

**CITY OF BAINBRIDGE ISLAND  
2019 – 2020 HUMAN SERVICES FUNDING PROGRAM PROPOSAL**

Applicant Organization Name: Housing Resources Bainbridge

Proposal Contact Person: Phedra Elliott Position/Title: Executive Director

Email Address\*: phedra@housingresourcesbi.org

*\*Note: All communication regarding this proposal and any questions will be communicated using the email address you provide above. Please make sure you are monitoring it.*

Are you applying with a fiscal sponsor? \*\* (y/n) N *\*\*If yes, complete Fiscal Sponsor section below.*

Mailing Address: PO Box 11391

Address Line 2: \_\_\_\_\_

City: Bainbridge Island State: WA Zip Code: 98110

Phone (work or daytime): (206)842-1909 ext. 16

Are you a 501(c)(3) nonprofit organization? (y/n) Y Organization Tax D#: 95-0068013

Year established: 1989 Number of years continuously operating: 29

Are you now being funded by another program of City of Bainbridge Island? (y/n) N

If so, by what program and in what amount? \_\_\_\_\_

**\*\*Fiscal Sponsor** (Only complete this section if this proposal will be submitted through a fiscal sponsor.)

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone (work or daytime): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you a 501(c)(3) nonprofit organization? (y/n) \_\_\_\_\_ Organization Tax ID#: \_\_\_\_\_

Year established: \_\_\_\_\_ Number of years continuously operating: \_\_\_\_\_

Are you now being funded by another program of City of Bainbridge Island? (y/n) \_\_\_\_\_

\_\_\_\_\_ If so, by what program and in what amount?  
\_\_\_\_\_

**Proposal Information**

Proposal Title: Homeownership Program

Brief Description of Request: "To support..."To support a new program for HRB homeowners and homeownership applicants - educating them about homeownership and stewardship of their homes in the Community Land Trust.

Total Amount Requested: \$ 53,300

Amount of City Funding Requested: 2019: \$25,500 2020: \$ 27,800

- Project Support
- General Operating Support

Authorized Signature: Phedra Elliott Date: 9/20/18

Print Name: Phedra Elliott

*(Note: An optional fillable PDF version of this form is available online.)*

## I. Statement of Purpose

Describe the community needs that the proposed program seeks to address, and the projected short- and long-term impacts. Please document and cite relevant and up- to-date City documents (2016 Community Needs Assessment), demographic or research sources, etc.

*The Homeownership Program serves two purposes:*

- 1. To prepare potential homebuyers for homeownership in HRB's Community Land Trust.*
- 2. To provide stewardship to the homes and current owners in HRB's Community Land Trust*

*HRB has been working over the last year to build and expand both portions of the Homeownership program. In order to achieve these goals, the program needs ongoing monetary support.*

*The first purpose is to prepare potential homebuyers for homeownership in HRB's Community Land Trust Housing.*

*HRB currently has 42 units of homeownership housing. The homebuyer is income qualified at low or moderate income and purchases the improvement (the house) and HRB retains ownership of the land under the home and leases that land to the homeowner under a long term, 99 year ground lease. This model of ownership allows the home to be sold affordably to the initial buyer and also keeps the home affordable to subsequent buyers in perpetuity, using rules and restrictions in the ground lease signed at closing. The ground lease requires the owner, when they are ready to sell the home, to sell it to another income qualified buyer at a resale price that is based on the formula stated in the ground lease. This ensures that the home stays affordable in perpetuity and that it houses low and moderate income citizens, providing them an opportunity for homeownership that they would otherwise not be able to attain on Bainbridge Island. Owners obtain mortgage loans through our partner banks and must be able to qualify for a standard mortgage just as any other homebuyer does. HRB works as a partner with the lender and the buyer to ensure that all parties understand the loan, the workings of the CLT and to get the loan to closing.*

