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 Washington State Smile Partners, a Washington nonprofit corporation ("Service Provider").

WHEREAS, the City desires to assist the Service Provider by providing funds for direct preventive dental hygiene for low-income seniors on the island and a small promotional budget to generate more awareness of the program and thus boost access to care among prospective patients; 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.

WASHS-1 OP ID: TT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/10/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE 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 SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Redmond General Insurance Agcy
PO Box 847
Redmond, WA 98073-0847
Karen G Ford

CONTACT NAME: Tonya Toney
PHONE (A/C, No, Ext): 425-952-2694 FAX (A/C, No): 425-885-6631
E-MAIL ADDRESS: ttoney@rgia.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Alliance for NonProfits	
INSURER B: Twin City Fire Insurance Co	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Washington State Smile Partners
221 Winslow Way W #302
Bainbridge Island, WA 98110

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			45733	01/12/2017	01/12/2018	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
							MED EXP (Any one person)	$ 20,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
								$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (PER ACCIDENT)	$
								$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					WC STATU-TORY LIMITS OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	Directors&Officers			NOA1313238	09/26/2016	09/26/2017	Aggregate	2,000,000
							Retention	2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate holder is an Additional Insured as respects the operations of the named insured per form CG20260413.

Improper Sexual Conduct Limits $3,000,000 General Aggregate/$1,000,000 Per Occurrence

CERTIFICATE HOLDER

CITOFBA

City of Bainbridge Island
280 Madison Ave N
Bainbridge Island, WA 98110

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.

AUTHORIZED REPRESENTATIVE

Karen Ford

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):
Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but 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 the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

© Insurance Services Office, Inc., 2012

3. PAYMENT

A. The City shall pay the Service Provider Twenty-Two Thousand Dollars ($22,000) for all services performed under this Agreement, to be billed quarterly. The Service Provider shall execute this Agreement by March 31, 2017, in order to receive funding for 2017-2018.

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

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

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

4. REPORT ON EXECUTION OF SERVICES

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

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

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

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

5. INSPECTION AND AUDIT

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

6. INDEPENDENT CONTRACTOR

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

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

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

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

7. DISCRIMINATION AND COMPLIANCE WITH LAWS

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

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

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

8. OWNERSHIP OF WORK PRODUCT

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

9. GENERAL ADMINISTRATION AND MANAGEMENT

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

10. HOLD HARMLESS AND INDEMNIFICATION

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

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

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

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

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

11. INSURANCE

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

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

12. SUBLETTING OR ASSIGNING CONTRACT

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

13. EXTENT OF AGREEMENT/MODIFICATION

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

14. SEVERABILITY

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

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

15. FAIR MEANING

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

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

16. NON-WAIVER

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

17. NOTICES

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

To the City:	City of Bainbridge Island 280 Madison Avenue North Bainbridge Island, WA 98110 Attention: City Manager
To the Service Provider:	Washington State Smile Partners 221 Winslow Way W. #302 Bainbridge Island, WA 98110 Attention: Imbert Matthee

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

18. SURVIVAL

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

19. GOVERNING LAW

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

20. VENUE

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

21. COUNTERPARTS

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

IN WITNESS WHEREOF, the parties have executed this Agreement as of February 7, 2017.

WASHINGTON STATE SMILE PARTNERS

By _____

Name J. E. Imbert Matthee

Title Executive Director

Tax I.D. # 20-0381039

CITY OF BAINBRIDGE ISLAND

By _____

Douglas Schulze, City Manager

ATTACHMENT A

SCOPE OF SERVICES

City of Bainbridge Island
2017-18 Human Services Funding Program Proposal
Smiles for Life

Narrative Information

I. Statement of Purpose

The goal of this proposal is to sustain Smile Partners' capacity to address the dental hygiene and oral health needs of Bainbridge Island's low-income elderly residents. Smile Partners, a 501 c 3 nonprofit that has been based on Bainbridge Island since 2004, has maintained a dedicated dental clinic called Smiles For Life at the Waterfront Park Community Center for eight years.

While interest in its services there has been very steady, the program can be of benefit to even more islanders. But for this to happen, the organization needs funding to subsidize the cost of more direct services to the elderly and funds to help bring its program to the attention of more low-income seniors.

Healthy teeth are of vital importance to seniors. The more people age, the more their mouth becomes a window on their health. Preventive hygiene can catch indicators of other health problems or risks and help elderly patients get referrals for restorative oral care. Seniors are more susceptible to carries since their develop xerostomia or "dry mouth" from taking multiple medications. New cavities, especially on exposed root surfaces, have become a huge problem for seniors, and without many affordable options for repair, these turn into painful emergencies.

Two indicators point to a growing need for Smile Partners' preventive dental hygiene services among seniors on the island.

The first are demographic trends. The population of Bainbridge is aging. According to the Community Needs Assessment Report released on Sept. 16 this year, the age groups which typically use Smile Partners' Smiles for Life program the most increased in size during the years 2010-2014.

As a portion of the total population, the ranks of island residents aged 55 – 64 reached 18.5% in 2014, compared to 17.7% in 2010, while the age group of 65 – 74 rose even more from 7.8% to 12.1% during the same period. Smile Partners serves low-income seniors 60 and older.

This aging of our community is part of a national trend. Baby boomers began turning 65 in 2011. By 2029, when all the baby boomers are 65 years and older, more than 20% of the U.S. population will be 65 and older, according to the U.S. Census Bureau.

On Bainbridge Island, the need for affordable dental care has barely changed in recent years. In the 2016, service providers no longer ranked it in the Top 7 as they did in the last community survey, but it's still at Number 10. In the community survey of 550 respondents, those who participated identified dental care as the third in a series of five services they could have used in the past year. They ranked support services to the elderly as the community's

Number One priority, while dental care was ranked 15th. The direct need for dental hygiene care among the elderly was not specifically presented in the survey.
But other figures and a steadily growing demand for Smile Partners' Smiles For Program among seniors point to clear demographic and socio-economic trends supporting the need for preventive dental hygiene as a health service the City should consider sustaining in the coming years.
According to the most recent data from the U.S. Census Bureau, Bainbridge Island has more than 6,300 residents who are 60 or older, the criteria for Smile Partners' patient eligibility. No exact figures are available for the number of islanders 60 and older who live below the poverty line. Estimates for the number of low-income seniors on Bainbridge range from 360 to 1,000. This is based on the percentage of all island residents estimated to be living below the poverty line (5.6%) and anecdotal information gathered by the Bainbridge Community Foundation.
Program activity has already picked up during the current 2016 contract year. Smile Partners projected it would serve 60 island patients during the year and has already served 59 through the first three quarters of 2016. The total is expected to reach and likely exceed 70 by the end of the year.
Smile Partners charges patients on a sliding scale. As an indicator of economic need, two out of every three Smiles for Life participants has qualified for a program subsidy based on verification of their income during the past several years. Very few Smiles for Life patients can afford to pay the top fee for the dental hygiene services, which is still only $95 for a one-hour treatment appointment.
Smile Partners acts as a "first responder" in oral health for seniors because it provides screening, cleaning and referral services through connections to island dentists willing to offer restorative dental care affordably to patients sent to them by the organization's hygiene staff. On the island, Smile Partners is the only provider of this service to low-income seniors.

