				
12 Total revenue. See instructions		224,340.	13,278.	0.	3,464.	

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	111,735.	98,430.	6,655.	6,650.
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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits				
10 Payroll taxes	11,914.	10,723.	596.	595.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	0.	0.	0.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,901.	3,901.	0.	0.
12 Advertising and promotion	678.	382.	0.	296.
13 Office expenses	1,601.	1,009.	121.	471.
14 Information technology	1,408.	1,331.	35.	42.
15 Royalties				
16 Occupancy	17,714.	14,172.	1,771.	1,771.
17 Travel	775.	775.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	931.	931.	0.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>SMALL EQUIPMENT REPLACE</u>	674.	225.	225.	224.
b <u>PAY PAL, BANK CHARGES</u>	130.	43.	43.	44.
c <u>UNCATEGORIZED EXPENSES</u>	397.	133.	132.	132.
d <u>VOLUNTEER EXPENSES</u>	3,361.	3,361.	0.	0.
e All other expenses	4,581.	3,135.	1,446.	0.
25 Total functional expenses. Add lines 1 through 24e.	159,800.	138,551.	11,024.	10,225.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash — non-interest-bearing	16,541.	1	58,894.
	2	Savings and temporary cash investments	58,073.	2	39,987.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,500.	9	2,400.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		10 a	
	b	Less: accumulated depreciation		10 b	
				10 c	
	11	Investments — publicly traded securities	128,117.	11	131,519.
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	205,231.	16	232,800.	
Liabilities	17	Accounts payable and accrued expenses	3,049.	17	2,864.
	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	0.	25	-1.	
26	Total liabilities. Add lines 17 through 25	3,049.	26	2,863.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	202,182.	32	229,937.
33	Total net assets or fund balances	202,182.	33	229,937.	
34	Total liabilities and net assets/fund balances	205,231.	34	232,800.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	224,340.
2	Total expenses (must equal Part IX, column (A), line 25)	2	159,800.
3	Revenue less expenses. Subtract line 2 from line 1	3	64,540.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	202,182.
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	-36,785.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	229,937.

Part XII Financial Statements and Reporting

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

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

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

ISLAND VOLUNTEER CAREGIVERS

Employer identification number

91-1843539

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions).					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

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'.)	112,510.	112,332.	106,498.	189,722.	191,901.	712,963.
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	35,561.	39,243.	22,033.	12,890.	13,278.	123,005.
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	148,071.	151,575.	128,531.	202,612.	205,179.	835,968.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	13,906.	14,569.	20,829.	30,869.	23,707.	103,880.
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				10,000.	6,000.	16,000.
c Add lines 7a and 7b	13,906.	14,569.	20,829.	40,869.	29,707.	119,880.
8 Public support. (Subtract line 7c from line 6.)						716,088.

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	148,071.	151,575.	128,531.	202,612.	205,179.	835,968.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,288.	4,186.	13,728.	3,208.	3,464.	26,874.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,288.	4,186.	13,728.	3,208.	3,464.	26,874.
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.)	80.	2.	4,001.	10.	0.	4,093.
13 Total support. (Add lines 9, 10c, 11, and 12.)	150,439.	155,763.	146,260.	205,830.	208,643.	866,935.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	82.60 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	83.04 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	3.10 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	3.17 %

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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, such as 'Are all of the organization's supported organizations listed by name...', 'Did the organization have any supported organization that does not have an IRS determination...', etc.

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.

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 November 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	1 a	
b	Average monthly cash balances	1 b	
c	Fair market value of other non-exempt-use assets	1 c	
d	Total (add lines 1a, 1b, and 1c).	1 d	
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		(A) Prior Year	(B) 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).

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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		

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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.)

Pt III Ln 12 Other Income Part III, Line 12 Description: miscellaneous 2011: 80.
2012: 2. 2013: 4001. 2014: 10. 2015: 0.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

ISLAND VOLUNTEER CAREGIVERS

91-1843539

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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.

Table with 2 columns: Revenue and Assets. Rows include: 1 a 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.

1 a 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:

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2 a 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.

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, 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%.

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

Table with columns Yes, No and rows 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) . . ▶		

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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (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)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCOUNT BALANCE ADJUSTMENT	-1.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . ▶	-1.