*Many potential buyers apply for homeownership housing at HRB but are not mortgage ready. They may need assistance with budgeting, debt reduction, and/or improvement of credit score. Most are first time homebuyers and need education around owning a home and having a mortgage. Our homeownership program addresses these needs and helps applicants to become pre-approved for a mortgage, to understand the home buying process, to understand the long term responsibility of being a homeowner, how a home-owner's association works and to understand the rules and restrictions of owning a Community Land Trust home.*

*The second purpose of the Homeownership Program is to provide stewardship to the CLT homes in our portfolio and to the homeowners that own those homes. The purpose of a CLT is to have homes that remain viable and affordable in perpetuity to serve the whole community. Stewardship includes a myriad of activities including:*

- Monitoring owners to ensure that they are using the home as their primary residence and that they are current on their mortgages and taxes and*

*offering assistance in the event of loss of income that could result in foreclosure.*

- Ensuring that homeowners are planning ahead for large maintenance needs, such as roof replacement or house painting. Homeowners pay into a repair reserve fund managed by HRB for these maintenance items but must also make an effort to save additional funds on their own for this purpose.*
- Assisting owners with selling their homes to a ready buyer from our waiting list.*
- Helping owners to find and work with contractors as needed for home maintenance needs and repairs*
- Training homeowners to manage small home maintenance repairs*
- Educating homeowners on regular home maintenance needs.*
- Working with the Ferncliff Village Homeowners Association to manage common space at Ferncliff Village.*

*The Homeownership Program addresses the need to provide and prepare homeowners to own an affordable CLT home on Bainbridge Island. The 2016 Housing Needs Assessment stated that affordable housing was a major concern on Bainbridge Island. With the BI median house price being over \$800,000, HRB currently has a waiting list of 37 families seeking homeownership on Bainbridge Island that is affordable. HRB has added 42 units of affordable homeownership to the community and is working to add more units. We need to prepare buyers to own those units and we need to steward those units that we have to keep them viable forever. In the short term, we will be helping potential homeowners become mortgage ready and fully prepared to be homeowners. In the long term, more of our citizens who want and need to live here will be able to have the stability that homeownership brings and the community as a whole will be able to gain or keep citizens who are contributors and important parts of the fabric of Bainbridge Island. Through stewardship of the homeowner and the CLT homes, HRB is working to help the owner stay in and maintain their home and ultimately keeping these affordable homes viable for the community in perpetuity, so that future owners will benefit too.*

## **II. Program Summary**

1. What program or services will the requested funds provide and who will be the primary recipients?

*The funds will provide salary support, training dollars, funds for marketing materials, and administrative funds for the HRB's Homeownership Program. Though HRB will be the recipient of the funds, those that will benefit are the owners of HRB's CLT homes, the potential homebuyers who apply to purchase a CLT home from HRB's program, and ultimately the entire Bainbridge community who will have affordable homes for ownership in perpetuity. A Community Land Trust benefits the entire community.*

2. How will recipients access those services?

*Applicants access the homeownership program by contacting our office by phone, email, or in person. They are able to complete the application which includes information regarding income eligibility. We analyze income, assets, and debt to determine their eligibility for the program and their readiness to purchase a home. We work with the applicant to help them with a plan to become mortgage ready if they are not, and provide resources for budgeting, assistance with credit and debt*

reduction. We educate them about CLT homeownership, the ground lease that is signed at closing, and expectations that come with living in a CLT home and neighborhood. Once a house is available for purchase, we work with the buyer, the seller, real estate agents and lending partners to facilitate the transaction. Once a buyer becomes a homeowner, they have access to the stewardship supports that we offer. We are in touch with our owners at least once per year and work with individual owners and the Homeowner's Association on stewardship activities ongoing.

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

We currently have 77 homeowners and 76 individuals on our waiting list. Based on current American Communities Survey data approximately 47.8% of Bainbridge Islanders are eligible for our homeownership program. In theory, all of them could be served by this program by applying for a home and working with us to become mortgage ready, but that is obviously unlikely. As we work to add homes to our CLT and market homeownership opportunities, we anticipate growing our waiting list and increasing homeownership. Based on this, we would estimate that 5-10% of the eligible population could be served by the program in the coming 2 years.