II. Program Summary

1. Services

The funds Smile Partners requests for 2016 would be used for three different purposes:

A. Help pay for direct preventive oral health services to low-income seniors
B. Pay for marketing and outreach to islanders over 60 to boost awareness and access to care
C. Program administrative overhead

These three items all support the delivery of direct patient services that include: patient intake and case management; oral health screening and reporting; teeth cleaning; periodontal maintenance; full-mouth debridement; treatment reporting and referrals. Most individual patient appointments are an hour and are performed by a Registered Dental Hygienist (RDH). Patient case management, eligibility verification and data entry, which also requires considerable staff time, is performed by the Smiles for Life's Site Coordinator. A licensed

dentist retained and contracted by Smile Partners signs off on the clinic's practice plan and is on call for consultation with the RDH.

A. Direct Services

With funding from the City of Bainbridge, Smile Partners can bridge the gap between the cost of providing the services and the modest revenues it gets from patient co-pays which range from $45 to $95 per treatment visit. Each year, at least 30 – 40 island residents who participate in Smiles for Life qualify for the larger subsidy and corresponding co-pay of $45 - $50 dollars. Another 5 – 10 patients qualify for a smaller subsidy and corresponding co-pay of $75. With actual services cost estimated at $100 - $130 per patient depending on the treatment components deemed necessary by the RDH, this leaves a substantial gap of $55 to $85 per patient for Smile Partners to cover. It tries to do so in part through a small annual renewable grant from the Bainbridge Community Fund and the island's One Call For All campaign revenues. But an annual shortfall remains. Meanwhile, through its proposed outreach and marketing to island seniors, Smile Partners expects the number of low-income Smiles for Life patients to grow in 2016 and the organization wants to be in a financial position to offer these new participants its services as well. With a budget of $7,000 per year, Smile Partners can confidently help cover the cost of treating 75 – 85 low-income seniors in 2017 depending on the level of their co-pay and the treatment services they require. In 2018, an $8,000 annual budget would allow for more growth, serving 85 – 100 low-income island seniors.

B. Outreach and marketing to boost access to care

Smile Partners is not reaching all low-income island seniors who could benefit from its program services. The estimated group of eligible low-income patients (not to mention other patients with slightly higher incomes whose co-pays could help offset program costs and help make the program more sustainable) is at least five times the size of Smiles For Life's patient base. With a dedicated operatory at the Waterfront Park Community Center where Smile Partners has just added new equipment to make its clinic more efficient, the Smiles For Life program has plenty of capacity to add more patients. It currently conducts clinic in the its operatory only on Fridays. Other days of the week could be added and staffed easily. Between this capacity and the estimated number of prospective patients who could benefit from its program, Smile Partners feels it can increase access to care among low-income island seniors in the coming years.

From past experiments with outreach and marketing, Smile Partners has seen promising results. In previous years, it has visited senior care facilities, local physicians and other nonprofits that can be a source of referrals; and it has promoted the program through speaking engagements, direct mail, radio interviews and targeted newsletters. But only a consistent and sustained yearly outreach and marketing effort will bring the corresponding kind of results because new seniors move to the island, younger seniors become newly eligible for the program and there is staff turnover at local senior care facilities and nonprofits, leading to a need to introduce the program to new "communicators."

Smile Partners proposes a total city-funded outreach and marketing component of $3,350, divided over two years with $1,750 in the first year and $1,600 the second. This would help offset the expense of staff hours and marketing materials through the 2017 and 2018 program years.

C. Administrative overhead

Smile Partners also wants to request a 20% administrative overhead of $1,750 in 2017 and $1,900 in 2018 to help cover the management of the capital project and to help administer the overall Smiles for Life program whose budget in 2017 is estimated at $22,800 and $24,000 in 2018.

2. Beneficiaries/Patients

The beneficiaries of the direct services described under 2A will be low-income Bainbridge Island residents as verified during their program application/intake process. Smile Partners will not qualify any other recipients for its subsidized treatment services supported by the city. All of them will be at least 60 years of age, male and female.
The vast majority of Smiles for Life patients, which is open to residents from throughout Kitsap County, continue to come from Bainbridge Island. While the future of the program's demographics is difficult to project exactly, if the past is any indication at least three-fourths of the program's participants are expected to be island residents in the coming years even if more residents from elsewhere in Kitsap County also make use of the clinic. In 2015, 83% of Smiles for Life participants were from Bainbridge Island, compared to 73% in 2014 and 76% in 2013 and 2012.

3. Access to services

Information about Smiles for Life is available at various locations on the island, including the Waterfront Park Community Center and a number of senior care/living facilities. Some local physicians know about the program and make referrals as does Helpline House and other social service agencies on Bainbridge.
Prospective patients request a registration packet, which includes a personal data sheet, health intake form, income verification form and a physician's approval form required by state law. After receiving and verifying these forms, Smile Partners staff contact the patient for an appointment which take place at the Smiles for Life operatory at the Waterfront Park Community Center on Fridays. Staff can assist seniors in navigating the public transportation system to make their way over to Winslow.

4. Eligible residents

As mentioned above, estimates indicate there are at least 360 island residents who qualify as low-income seniors over 60 and are technically eligible for Smiles for Life services. Currently, a little more than one-sixth of them take advantage of the program. However,

Smile Partners hopes to increase their level of participation to one-third of this group and possibly more in the coming years by increasing its marketing and outreach efforts, and from growth in the island's senior population as projected in our Statement of Purpose.

5. Percentage of island residents

While the future of the program's demographics is difficult to project exactly, if the past is any indication at least three-quarters of its participants are expected to be island residents in the coming years even if more Kitsap County residents make use of the clinic. In 2015, 83% of all Smiles for Life patients were from Bainbridge and all new registration were also from island residents. In 2014, that proportion was 73%; and in 2013 and 2012, it was 76%.