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

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	2 a	
	b Donated services and use of facilities	2 b	
	c Recoveries of prior year grants	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2a through 2d		2 e
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	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4a and 4b		4 c
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	2 a	
	b Prior year adjustments	2 b	
	c Other losses	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2a through 2d		2 e
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	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4a and 4b		4 c
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.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

ISLAND VOLUNTEER CAREGIVERS

Employer identification number

91-1843539

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

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

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

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

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

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

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

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

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		AUCTION (event type)	(event type)	(total number)	(add column (a) through column (c))
1	Gross receipts	115,128.			115,128.
2	Less: Contributions	58,269.			58,269.
3	Gross income (line 1 minus line 2)	56,859.			56,859.
DIRECT EXPENSES	4	Cash prizes	0.		0.
	5	Noncash prizes	23,085.		23,085.
	6	Rent/facility costs	10,038.		10,038.
	7	Food and beverages	723.		723.
	8	Entertainment	1,700.		1,700.
	9	Other direct expenses	3,237.		3,237.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				18,076.

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

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

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

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

b If 'No,' explain: _____

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

b If 'Yes,' explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ ----- and the amount of gaming revenue retained by the third party ▶ \$ -----

c If 'Yes,' enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ -----

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

- ▶ Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

91-1843539

ISLAND VOLUNTEER CAREGIVERS

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25	X	60	23,085.	CONSERVATIVE ESTIMATE
26	X	1	3,200.	PLANNER'S ESTIMATE
27	X	2	10,000.	VIDEODGRAPHERS' ESTIMATE
28	X	1	500.	BOOKKEEPER ESTIMATE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30 a		X
31	X	
32 a		X

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

ISLAND VOLUNTEER CAREGIVERS

Employer identification number

91-1843539

Pt XI LINE 9 OTHER: FAIR MARKET VALUE OF AUCTION ITEMS RECOGNIZED AS INCOME IN
PART VIII REVENUE WHICH WERE AUCTIONED OFF IN AUCTION: VALUE \$22,085
THE ORGANIZATION HAS THESE DOCUMENTS ON FILE IN ITS OFFICE & THEY ARE
MADE AVAILABLE UPON REQUEST.

Pt VI, Line 19 LINE 9 OTHER-MISC ACCOUNT BALANCING ADJUSTMENT- \$18

Pt XI FORM 990 IS CIRCULATED TO THE BOARD FOR INPUT & COMMENT; FOLLOWING THIS,
AFTER A VOTE APPROVES FILING IT, THE RETURN IS FILED.

Pt VI, Line 11b TWO BOARD MEMBERS, LEN BEIL & STELLA LEY ARE HUSBAND & WIFE.

Pt VI, Line 2

Supporting Statement of:

Form 990 p 9/Fundraising Events

Description	Amount
SUMMER DINNER AUCTION, NET	76,345.
BENEFIT CONCERT	2,243.
LETTER APPEALS	8,954.
NON-CASH ARTICLES DONATED TO AUCTION	23,085.
Total	110,627.

Supporting Statement of:

Form 990 p 9/Other amt. not included

Description	Amount
INDIVIDUAL CONTRIBUTIONS	28,164.
FAITH COMMUNITIES	6,500.
GRANTS	14,000.
THROUGH OTHER ORGANIZATIONS	34,607.
PRO BONO SERVICES PROVIDED	13,700.
Total	96,971.

Supporting Statement of:

Form 990 p 9/Noncash

Description	Amount
AUCTION ITEMS DONATED FOR AUCTION	23,085.
PRO BONO PROFESSIONAL SERVICES	13,700.
Total	36,785.

Supporting Statement of:

Form 990 p 9/Total Revenue Investment

Description	Amount
DIVIDEND INCOME	3,402.
INTEREST INCOME	41.
REALIZED GAINS- VANGUARD ACCOUNT	21.
Total	3,464.

Supporting Statement of:

Form 990 p 10/Line 5 col (B)

Description	Amount
R. ELSBERRY 80%	53,238.
R. GAPHNI 100%	42,462.
K. CARSON 100%	2,730.
Total	<u>98,430.</u>

Supporting Statement of:

Form 990 p 10/Line 5 col (C)

Description	Amount
R ELSBERRY 10%	6,655.
Total	<u>6,655.</u>

Supporting Statement of:

Form 990 p 10/Line 5 col (D)

Description	Amount
R. ELSBERRY 10%	6,650.
Total	<u>6,650.</u>

Supporting Statement of:

Form 990 p 10/Line 10 col (B)

Description	Amount
90% X \$11914	10,723.
Total	<u>10,723.</u>

Supporting Statement of:

Form 990 p 10/Line 10 col (C)

Description	Amount
5% X 11914	596.