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

Though anyone is allowed to apply for our Homeownership Program to become a CLT homeowner, 95% of our current owners were Bainbridge Island residents prior to becoming an owner here. 90% of those currently on our waiting list are also current Bainbridge residents or work on Bainbridge Island and hope to move closer to their jobs.

5. Describe how this request fits within the definition of Human Services as provided in the Human Services Element of the City's Comprehensive Plan:
  - Provide people with the tools to achieve economic, social and emotional stability to the best of their ability.
  - Offer activities and services that promote healthy development of the individual, prevent problems, and support positive outcomes.
  - Support quality of life programs that enhance the health and well-being of the individual and the community.
  - These services may be provided on an emergency, temporary, or ongoing basis, depending on the circumstances.

The Homeownership Program fits the definition of Human Services in the Comprehensive Plan because preparing for and becoming a homeowner in our Community Land Trust provides housing stability with a decent and safe home that is affordable to the homeowner at their level of income. The mortgage is a long term fixed mortgage which protects the family from rising rent and displacement. When families are secure in their housing, they are then able to achieve in all other areas of life – work, school, family relationships, and community contribution. This leads to positive outcomes for both adults and

*children within the family. The greater island community benefits from having its important citizens be able to live closer to their employment and become a deeper and contributing member of the community. HRB's Homeownership Program is a permanent program that we offer.*

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

*Funding this program will enable HRB to foster homeownership on Bainbridge Island for a population where homeownership is out of reach. Owning a home in the community where one works is empowering and contributes to feeling valued and becoming more engaged in the community. Citizens who are welcomed and living in the community can then give back and participate in local activities such as school and volunteer functions.*

7. If other community partners have an essential role in the delivery of proposed program or services, briefly describe their role and commitment (financial and/or non-financial)

*HRB partners with the Washington State Housing Finance Commission to provide homebuyer education and counseling. We work with our lender partners, such as Homestreet Bank, Guild Mortgage, and Fairway Mortgage Corporation to help qualify our clients for financing. Our partners at Windermere Bainbridge provide real estate services during the sale of homes and waive their commissions for these transactions, which is beneficial to the buyer and seller. Pacific Northwest Title is our escrow and title agent and generously discounts their services.*

### **III. ORGANIZATIONAL STRENGTH**

Describe your organization's ability and qualifications to deliver the proposed services in your funding request, and the resources you will dedicate to evaluate the funded activities progress and outcomes to determine success and learnings. Include efforts to coordinate these services with other agencies. Refer to past service record, accomplishments, and learnings, where applicable.

*HRB has provided affordable housing solutions to the people of Bainbridge Island for almost 30 years. Our Executive Director has worked in affordable housing for more than 10 years. The manager of the Homeownership Program is a licensed real estate agent and has more than 20 years of experience in the field of housing and homelessness services. We have successfully built and sold 42 units of housing to income qualified buyers at our Ferncliff Village project and the Sparrows Condominiums on Knechtel Way. HRB also owns and operates 42 units of rental housing and we are a partner in another 48-unit property. We have developed relationships with partnering businesses and other agencies such as Kitsap Community Resources, Housing Kitsap, numerous local banks and lenders, Windermere Bainbridge, Pacific Northwest Title, and American Financial*

*Solutions, to name a few. Our experience developing Ferncliff Village and Sparrows over the last 10 years has provided a wealth of experience and lessons learned for future projects and future applicants and for the homes we are currently stewarding.*

**IV. DESIRED OUTPUTS, OUTCOMES and ASSESSMENT**

Please complete the following chart to estimate realistic and achievable:

- Outputs - defined as number served or amounts, quantitative in nature)
- Outcomes - how you will gauge success and demonstrate project impact in terms of meeting priorities and needs. Whenever possible, present as measurable data or other objective means of assessment. Please also include how you track these outcomes.