6. Connection to the Human Services Element

- Provide people with the tools to achieve economic, social and emotional stability to the best of their ability: Smile Partners' affordable preventive oral health services saves its beneficiaries money; promotes their physical appearance among their peers; and helps strengthen their self-confidence and self-esteem.
- Offer activities and services that promote healthy development of the individual, prevent problems, and support positive outcomes: Smile Partners' services are a critical component of its senior participants' overall individual health; these services help prevent carries and their screening component sometimes detects indicators of other treatable/preventable health conditions the patient for which can seek medical attention in a timely manner; medically, socially, emotionally and economically these services all support positive life-enhancing (and in a few cases, such as the detection of cancer, life-saving) outcomes.
- Support quality of life programs that enhance the health and well-being of the individual and the community: see the above item(s) for Smiles for Life's enhancement of individual health and well-being. Benefits of this program to the community include the comfort and pride that the island has services that support the needs of its low-income seniors; and the reduction of the burden on its medical resources from a cut in the number of emergency room visits attributable to abscesses or other oral health problems stemming from neglect.
- These services may be provided on an emergency, temporary, or ongoing basis, depending on the circumstances: foresight among city officials and the community have created conditions very favorable to continuing access to preventive dental hygiene services among island seniors. These include an operatory location whose long-term viability has been secured in the city's lease with the Bainbridge Island Senior Citizens Center; and an annual city contract supporting the Smiles for Life program. Each year, the island community also responds in a very supportive way to the organization's One Call For All campaign appeals to support low-income seniors and children in Kitsap County. All these factors make for a very stable outlook for the Smiles for Life program.

7. Improvement in the range and quality of services

The city's funding of this proposal significantly strengthens the overall financial sustainability of Smile Partners' oral health services to island seniors and it allows for a steady expansion of the number of patients who access these services. Funds provided by the City to make improvements to Smile Partners' operatory in 2016 have further improved the quality of its preventive dental hygiene services at the Waterfront Park Community Center.

III. Organizational strength

Smile Partners is a well-established service provider in the Puget Sound area. It was founded in 2004 by Nan Bucklin and Kate Mills, a long-time island resident. Since its modest beginnings as a portable school-based program, it has evolved into a comprehensive oral health care provider offering preventive dental hygiene services to low-income seniors on Bainbridge and to low-income children in more than 125 preschools and elementary schools throughout the Puget Sound area. During the current school year, Smile Partners is expected to serve 12,000 school-aged children in our communities.

In recent years under new management, Smile Partners has also overcome the perennial financial challenge of bridging the revenue-poor summer hiatus by building a healthy operating reserve. The Executive Director Imbert Matthee is in his fourth year with Smile Partners. He co-founded and led another successful island nonprofit, Clear Path International, for nine years.

All dental hygiene personnel, including those serving seniors on the island, are paid and licensed RDH professionals with many years of experience. As a state requirement and as part of the Waterfront Park Community Center's dental hygiene practice plan, a licensed professional dentist is a mere phone call away to consult with the practicing RDH if necessary.

Clinics are scheduled and coordinated with BISC staff. In all, Smile Partners' services to low-income seniors are the result of an alliance of partners. On the funding side, they consist of the City, Bainbridge Community Foundation and One Call for All donors. On the program side, they include BISCC, several local dentists, local physicians, Helpline House and senior living facilities.

IV Program Budget (2017 and 2018)

2017 Budget

Area	Total Program	COBI HSF	OTHER SOURCES
Direct services (Staff wages, payroll expenses & supplies)	$13,000	$ 7,000	Patient co-pays, BCF, OCFA
Outreach & marketing (Staff salary & promo-tional materials	$ 6,000	$ 1,750	OCFA & General Fund
Subtotal	$19,000	$ 8,750	
Indirect admin	$ 3,800	$ 1,750	All of the above

Total	$22,800	$10,500

2018 Budget

Area	Total Program	COBI HSF	OTHER SOURCES
Direct services (Staff wages, payroll expenses & supplies)	$14,000	$ 8,000	Patient co-pays, BCF, OCFA
Outreach & marketing (Staff salary & promo-tional materials	$ 6,000	$ 1,600	OCFA & General Fund
Subtotal	$20,000	$ 9,600	
Indirect admin	$ 4,000	$ 1,900	All of the above
Total	$24,000	$11,500	

1. Total estimated organizational budget for 2016-17 is $915,000. The budget for 2017-18 has not yet been determined.
2. The request represents 1.3% of the total 2016-17 budget.
3. In the past, services have been paid for in part by city's support for program services, by co-pays and by other island-based funders. Smile Partners has also drawn from general funds to help subsidize the program. The program is expected to grow in 2017 and 2018 to cover a slightly larger number of patients for which no current funding exists.
4. The other sources of support are listed in the chart above: Bainbridge Community Foundation, One Call For All, and, if necessary, Smile Partners' general fund.
5. Impact of city funding

During the past several years, COBI has supported Smiles for Life through an annual contract valued at about $4,000. In 2016, COBI provided funding for direct subsidies and operatory improvements. COBI's funding has a big impact on the program's overall sustainability. The awarded amount of $10,500 in 2017 and $11,500 in 2018, represents almost half of the annual budget for the Smiles For Life program, whose total is expected to be $22,800 in 2017 and $24,000 in 2018. Marketing and outreach will be implemented despite our slightly lower allocation of city funds towards this purpose. More resources will be drawn from other funding sources so the program can optimize awareness of its services among Bainbridge Island elderly.

V. Estimated Outputs, Outcomes & Assessment

Program Activities & Services	**Annual Goal 2017 (BI Residents)**	**Outcomes**
Oral health services	75 - 85	Improved oral health Dental referrals Medical referrals
Marketing & outreach	5 – 10 new island sign ups	Improved oral health Dental referrals Medical referrals

Program Activities & Services	Annual Goal 2018 (BI Residents)	Outcomes
Oral health services	85 - 100	Improved oral health Dental referrals Medical referrals
Marketing & outreach	5 – 10 new island sign ups	Improved oral health Dental referrals Medical referrals

VI. Program evaluation

Program evaluation is conducted through patient feedback, screening reporting, number of patients served and the codes of services provided successfully. Smile Partners management evaluates the RDH's and site coordinator's work on an ongoing basis (administrative manager is present at one out of every two Friday clinics each month to supervise clinic activities, make immediate corrections where needed and determine long-term program needs) and conducts an annual review of the program during which it checks off on the criteria listed above.