Continued

Supporting Statement of:

Form 990 p 10/Line 10 col (C)

Description	Amount
Total	<u>596.</u>

Supporting Statement of:

Form 990 p 10/Line 10 col (D)

Description	Amount
5 % X 11914	595.
Total	<u>595.</u>

Supporting Statement of:

Form 990 p 10/Line 13 col (A)

Description	Amount
GENERAL OFFICE EXP	147.
OFFICE SUPPLIES	1,454.
Total	<u>1,601.</u>

Supporting Statement of:

Form 990 p 10/Line 16 col (B)

Description	Amount
RENT 80%	9,122.
TELEPHONE INTERNET 80%	1,630.
PRINTING 80%	2,107.
POSTAGE 80%	1,313.
Total	<u>14,172.</u>

Supporting Statement of:

Form 990 p 10/Line 16 col (C)

Description	Amount
RENT 10%	1,140.
TELEPHONE 10%	204.
PRINTING 10%	263.
POSTAGE 10%	164.
Total	<u>1,771.</u>

Supporting Statement of:

Form 990 p 10/Line 16 col (D)

Description	Amount
RENT 10%	1,140.
TELEPHONE 10%	204.
PRINTING 10%	263.
POSTAGE 10%	164.
Total	<u>1,771.</u>

Supporting Statement of:

Form 990 p 11/Line 9, column (B)

Description	Amount
PREPAID AUCTION EXPENSES	750.
RENT DEPOSIT- AUCTION	750.
OFFICE RENT SECURITY DEPOSIT	900.
Total	<u>2,400.</u>

Supporting Statement of:

Form 990 p 12/Part XI, Line 9

Description	Amount
FAIR MARKET VALUE OF NON-CASH AUCTION ITEMS DONATED TO AUCTION	-23,085.
FAIR MARKET VALUE OF PROFESSIONAL SERVICES DONATED TO ORG.	-13,700.
Total	<u>-36,785.</u>

Supporting Statement of:

Sch. G, page 2/Event 1 Gross Receipts

Description	Amount
GROSS CASH RECEIPTS	92,043.
NON-CASH DONATIONS	23,085.
Total	<u>115,128.</u>

Supporting Statement of:

Sch. G, page 2/Event 1 Charitable Contri

Description	Amount
PADDLE CALL DONATIONS	34,173.
NON-ATTENDING DONATIONS	6,955.
SPONSORSHIP INCOME	11,500.
DESSERT DASH DONATIONS	5,555.
OTHER	86.
Total	<u>58,269.</u>

Supporting Statement of:

Sch. G, page 2/Event 1 non-cash prizes

Description	Amount
VALUE OF LIVE & SILENT AUCTION ITEMS	23,085.
Total	<u>23,085.</u>

Supporting Statement of:

Sch. G, page 2/Event 1 food

Description	Amount
DIRECT FOOD & BEVERAGE EXP	563.
BEVERAGES ACQUIRED AS PRIZES	160.
Total	<u>723.</u>

Supporting Statement of:

Sch. G, page 2/Event 1 Other Direct Exp.

Description	Amount
SOUND SYSTEM	695.
BANK CARD PROCESSING CHARGES	1,890.
OFFICE SUPPLIES POSTAGE PRINTING	594.
PAY PAL SERVICE FEES	58.
Total	<u>3,237.</u>

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.

Non Profit Insurance Program

CERTIFICATE OF COVERAGE

Issue Date: 05/19/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONVEYS 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 CONSTITUTE 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	PROPERTY American Alternative Insurance Corporation, et al. MISCELLANEOUS PROFESSIONAL LIABILITY
Island Volunteer Caregivers Interfaith Vol. Caregivers of Bainbridge P.O. Box 11253 Bainbridge Island WA, 98110	
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 (LIABILITY IS SUBJECT TO A \$50,000 SIR PAYABLE FROM PROGRAM FUNDS)	N1-A2-RL-0000013-08	06/01/2016	06/01/2018	COMBINED SINGLE LIMIT ANNUAL POOL AGGREGATE	\$5,000,000 NONE
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 EXCLUDED EXCLUDED NONE
(PROPERTY IS SUBJECT TO A \$50,000 SIR PAYABLE FROM PROGRAM FUNDS)					
MISCELLANEOUS PROFESSIONAL LIABILITY					
		06/01/2016	06/01/2018	PER CLAIM ANNUAL POOL AGGREGATE	
(LIABILITY IS SUBJECT TO A SIR PAYABLE FROM PROGRAM FUNDS)					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS					
Regarding Contract between Island Volunteer Caregivers and The City of Bainbridge. The City of Bainbridge is named as Additional Insured regarding this contract only and is subject to policy terms, conditions and exclusions.					

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
The City of Bainbridge 280 Madison Ave. North Bainbridge Island, WA 98110	

**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

The City of Bainbridge
280 Madison Ave. North
Bainbridge Island, WA 98110

Regarding Contract between Island Volunteer Caregivers and The City of Bainbridge. The City of Bainbridge is named as Additional Insured regarding this contract only and is subject to policy terms, conditions and exclusions.

- 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.