<b>[Applicant and Program Name]</b>		
<b>OUTPUTS AND OUTCOMES CHART</b>		
<b>Program Activities or Services</b>	<b>Annual Goal: Unduplicated Bainbridge Residents Served (Outputs)</b>	<b>Outcome of Receiving this Program/Service (Outcomes)</b>
<i>Prepare potential Homebuyers for Homeownership in HRB's Community Land Trust</i>	<i>Year 1: 43 households Year 2 – 53 households</i>	<i>Year 1 – We will work to prepare the 33 households on our current waitlist for homeownership. We will add 10 additional households to the waiting list for homeownership and work to prepare them for homeownership. At least 15 of these households will become homeownership ready.  Year 2 – We will continue work with those on the waiting list to prepare them for homeownership and we will add 10 additional households to the waiting list and work to prepare them for homeownership. At least 15 households will become homeownership ready.</i>

<p>Provide stewardship to the homes and current owners in HRB's Community Land Trust</p>	<p>Year 1 – 42 households (or more if we are able to add more CLT units to our portfolio.)</p> <p>Year 2 – 42 households (or more if we are able to add more CLT units to our portfolio.)</p>	<p>Year 1 – All households will be informed on the value of their home should they decide to sell, and the amount of funds in the repair reserve, as well as the process around selling or accessing funds for repair needs. All homeowners will receive training on annual and long term home maintenance needs. HRB will monitor to ensure mortgage payment and residency requirements of the ground lease. HRB will work with the Ferncliff HOA to continue to strengthen the HOA and move toward greater independence and leadership.</p> <p>Year 2 - All households will be informed on the value of their home should they decide to sell, and the amount of funds in the repair reserve, as well as the process around selling or accessing funds for repair needs. All homeowners will receive training on annual and long term home maintenance needs. HRB will monitor to ensure mortgage payments and residency requirements of the ground lease. HRB will work with the Ferncliff HOA to continue to strengthen the HOA and move toward greater independence and leadership. HRB will add 1-2 classes for homeowners to learn aspects of home maintenance.</p>
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## V. PROGRAM EVALUATION PLAN

How often does your organization evaluate the effectiveness of its programming and by what means does it gather this information or data?

*We collect data and statistics on this program ongoing and review that information on a quarterly basis. We use a system called HomeKeeper that is a part of our Salesforce database system to enter applicants for this program and to track their progress toward homebuyer readiness.*

### Program Budget

HOUSING RESOURCES BAINBRIDGE HOMEOWNERSHIP PROGRAM GRANT REQUEST BUDGET 2019-2020								
		Year 1			Year 2			
Expense Category	HRB Program Budget Allocation Year 1	COBI HSF Request Year 1	Other Sources	Total Year 1	HRB Program Budget Allocation Year 2	COBI HSF Request Year 2	Other Sources	Total Year 2
1. Human Resources (Staff Salaries, Benefits, Training)		\$22,000.00	\$8,000.00	\$30,000.00		\$24,000.00	\$9,000.00	\$33,000.00
2. Marketing Materials		\$1,500.00	\$500.00	\$2,000.00		\$1,500.00	\$500.00	\$2,000.00
3. Indirect Administrative Costs		\$2,000.00	\$1,000.00	\$3,000.00		\$2,300.00	\$1,000.00	\$3,300.00
<b>TOTAL</b>		<b>\$25,500.00</b>	<b>\$9,500.00</b>	<b>\$35,000.00</b>		<b>\$27,800.00</b>	<b>\$10,500.00</b>	<b>\$38,300.00</b>
Item 1 - Funds will pay for staff salaries, benefits, and training								
Item 2 - Materials are items such as postage and supplies for homeownership program trainings and classes.								
Item 3 - Expenses for indirect administrative costs to HRB								

1. What is the total of your agency's estimated budget for FY 2019?  
\$870,000
2. What portion of your total agency budget does the Year 1 request represent?  
3%
3. How have the services you are requesting been funded for in the past three years?

*This program is new to HRB. The staff time spent selling homes to current homeowners was funded as part of the Ferncliff Village Construction project. In 2018, staff has spent*



*less than 10% of time on this program, which was funded by private contributions.*

4. List other public or private sources of funding you are seeking and have secured to support proposed program or services? Please identify the amount of cash match your organization intends to obtain to leverage City funding to sustain your program or services.