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

COVER LETTER

1. Organization Name: WASHINGTON STATE SMILE PARTNERS
2. Contact Person: Imbert Matthee Phone: 206-794-7516
3. Email Address: imbertm@smilepartners.org
4. Physical Address:
5. Mailing Address: 221 WINSLOW WAY W, #302
6. Are you a 501(c)(3) nonprofit? ☑ Yes ☐ No
7. Organization EIN: 20 – 0381039
8. Request for 2017-2018 (two-year term):
   A. Amount of City Funding Requested: 2017: $ 12,000 2018: $ 13,200
   B. Organization budget $ 915,000 for fiscal year ended: JUNE 30, 2017
   C. Type: ☑ Program Support ☐ General Operating Support (not specific to any one program or targeted service) ☐ Capital (appreciable asset)
   D. For Program Support Requests, name of Program: SMILES FOR LIFE
   E. Brief Description of Request: To support..... DIRECT PREVENTIVE DENTAL HYGIENE SERVICES FOR LOW-INCOME SENIORS ON THE ISLAND AND A SMALL PROMOTIONAL BUDGET TO GENERATE MORE AWARENESS OF THE PROGRAM + THUS BOOST ACCESS TO CARE AMONG PROSPECTIVE PATIENTS
9. Please attach each of the items below as separate PDF documents:
   ☑ This funding application (cover page, proposal, and program budget for program support requests)
   ☑ Current Board of Directors names, addresses, phone & email information
   ☑ Organization Financial Statements (Balance Sheet & Income Statement)- most recent
   ☑ 2016 Budget & 2017 Draft Budget
10. Please include one copy of:
    ☑ Most Recently Filed Form 990
11. For capital requests, please provide a detailed capital budget, in addition to relevant renderings, cost estimates, timeline, etc.
12. Authorized Signature: [signature] Date: 10/28/16
13. Print Name IMBERT MATTHEE, ED

Smile Partners
Board

Peter Harris, Board member
pgharris@q.com
206-842-0828
Retired policy analyst, City of Seattle

Linda Cannon, Co-Vice Chair
Llw822@comcast.net
206-722-3539
Retired, City of Seattle executive

Latashia Bergan, Co-Vice Chair
Professional Dental Hygienist
Brush2xdaily@yahoo.com

Pat Roe, Treasurer
Pat.roe@me.com
206-601-4937
Financial analyst, Seattle Public Schools

Bonnie Snedeker, Secretary
snedekerb@msn.com
206-407-5494
Retired, City of Seattle executive and
organizational development consultant

Steve Bentley, Board member
Management Analyst
Bentleyrotary@gmail.com
360-362-2598

Allison Inkley, Board member
School nurse, Seattle School District
Allisoninkley1@gmail.com

Bridget Doyle, Board member
Administrative Director, UW School of Dentistry
Bridgetdoyle22@gmail.com

Clair Chean, Board member
Family engagement, community partnerships and refugee services manager
Tukwila School District
chean@msn.com

Dr. Helena Lincoln, Board member
Dentist, Bainbridge Island
hlincoln@umich.edu

Washington State Smile Partners
Balance Sheet
As of September 30, 2016

	Sep 30, 16
ASSETS	
Current Assets	
Checking/Savings	
110 · Checking Account 1583	2,457.49
115 · Columbia Bank Reserve - 4940	191,881.28
Total Checking/Savings	194,338.77
130 · Grants Receivable	
130.05 · Sheng-Yen Lu 2016	-10,000.00
130.02 · .02 City Of Bainbridge Island	8,425.40
Total 130 · Grants Receivable	-1,574.60
Total Accounts Receivable	-1,574.60
Total Current Assets	192,764.17
Fixed Assets	
150 · Dental Equipment	152,256.44
160 · Furniture and Equipment	3,200.00
165 · Vehicles	78,339.07
170 · Accumulated Depreciation	-149,501.03
Total Fixed Assets	84,294.48
TOTAL ASSETS	**277,058.65**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
Colum.bnk Visa 0193/8802	6,021.81
Total Credit Cards	6,021.81
Other Current Liabilities	
225 · Payroll Liabilities	
205 · Direct Deposit Liabilities	-707.73
226 · Federal	708.35
227 · State payroll taxes	-0.01
225 · Payroll Liabilities - Other	2,916.75
Total 225 · Payroll Liabilities	2,917.36
Total Other Current Liabilities	2,917.36

Washington State Smile Partners
Balance Sheet
As of September 30, 2016

	Sep 30, 16
Total Current Liabilities	8,939.17
Total Liabilities	8,939.17
Equity	
277 · Unrestricted	24,993.48
276 · Temporarily Restricted	25,337.87
Retained Earnings	253,186.95
Net Income	-35,398.82
Total Equity	268,119.48
TOTAL LIABILITIES & EQUITY	**277,058.65**

[2]

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

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

C Name of organization: WASHINGTON STATE SMILE PARTNERS

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 221 WINSLOW WAY W — Room/suite: 302

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

D Employer identification number: 20-0381039

E Telephone number: 206-780-6908

G Gross receipts $ 728,512

F Name and address of principal officer: JOHANNES MATHEE
221 WINSLOW WAY W BAINBRIDGE ISLAND WA 98110

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

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

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

J Website: ▶WWW.SMILEPARTNERS.ORG

H(c) Group exemption number ▶

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

L Year of formation: 2004

M State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	32
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	20
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	162,138	149,798
	9	Program service revenue (Part VIII, line 2g)	412,904	578,694
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12	20
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	575,054	728,512
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	378,375	470,915
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,682		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	114,165	174,574
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	492,540	645,489
	19	Revenue less expenses. Subtract line 18 from line 12	82,514	83,023
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	207,426	294,160
	21	Total liabilities (Part X, line 26)	-707	2,203
	22	Net assets or fund balances. Subtract line 21 from line 20	208,133	291,957

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 8/15/16

▶ JOHANNES MATHEE EXCUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Willye Brockway	Willye Brockway	08-15-16		P00822097

Firm's name ▶ Willye Brockway — Firm's EIN ▶ 91-1039631

Firm's address ▶ 15389 Sunrise Bainbridge Is Wa 98110 — Phone no. 2068428204

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2015)

[2]

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

To make oral health attainable and affordable to any member of our community advocacy, oral health education, and preventive dental services in order to people and healthy communities.

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 $ 457,218 including grants of $) (Revenue $ 578,694

SCHOOLS AND SENIOR PROGRAMS

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

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

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

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

4e Total program service expenses ▶ 457,218

Part IV Checklist of Required Schedules

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

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

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

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) . .				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ ---------- See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . .	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		X
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* .		14b		X

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ 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: ▶

JOHANNES MATTHEE 221 WINSLOW WAY W 98110 2067806908

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) BONNIE SNEDEKER CHAIRMAN	10	X		X						
(2) RUTH DIGHT SECRETARY	5	X		X						
(3) CHRIS PATMOUNT DIRECTOR	1	X								
(4) PETER HARRIS VICE CHAIRMAN	2	X		X						
(5) JIM LAWS TREASURER	2	X		X						
(6) JOHANNES MATHEE EXECUTIVE DIRECTOR	40	X			X			59,919		
(7) PAT ROE DIRECTOR	1	X								
(8) LATASHIA BERGAN DIRECTOR	1	X								
(9) WYMAN JOHNSON DIRECTOR	1	X								
(10) LINDA CANNON DIRECTOR	1	X								
(11) STEVE BENTLEY DIRECTOR	1	X								
(12) LAUREN BURSELL KEY EMPLOYEE	40				X			61,768		
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b **Sub-total** ▶								121,687		
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								121,687		

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	4,197			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	145,601			
	g	Noncash contributions included in lines 1a-1f: $ 7,130					
	h	**Total.** Add lines 1a–1f ▶		149,798			
Program Service Revenue			Business Code				
	2a	DENTAL PROGRAM	301	578,694	578,694		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f ▶		578,694			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		20		20	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events ▶					
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities ▶					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d ▶					
	12	**Total revenue.** See instructions. ▶		728,512	578,694	20	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	419,868	286,948	132,654	266
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	51,047	34,211	16,805	31
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13,826		13,826	
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.)	43,077	41,364	1,713	
12 Advertising and promotion	4,157	2,778	963	416
13 Office expenses	8,746	6,879	1,818	49
14 Information technology	3,214	2,717	497	
15 Royalties				
16 Occupancy	6,217	3,813	2,404	
17 Travel	9,588	9,138	450	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,733	5,198	346	189
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,071		7,071	
23 Insurance	2,270		2,270	
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 TELEPHONE	8,766	6,660	2,106	
b SUPPLIES DENTAL	40,759	40,759		
c EQUIPMENT AND SMALL TOOLS	15,427	15,427		
d MISCELLANEOUS	3,993	1,326	2,666	1
e All other expenses FUNDRAISING EXPE	1,730			1,730
25 **Total functional expenses.** Add lines 1 through 24e	645,489	457,218	185,589	2,682
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	181,169	1	209,061
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	26,257	4	25,999
	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	222
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	9,134
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 209,071			
	b	Less: accumulated depreciation — 10b: 159,327		10c	49,744
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	207,426	16	294,160
Liabilities	17	Accounts payable and accrued expenses	-707	17	2,203
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	-707	26	2,203
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	161,268	27	251,938
	28	Temporarily restricted net assets	46,865	28	40,019
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	208,133	33	291,957
	34	Total liabilities and net assets/fund balances	207,426	34	294,160

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	728,512
2	Total expenses (must equal Part IX, column (A), line 25)	2	645,489
3	Revenue less expenses. Subtract line 2 from line 1	3	83,023
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	208,133
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	801
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	291,957

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X	
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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
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.	2c		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		X

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization: WASHINGTON STATE SMILE PARTNERS

Employer identification number: 20-0381039

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	48,660	47,750	97,314	162,138	149,798	
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					20	
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	48,660	47,750	97,314	163,138	149,798	506,660
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513	440,046	462,741	440,758	412,904	578,694	2,335,143
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	488,706	510,491	538,072	576,042	728,492	2,841,803
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						2,841,803

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	488,706	510,491	538,072	576,042	728,492	2,841,803
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .					20	20
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b					20	20
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	488,706	510,491	538,072	576,042	728,512	2,841,823

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

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

Schedule of Contributors

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

OMB No. 1545-0047

2015

Name of the organization	**Employer identification number**
WASHINGTON STATE SMILE PARTNERS	20-0381039

Organization type (check one):

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

Check if your organization is covered by the **General Rule** or a **Special Rule.**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

Name of organization	Employer identification number
WASHINGTON STATE SMILE PARTNERS	20-0381039

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ONE CALL FOR ALL 221 WINSLOW WAY BAINBRIDGE ISLAND WA 98110	$ 11,976	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	SHENG-YEN LU FOUNDATION 7102 NE 40TH COURT REDMOND WA 98052	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	SEATTLE FOUNDATION 1200 FIFTH AVE SUITE 1300 SEATTLE WA 98101-3151	$ 10,536	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	PUYALLUP TRIBE 5580 PACIFIC HWY E STE F TACOMA WA 98424	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	PACIFIC HOSPITAL PDA 1200 12TH AVE S QUARTERS 2 SEATTLE WA 98144-2726	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	ADA FOUNDATION 211 EAST CHICAGO AVE CHICAGO ILLINOIS 60611-2637	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

[2]

Name of organization: WASHINGTON STATE SMILE PARTNERS

Employer identification number: 20-0381039

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TURNSTONE FOUNDATION 1200 FIFTH AVE STE 1300 SEATTLE WA 98101-3151	$ 7,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8	TULALIP CARES 8802 27TH AVE NE TULALIP WA 09271	$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9	COORDINATED CARE 1145 BROADWAY STE 300 TACOMA WA 98402	$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