*HRB is applying for grant funding for this program through various foundations and grantors. We expect to obtain \$9,500- \$10,500 in additional funding for this program.*

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

*HRB developed this program several years ago but did not have the funding or the capacity to build or implement it fully. If we do not receive this funding, we will be forced to put the program aside until we can find the means to initiate it.*

First Name	Last Name	Officer Position	Company	Address	City, State Zip	Phone	Email
Margaret	Celestino		self employed	188 Knechtel Way NE #203	Bainbridge Island, WA 98110	(206) 713-6263	<a href="mailto:starlily4@gmail.com">starlily4@gmail.com</a>
Craig	Clark		Johansson Clark Real Estate	393 Winslow Way E	Bainbridge Island, WA 98110	(206) 459-8453	<a href="mailto:craig@johanssonclark.com">craig@johanssonclark.com</a>
Bruce	Eremic	Treasurer	Kitsap Bank	959 Curtis Loop NE	Bainbridge Island, WA 98110	(206) 465-1607	<a href="mailto:bruce.eremic@gmail.com">bruce.eremic@gmail.com</a>
Jesse	Fairbank		Fairbank Construction	220 Madison Ave S	Bainbridge Island, WA 98110	(360) 774-1982	<a href="mailto:jesse@fairbankconstruction.com">jesse@fairbankconstruction.com</a>
Tina	Gilbert		OTWB Project Management	PO Box 11257	Bainbridge Island, WA 98110	(206) 910-4676	<a href="mailto:tina@otwb.net">tina@otwb.net</a>
Ross	Lambert		GGLO Architects	935 Curtis Loop NE	Bainbridge Island, WA 98110	(248) 227-3530	<a href="mailto:ross.lee.lambert@gmail.com">ross.lee.lambert@gmail.com</a>
Kristin	Larson	Secretary	BISD	974 Curtis Loop NE	Bainbridge Island, WA 98110	(512) 506-1143	<a href="mailto:kristinklarsen@gmail.com">kristinklarsen@gmail.com</a>
Linda	Lincoln	Chair	HomeStreet Bank	921 Hildebrand Lane NE	Bainbridge Island, WA 98110	(206) 319-1130	<a href="mailto:linda.lincoln@homestreet.com">linda.lincoln@homestreet.com</a>
Alex	Medeiros		CB Richard Ellis	8162 Hanson Rd NE	Bainbridge Island, WA 98110	(253) 312-9145	<a href="mailto:am98033@live.com">am98033@live.com</a>
Sarah	Sydor		Windermere Real Estate	840 Madison Ave N	Bainbridge Island, WA 98110	(206) 683-4526	<a href="mailto:ssydor@windermere.com">ssydor@windermere.com</a>
Tina	Song		Clark Construction	8766 Sands Ave NE	Bainbridge Island, WA 98110	(206) 866-8359	<a href="mailto:Tina@clarkconstruct.com">Tina@clarkconstruct.com</a>

## HRB Current Staff List

Phedra Elliott	Executive Director	Full time
Jeanette Hill	Housing Facilities Manager	Full time
Victoria Beckett	Full Charge Bookkeeper	Full time
Penny Lamping	Fundraising & Communications Manager	Part time
Julie Stone`	Independent Living Coordinator	Part time
Marta Holt	Property Manager, Homeownership program coordinator	Part time
Ruben Herrera	Maintenance Tech	Full time
Frank Crowe	Groundskeeper	Part time

## Housing Resources Bainbridge Balance Sheet

			Aug 31, 18
<b>ASSETS</b>			
<b>Current Assets</b>			
<b>Checking/Savings</b>			
<b>10000 - UNRESTRICTED CASH</b>			
		10010 - HRB Operating CB 7878	7,313.88
		10015 - HRB Operating HB 7573	74,587.15
<b>10200 - BOARD DESIGNATED RESERVE</b>			
		10210 - HRB Operating Reserve - Schwab	75,411.41
		10220 - HRB Loan Reserve	
		10221 - Island Home CB 3156	11,000.00
		10222 - Janet West CB 4931	26,733.98
		10223 - Village Home CB 4345	26,437.00
		<b>Total 10220 - HRB Loan Reserve</b>	<b>64,170.98</b>
<b>10230 - HRB REPAIR RESERVE</b>			
		10232 - HRB Repair Reserve LBB 2837	203,777.67
		<b>Total 10230 - HRB REPAIR RESERVE</b>	<b>203,777.67</b>
		<b>Total 10200 - BOARD DESIGNATED RESERVE</b>	<b>343,360.06</b>
<b>10300 - RESTRICTED FOR DEVELOPMENT</b>			
		10305 - HRB UB 8159	153,061.98
		10315 - HRB HS 0760	245,682.57
		10320 - HRB-FV3 UB 8159	0.00
		10330 - HRB KB 5811	230,735.14
		<b>Total 10300 - RESTRICTED FOR DEVELOPMENT</b>	<b>629,479.69</b>
		<b>Total 10000 - UNRESTRICTED CASH</b>	<b>1,054,740.78</b>
<b>10400 - CASH HELD-IN-TRUST</b>			
		10410 - Ferncliff Repair CB 0413	0.00
		10415 - Ferncliff Repair HS 2673	85,900.36
		10420 - IMHP UMP 1850	526.90
		10430 - Tenant Security Deposit CB 1783	0.00
		10435 - Tenant Security Deposit HS 0774	18,861.33
		10440 - HRB-FV3/Contractor Liab HS 9890	53,803.67
		<b>Total 10400 - CASH HELD-IN-TRUST</b>	<b>159,092.26</b>
		<b>Total Checking/Savings</b>	<b>1,213,833.04</b>
<b>Accounts Receivable</b>			
		11000 - Accounts Receivable	45,147.66
		12050 - Interest Receivable	-4,680.00
		12200 - Grants Receivable	23,223.00
		<b>Total Accounts Receivable</b>	<b>63,690.66</b>
<b>Other Current Assets</b>			
		12000 - Undeposited Funds	0.00
		13000 - PREPAID EXPENSES	

## Housing Resources Bainbridge Balance Sheet

			Aug 31, 18
		13010 - Prepaid Insurance	8,378.54
		13020 - Prepaid HRB Lease Security	2,000.00
		<b>Total 13000 - PREPAID EXPENSES</b>	<b>10,378.54</b>
		<b>Total Other Current Assets</b>	<b>10,378.54</b>
		<b>Total Current Assets</b>	<b>1,287,902.24</b>
		<b>Fixed Assets</b>	
		<b>16000 - FIXED ASSETS</b>	
		16010 - Land	2,548,330.00
		16020 - Buildings	3,420,141.15
		16030 - Building Improvements	685,870.51
		16040 - Land Improvements	599,167.94
		<b>16050 - FURNITURE AND EQUIPMENT</b>	
		16055 - Office Furniture & Fixtures	37,796.92
		16060 - Properties Furniture & Fixtures	20,935.11
		16065 - Properties Equipment	4,082.77
		<b>Total 16050 - FURNITURE AND EQUIPMENT</b>	<b>62,814.80</b>
		16056 - Leasehold Improvements	12,775.00
		16900 - Construction in Progress	-0.17
		<b>Total 16000 - FIXED ASSETS</b>	<b>7,329,099.23</b>
		<b>17000 - DEPRECIATION</b>	
		17020 - Accum Depr - Building	-1,476,974.46
		17030 - Accum Depr - Bldg Improvements	-269,024.38
		17040 - Accum Depr - Land Improvements	-120,514.52
		17050 - Accum Depr - Furn and Equip	-66,794.98
		<b>Total 17000 - DEPRECIATION</b>	<b>-1,933,308.34</b>
		<b>Total Fixed Assets</b>	<b>5,395,790.89</b>
		<b>Other Assets</b>	
		<b>18000 - LOANS RECEIVABLE</b>	
		18100 - Ferncliff Village Loans	
		18110 - Dixon, J.- 841 Curtis Loop	1,660.22
		<b>Total 18100 - Ferncliff Village Loans</b>	<b>1,660.22</b>
		18200 - Vineyard Lanes Loans	
		18210 - Vineyard - Kornbau - A202	29,800.24
		<b>Total 18200 - Vineyard Lanes Loans</b>	<b>29,800.24</b>
		<b>Total 18000 - LOANS RECEIVABLE</b>	<b>31,460.46</b>
		<b>18300 - LOAN FEES - NET</b>	
		18310 - Financing Fees	25,459.82
		18320 - Accumulated Amortization	-19,717.50
		<b>Total 18300 - LOAN FEES - NET</b>	<b>5,742.32</b>
		<b>18400 - OTHER ASSETS</b>	
		18410 - Island Terrace Loan	200,000.00