BUDGET Fiscal Year 7.16 to 6.17	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	TOTAL
Ordinary Income/Expense													
Income													
300 · Program Revenues													
310 · Elementary Schools & PreSchools	-	-	-	-	-	-	-	-	-	-	-	-	-
323 · Medicaid	40,572.00	2,630.00	5,000.00	110,000.00	109,000.00	70,000.00	65,000.00	90,000.00	92,000.00	55,000.00	80,000.00	40,000.00	759,202.00
340 · Insurance Checks Private & Indi	1,800.20	766.00	300.00	2,300.00	4,100.00	2,200.00	1,900.00	3,000.00	950.00	2,100.00	2,000.00	2,600.00	24,016.20
330 · Smiles for Life	706.00	650.00	450.00	650.00	670.00	850.00	425.00	980.00	900.00	610.00	425.00	880.00	8,196.00
Total 300 · Program Revenues	**43,078.20**	**4,046.00**	**5,750.00**	**112,950.00**	**113,770.00**	**73,050.00**	**67,325.00**	**93,980.00**	**93,850.00**	**57,710.00**	**82,425.00**	**43,480.00**	**791,414.20**
500 · Non Program Revenue													
501 · Donations													
510 · Individual	-	-	-	1,000.00	1,000.00	1,000.00	-	-	-	-	-	500.00	3,500.00
511 · One Call For All	-	1,850.78	-	-	-	-	9,900.00	-	-	-	-	-	11,750.78
513 · United Way of Kitsap County	251.69	-	-	-	-	-	-	-	-	-	-	-	251.69
514 · Seattle Fdn - Give Big Campaign	-	-	-	-	-	-	-	-	-	-	-	10,000.00	10,000.00
524 · Kitsap Community Foundation	-	-	-	-	-	-	-	-	-	-	-	5,000.00	5,000.00
501 · Donations - Other	-	-	-	-	-	-	-	-	-	-	-	250.00	250.00
Total 501 · Donations	**251.69**	**1,850.78**	**-**	**1,000.00**	**1,000.00**	**1,000.00**	**9,900.00**	**-**	**-**	**-**	**-**	**15,750.00**	**30,752.47**
560 · Government Contracts													
561 · City Of Bainbridge	-	2,016.60	-	-	2,000.00	7,000.00	1,300.00	-	-	-	1,800.00	-	14,116.60
560 · Government Contracts - Other	-	-	-	-	-	-	-	-	-	-	-	-	-
Total 560 · Government Contracts	**-**	**2,016.60**	**-**	**-**	**2,000.00**	**7,000.00**	**1,300.00**	**-**	**-**	**-**	**1,800.00**	**-**	**14,116.60**
530 · Grants													
519 · Murdock Trust	27,500.00	-	-	-	-	27,500.00	-	-	-	-	-	-	55,000.00
531 · DentaQuest	-	-	-	-	-	-	-	-	-	-	-	-	-
540.A · Grace Church- Uncompensated Car	-	4,000.00	-	-	-	-	-	-	-	-	-	-	4,000.00
541 · Pacific Hospital PDA	-	-	-	-	-	-	-	-	-	-	-	-	-
551 · Bainbridge Community Fdn	-	2,500.00	-	-	-	-	-	-	-	-	-	-	2,500.00
552 - Sheng Yen Lu Foundation	-	10,000.00	-	-	-	-	-	-	-	-	-	-	10,000.00
	-	-	-	-	-	-	-	-	-	-	-	-	-
555 · Grants Other	-	-	-	-	5,000.00	-	-	3,000.00	-	-	-	-	8,000.00
Total 530 · Grants	**27,500.00**	**16,500.00**	**-**	**-**	**5,000.00**	**27,500.00**	**-**	**3,000.00**	**-**	**-**	**-**	**-**	**79,500.00**
Total 500 · Non Program Revenue	**27,751.69**	**20,367.38**	**-**	**1,000.00**	**8,000.00**	**35,500.00**	**11,200.00**	**3,000.00**	**-**	**-**	**1,800.00**	**15,750.00**	**124,369.07**
Total Income	**70,829.89**	**24,413.38**	**5,750.00**	**113,950.00**	**121,770.00**	**108,550.00**	**78,525.00**	**96,980.00**	**93,850.00**	**57,710.00**	**84,225.00**	**59,230.00**	**915,783.27**
Expense											-	-	
760 · Equipment													
760.02 · Repairs and Maintenance	-	20.00	-	500.00	-	400.00	-	-	500.00	-	-	580.00	2,000.00
760 · Equipment - Other	55.71	707.36	-	2,000.00	-	-	-	1,000.00	-	500.00	-	800.00	5,063.07
	-	-	-	-			-	-	-	-	-	-	-
Total 760 · Equipment	**55.71**	**727.36**	**-**	**2,500.00**	**-**	**400.00**	**-**	**1,000.00**	**500.00**	**500.00**	**-**	**1,380.00**	**7,063.07**
600 · Program Expenses													
610 · Clinic/Dental Supplies	-	1,400.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	31,400.00
611 · Dental Forms/Printing	225.01	143.21	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	1,868.22
612 · Program Travel	28.60	711.89	700.00	700.00	700.00	700.00	700.00	700.00	700.00	700.00	700.00	700.00	7,740.49
613 · Vehicle - Equipment Moving Exp	857.00	398.25	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	3,255.25
615 · Petty Cash Cards-to be expensed	146.40	(181.37)	-	-	-	-	-	-	-	-	-	-	(34.97)
620 · Professional Development	244.50	242.08	600.00	100.00	100.00	-	-	100.00	100.00	-	-	600.00	2,086.58
629 · Education & Promotion	133.36	250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00	2,883.36
630 · Program Completion Marketing	171.43	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	1,271.43
631 · Dental Equipment Movers	204.50	211.85	350.00	350.00	350.00	350.00	350.00	350.00	350.00	350.00	350.00	250.00	3,816.35
632 · Equipment Storage	209.00	300.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00	4,509.00
633 · Program - Office Rent	-	419.25	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	-	3,119.25
634 · Vehicle Rentals	-	-	-	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	18,000.00
635 · Remodel Expenses	-	-	1.00	3,000.00	4,000.00	-	-	-	-	-	-	-	7,001.00
636 · Mobile Unit	-	161.75	2,500.00	2,500.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	7,561.75
	-	-	-	-			-	-	-	-	-	-	-
Total 600 · Program Expenses	**2,219.80**	**4,156.91**	**8,551.00**	**13,050.00**	**11,850.00**	**7,750.00**	**7,750.00**	**7,850.00**	**7,850.00**	**7,750.00**	**7,750.00**	**7,950.00**	**94,477.71**
780 · Fundraising Expenses													
785 · Web Site Development and Maint	234.34	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	784.34
780 · Fundraising Expenses - Other	-	-	600.00	400.00	650.00	300.00	250.00	350.00	500.00	600.00	1,200.00	300.00	5,150.00
Total 780 · Fundraising Expenses	**234.34**	**50.00**	**650.00**	**450.00**	**700.00**	**350.00**	**300.00**	**400.00**	**550.00**	**650.00**	**1,250.00**	**350.00**	**5,934.34**
700 · Administrative (Non Program)Exp													
701 · Board Expense	-	-	500.00	50.00	-	-	50.00	-	-	50.00	-	-	650.00
710 · Office Expenses-Consumables	105.34	166.95	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	1,772.29
711 · Office Rent	-	404.25	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	3,404.25
712 · Corporate Insurance	191.36	222.45	-	1,500.00	780.00	-	-	-	-	-	720.00	-	3,413.81
713 · Travel Allowances	-	-	-	-	-	-	-	-	-	-	-	-	-
714 · Marketing/Advertising	-	-	50.00	500.00	50.00	50.00	50.00	50.00	50.00	50.00	500.00	50.00	1,400.00
716 · Bank/Payroll Fees	38.43	88.13	100.00	120.00	100.00	120.00	100.00	120.00	100.00	120.00	100.00	120.00	1,226.56
730 · Telephone/communications	1,222.84	854.85	850.00	850.00	850.00	850.00	850.00	850.00	850.00	850.00	850.00	850.00	10,577.69
731 · Technology Contractors	194.66	1,044.66	400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00	5,239.32