## Housing Resources Bainbridge Balance Sheet

			Aug 31, 18
<b>Total 18400 · OTHER ASSETS</b>			200,000.00
<b>Total Other Assets</b>			237,202.78
<b>TOTAL ASSETS</b>			<b>6,920,895.91</b>
<b>LIABILITIES &amp; EQUITY</b>			
<b>Liabilities</b>			
<b>Current Liabilities</b>			
<b>Accounts Payable</b>			
20000 · Accounts Payable			4,564.42
<b>Total Accounts Payable</b>			4,564.42
<b>Credit Cards</b>			
20040 · CREDIT CARDS			
20055 · Homestreet 7134-Lamping			0.00
20057 · American Express 11028-Lamping			0.00
20058 · American Express 51025 -Lamping			336.62
20060 · Homestreet 7126 - Hill			0.00
20065 · American Express 110 -Hill			0.00
20068 · American Express 51017 - Hill			955.00
20085 · American Express 11002-Elliott			0.00
20088 · American Express 51009 -Elliott			17.44
<b>Total 20040 · CREDIT CARDS</b>			1,309.06
<b>Total Credit Cards</b>			1,309.06
<b>Other Current Liabilities</b>			
<b>21000 · PAYROLL LIABILITIES</b>			
21010 · Accrued Leave/Payroll Liability			12,476.18
21020 · WA SUI Liability			387.35
21030 · WA L&I Insurance Liability			1,128.83
21065 · Employer Health Ins Liability			0.00
21070 · Employee Retirement Liability			0.00
21075 · Employer Retirement Liability			0.00
21000 · PAYROLL LIABILITIES - Other			249.54
<b>Total 21000 · PAYROLL LIABILITIES</b>			14,241.90
22000 · Tenant Security Deposit			18,303.24
22010 · Tenant Prepaid Rent			5,723.00
<b>23000 · OTHER CURRENT LIABILITY</b>			
23010 · IMHP Rents Payable to IRA			-2,427.92
23050 · B&O/Sales Tax Payable			7,418.26
<b>Total 23000 · OTHER CURRENT LIABILITY</b>			4,990.34
<b>Total Other Current Liabilities</b>			43,258.48
<b>Total Current Liabilities</b>			49,131.96
<b>Long Term Liabilities</b>			
27000 · PROPERTY LOANS PAYABLE			