BUDGET Fiscal Year 7.16 to 6.17	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	TOTAL
732 · Third Part Admin Contractors	-	-	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	900.00
733 · Accounting	428.75	218.75	700.00	1,000.00	500.00	300.00	300.00	300.00	300.00	300.00	300.00	500.00	5,147.50
799 · Miscellaneous Expenses	281.07	155.65	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	2,436.72
	-	-	-	-	-	-	-	-	-	-	-	-	-
Total 700 · Administrative (Non Program)Exp	**2,462.45**	**3,155.69**	**3,340.00**	**5,160.00**	**3,420.00**	**2,460.00**	**2,490.00**	**2,460.00**	**2,440.00**	**2,510.00**	**3,610.00**	**2,660.00**	**36,168.14**
800 · Personnel Expenses													
800 · Personnel Expenses - Other	-	-	-	-	-	-	-	-	-	-	-	-	-
810 · Salaries													
810.1 · Salary PTO	903.85	750.00	750.00	750.00	1,250.00	1,250.00	1,250.00	750.00	750.00	1,250.00	1,250.00	750.00	11,653.85
810 · Salaries - Other	17,730.77	11,355.76	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	229,086.53
Total 810 · Salaries	**18,634.62**	**12,105.76**	**20,750.00**	**20,750.00**	**21,250.00**	**21,250.00**	**21,250.00**	**20,750.00**	**20,750.00**	**21,250.00**	**21,250.00**	**20,750.00**	**240,740.38**
811 · WagesHourly													
811.1 · Hourly PTO	-	1,463.03	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	11,463.03
811 · WagesHourly - Other	12,598.62	8,937.04	14,000.00	31,000.00	37,000.00	27,000.00	37,000.00	43,000.00	52,000.00	46,000.00	39,000.00	38,500.00	386,035.66
Total 811 · WagesHourly	**12,598.62**	**10,400.07**	**15,000.00**	**32,000.00**	**38,000.00**	**28,000.00**	**38,000.00**	**44,000.00**	**53,000.00**	**47,000.00**	**40,000.00**	**39,500.00**	**397,498.69**
819 · Taxes	4,402.61	2,451.81	3,932.00	6,132.00	6,737.00	5,637.00	6,847.00	6,132.00	6,572.00	5,125.00	5,197.00	5,032.00	64,197.42
Total 800 · Personnel Expenses	**35,635.85**	**24,957.64**	**39,682.00**	**58,882.00**	**65,987.00**	**54,887.00**	**66,097.00**	**70,882.00**	**80,322.00**	**73,375.00**	**66,447.00**	**65,282.00**	**702,436.49**
850 · Contracted Labor/Professional													
852 · Dentists	-	-	1,000.00	1,300.00	1,300.00	1,300.00	1,300.00	1,300.00	1,300.00	1,300.00	1,300.00	1,300.00	12,700.00
851 · Hygenists	1,342.36	521.40	2,500.00	4,000.00	6,600.00	4,600.00	5,100.00	5,100.00	6,600.00	4,000.00	1,500.00	3,200.00	45,063.76
812 · Dental Contractors - Other	-	-											-
Total 850 · Contracted Labor/Professional	**1,342.36**	**521.40**	**3,500.00**	**5,300.00**	**7,900.00**	**5,900.00**	**6,400.00**	**6,400.00**	**7,900.00**	**5,300.00**	**2,800.00**	**4,500.00**	**57,763.76**
Total Expense	**41,950.51**	**33,569.00**	**55,723.00**	**85,342.00**	**89,857.00**	**71,747.00**	**83,037.00**	**88,992.00**	**99,562.00**	**90,085.00**	**81,857.00**	**82,122.00**	**903,843.51**
Net Ordinary Income	**28,879.38**	**(9,155.62)**	**(49,973.00)**	**28,608.00**	**31,913.00**	**36,803.00**	**(4,512.00)**	**7,988.00**	**(5,712.00)**	**(32,375.00)**	**2,368.00**	**(22,892.00)**	**11,939.76**
August 31, 2016 Cash Balance													
$ 233,099.90													
Net Cash Position	**261,979.28**	**252,823.66**	**202,850.66**	**231,458.66**	**263,371.66**	**300,174.66**	**295,662.66**	**303,650.66**	**297,938.66**	**265,563.66**	**267,931.66**	**245,039.66**	**245,039.66**

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10/15/16
Cash Basis

Washington State Smile Partners
Profit & Loss Prev Year Comparison
July through September 2016

	Jul - Sep 16	Jul - Sep 15
Ordinary Income/Expense		
Income		
300 · Program Revenues		
323 · Medicaid	36,014.23	27,692.69
330 · Smiles for Life	1,888.00	1,720.65
340 · Insurance Checks Private & Indi	1,939.60	1,348.90
Total 300 · Program Revenues	39,841.83	30,762.24
500 · Non Program Revenue		
560 · Government Contracts		
561 · City Of Bainbridge	2,016.60	976.14
Total 560 · Government Contracts	2,016.60	976.14
501 · Donations	2,102.47	4,651.65
530 · Grants		
519 · Murdock Trust	27,500.00	0.00
534 · Turnstone Foundation SFL	0.00	1,968.00
540.A · Grace Church- Uncompensated Car	4,000.00	2,500.00
543 · Puyallup Tribe	0.00	10,000.00
551 · Bainbridge Community Fdn	2,500.00	2,500.00
552 · Sheng-Yen Lu Foundation	0.00	10,000.00
553 · Puget Sound Energy (PSE)	0.00	2,500.00
Total 530 · Grants	34,000.00	29,468.00
Total 500 · Non Program Revenue	38,119.07	35,095.79
Total Income	77,960.90	65,858.03
Expense		
760 · Equipment		
760.02 · Repairs and Maintenance	20.00	108.11
760 · Equipment - Other	1,803.33	1,749.83
Total 760 · Equipment	1,823.33	1,857.94
needs to be catorgorized	142.83	0.00
600 · Program Expenses		
610 · Clinic/Dental Supplies	491.10	4,420.59
611 · Dental Forms/Printing	368.22	2,037.39
612 · Program Travel	1,259.19	635.63
613 · Vehicle - Equipment Moving Exp	1,255.25	0.00
615 · Petty Cash Cards-to be expensed	1,023.20	0.00
620 · Professional Development	576.58	983.50
629 · Education & Promotion	141.35	866.43
630 · Program Completion Marketing	171.43	477.25
631 · Dental Equipment Movers	416.35	106.63
632 · Equipment Storage	892.00	310.50
633 · Program - Office Rent	719.25	597.00
634 · Vehicle Rentals	0.00	1,275.00
635 · Remodel Expenses	0.00	185.75
636 · Mobile Unit	2,345.36	2,823.44
Total 600 · Program Expenses	9,659.28	14,719.11
700 · Administrative (Non Program)Exp		
701 · Board Expense	395.61	100.51
710 · Office Expenses-Consumables	366.29	476.11
711 · Office Rent	704.25	594.00
712 · Corporate Insurance	413.81	47.85
713 · Travel Allowances	0.00	338.58
714 · Marketing/Advertising	2.25	208.25
716 · Bank/Payroll Fees	230.49	154.35
730 · Telephone/communications	2,598.73	2,857.63
731 · Technology Contractors	1,433.98	877.56
732 · Third Part Admin Contractors	0.00	20.72
733 · Accounting	1,150.75	1,792.50
799 · Miscellaneous Expenses	621.81	74.64

Washington State Smile Partners
Profit & Loss Prev Year Comparison
July through September 2016

	Jul - Sep 16		Jul - Sep 15	
Total 700 · Administrative (Non Program)Exp		7,917.97		7,542.70
780 · Fundraising Expenses				
785 · Web Site Development and Maint	234.34		0.00	
780 · Fundraising Expenses - Other	249.02		49.00	
Total 780 · Fundraising Expenses		483.36		49.00
800 · Personnel Expenses				
810 · Salaries				
810.1 · Salary PTO	903.85		673.08	
810 · Salaries - Other	44,567.29		35,802.33	
Total 810 · Salaries		45,471.14		36,475.41
811 · WagesHourly				
811.1 · Hourly PTO	1,463.03		1,190.47	
811 · WagesHourly - Other	39,800.09		22,217.34	
Total 811 · WagesHourly		41,263.12		23,407.81
800 · Personnel Expenses - Other		0.00		950.00
Total 800 · Personnel Expenses		86,734.26		60,833.22
812 · Dental Contractors				
819 · Taxes				
822 · Corporate Share of SUI	2,941.07		1,868.96	
821 · Corporate Share of L & I	891.18		765.54	
820 · Corporate Share FICA	6,635.14		4,653.75	
819 · Taxes - Other	0.00		-0.20	
Total 819 · Taxes		10,467.39		7,288.05
812 · Dental Contractors - Other		0.00		414.00
Total 812 · Dental Contractors		10,467.39		7,702.05
850 · Contracted Labor/Professional				
851 · Hygenists	2,762.11		0.00	
852 · Dentists	225.00		0.00	
Total 850 · Contracted Labor/Professional		2,987.11		0.00
Total Expense		120,215.53		92,704.02
Net Ordinary Income		-42,254.63		-26,845.99
Other Income/Expense				
Other Income				
Interest Income		5.39		5.29
Total Other Income		5.39		5.29
Net Other Income		5.39		5.29
Net Income		**-42,249.24**		**-26,840.70**

Washington State Smile Partners
Profit & Loss Prev Year Comparison
July through September 2016

	$ Change		% Change	
Ordinary Income/Expense				
Income				
300 · Program Revenues				
323 · Medicaid	8,321.54		30.1%	
330 · Smiles for Life	167.35		9.7%	
340 · Insurance Checks Private & Indi	590.70		43.8%	
Total 300 · Program Revenues		9,079.59		29.5%
500 · Non Program Revenue				
560 · Government Contracts				
561 · City Of Bainbridge	1,040.46		106.6%	
Total 560 · Government Contracts		1,040.46		106.6%
501 · Donations		-2,549.18		-54.8%
530 · Grants				
519 · Murdock Trust	27,500.00		100.0%	
534 · Turnstone Foundation SFL	-1,968.00		-100.0%	
540.A · Grace Church- Uncompensated Car	1,500.00		60.0%	
543 · Puyallup Tribe	-10,000.00		-100.0%	
551 · Bainbridge Community Fdn	0.00		0.0%	
552 · Sheng-Yen Lu Foundation	-10,000.00		-100.0%	
553 · Puget Sound Energy (PSE)	-2,500.00		-100.0%	
Total 530 · Grants		4,532.00		15.4%
Total 500 · Non Program Revenue		3,023.28		8.6%
Total Income		12,102.87		18.4%
Expense				
760 · Equipment				
760.02 · Repairs and Maintenance	-88.11		-81.5%	
760 · Equipment - Other	53.50		3.1%	
Total 760 · Equipment		-34.61		-1.9%
needs to be catorgorized		142.83		100.0%
600 · Program Expenses				
610 · Clinic/Dental Supplies	-3,929.49		-88.9%	
611 · Dental Forms/Printing	-1,669.17		-81.9%	
612 · Program Travel	623.56		98.1%	
613 · Vehicle - Equipment Moving Exp	1,255.25		100.0%	
615 · Petty Cash Cards-to be expensed	1,023.20		100.0%	
620 · Professional Development	-406.92		-41.4%	
629 · Education & Promotion	-725.08		-83.7%	
630 · Program Completion Marketing	-305.82		-64.1%	
631 · Dental Equipment Movers	309.72		290.5%	
632 · Equipment Storage	581.50		187.3%	
633 · Program - Office Rent	122.25		20.5%	
634 · Vehicle Rentals	-1,275.00		-100.0%	
635 · Remodel Expenses	-185.75		-100.0%	
636 · Mobile Unit	-478.08		-16.9%	
Total 600 · Program Expenses		-5,059.83		-34.4%
700 · Administrative (Non Program)Exp				
701 · Board Expense	295.10		293.6%	
710 · Office Expenses-Consumables	-109.82		-23.1%	
711 · Office Rent	110.25		18.6%	
712 · Corporate Insurance	365.96		764.8%	
713 · Travel Allowances	-338.58		-100.0%	
714 · Marketing/Advertising	-206.00		-98.9%	
716 · Bank/Payroll Fees	76.14		49.3%	
730 · Telephone/communications	-258.90		-9.1%	
731 · Technology Contractors	556.42		63.4%	
732 · Third Part Admin Contractors	-20.72		-100.0%	
733 · Accounting	-641.75		-35.8%	
799 · Miscellaneous Expenses	547.17		733.1%	

Washington State Smile Partners
Profit & Loss Prev Year Comparison
July through September 2016

	$ Change	% Change
Total 700 · Administrative (Non Program)Exp	375.27	5.0%
780 · Fundraising Expenses		
785 · Web Site Development and Maint	234.34	100.0%
780 · Fundraising Expenses - Other	200.02	408.2%
Total 780 · Fundraising Expenses	434.36	886.5%
800 · Personnel Expenses		
810 · Salaries		
810.1 · Salary PTO	230.77	34.3%
810 · Salaries - Other	8,764.96	24.5%
Total 810 · Salaries	8,995.73	24.7%
811 · WagesHourly		
811.1 · Hourly PTO	272.56	22.9%
811 · WagesHourly - Other	17,582.75	79.1%
Total 811 · WagesHourly	17,855.31	76.3%
800 · Personnel Expenses - Other	-950.00	-100.0%
Total 800 · Personnel Expenses	25,901.04	42.6%
812 · Dental Contractors		
819 · Taxes		
822 · Corporate Share of SUI	1,072.11	57.4%
821 · Corporate Share of L & I	125.64	16.4%
820 · Corporate Share FICA	1,981.39	42.6%
819 · Taxes - Other	0.20	100.0%
Total 819 · Taxes	3,179.34	43.6%
812 · Dental Contractors - Other	-414.00	-100.0%
Total 812 · Dental Contractors	2,765.34	35.9%
850 · Contracted Labor/Professional		
851 · Hygenists	2,762.11	100.0%
852 · Dentists	225.00	100.0%
Total 850 · Contracted Labor/Professional	2,987.11	100.0%
Total Expense	27,511.51	29.7%
Net Ordinary Income	-15,408.64	-57.4%
Other Income/Expense		
Other Income		
Interest Income	0.10	1.9%
Total Other Income	0.10	1.9%
Net Other Income	0.10	1.9%
Net Income	**-15,408.54**	**-57.4%**

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.