## Housing Resources Bainbridge Balance Sheet

				Aug 31, 18
<b>27100 - FERNCLIFF I AND II LOANS</b>				
			27110 - SHOP Forgivable Loan HRB-09-01	135,000.00
			27120 - SHOP Forgivable Loan HRB-08-01	135,000.00
<b>Total 27100 - FERNCLIFF I AND II LOANS</b>				<b>270,000.00</b>
<b>27200 - FERNCLIFF III LOANS</b>				
			27210 - SHOP - Forgivable Loan HRB-10-1	165,000.00
			27220 - FV3 Kitsap Bk Construction LOC	16,863.59
<b>Total 27200 - FERNCLIFF III LOANS</b>				<b>181,863.59</b>
<b>27300 - VINEYARD - SEARS</b>				
			27310 - Vineyards - L101	220,000.00
<b>Total 27300 - VINEYARD - SEARS</b>				<b>220,000.00</b>
<b>27400 - RENTAL HOME LOANS PAYABLE</b>				
			27420 - VH 96-493-230 DOC/HTF Loan	404,683.70
			27430 - SW 9093010396 Columbia Loan	20,340.95
			27440 - KCHA-Janet West Home	28,828.69
			27450 - JW 00-40499-261GB DOC/HTF Loan1	344,719.75
			27460 - JW 00-40499-261GB DOC/HTF Loan2	34,415.95
			27470 - JW 9093010644 Columbia Loan	98,528.67
			27480 - DC 9098023988 Columbia Loan	18,705.57
			27490 - Accrued Interest Payable-Rental	6,313.00
<b>Total 27400 - RENTAL HOME LOANS PAYABLE</b>				<b>956,536.28</b>
<b>Total 27000 - PROPERTY LOANS PAYABLE</b>				<b>1,628,399.87</b>
<b>29000 - RESERVE LIABILITY</b>				
			29010 - Ferncliff Repair Reserves	87,818.48
<b>Total 29000 - RESERVE LIABILITY</b>				<b>87,818.48</b>
<b>Total Long Term Liabilities</b>				<b>1,716,218.35</b>
<b>Total Liabilities</b>				<b>1,765,350.31</b>
<b>Equity</b>				
			30000 - Opening Balance Equity	1,655,523.84
			30100 - Unrestricted Net Assets	3,292,465.45
			30300 - Temp. Restricted Net Assets	166,756.00
<b>Net Income</b>				<b>40,800.31</b>
<b>Total Equity</b>				<b>5,155,545.60</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>				<b>6,920,895.91</b>

## Housing Resources Bainbridge Profit & Loss Budget Overview January through December 2018

	<b>Jan - Dec 18</b>
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
<b>40000 · INCOME</b>	
<b>40010 · Contributions</b>	
<b>40100 · Restricted Contributions</b>	
40110 · Corporate/Business Restricted	9,000.00
40120 · Foundation Restricted	10,000.00
40130 · Individual Restricted	0.00
40140 · Nonprofit Org Restricted	3,000.00
Total 40100 · Restricted Contributions	22,000.00
<b>40200 · Unrestricted Contributions</b>	
40210 · Corporate/Business Unrestricted	2,500.00
40220 · Foundation Unrestricted	5,500.00
40230 · Individual Unrestricted	50,000.00
40240 · Nonprofit Org Unrestricted	23,000.00
Total 40200 · Unrestricted Contributions	81,000.00
<b>40300 · SPECIAL EVENTS INCOME</b>	
40310 · Event Donations	103,000.00
40330 · Event Sponsorship	25,000.00
40350 · Direct Donor Expense Costs	-5,000.00
Total 40300 · SPECIAL EVENTS INCOME	123,000.00
Total 40010 · Contributions	226,000.00
<b>41000 · PROPERTIES INCOME</b>	
<b>41100 · RENTAL INCOME</b>	
41200 · Tenant Rent	340,704.00
41250 · Unit Potential Rent	25,000.00
41255 · Unrealized Unit Rent	-25,000.00
41300 · BHA Sect 8 RA	32,040.00
41400 · Helpline House RA	0.00
41500 · Kitsap Community Resources RA	0.00
<b>41600 · KITSAP COUNTY GRANTS</b>	
41617 · KC-011-18 Stabilization RA	36,203.00
41618 · KC-012-18 Permanent RA	35,230.00
Total 41600 · KITSAP COUNTY GRANTS	71,433.00
Total 41100 · RENTAL INCOME	444,177.00
<b>41800 · PROPERTIES FEES</b>	
41820 · Late Fees Income	0.00
41830 · Laundry Income	4,000.00
41840 · Non-Refundable Pet Deposits	0.00
41850 · Tenant Maint/Repair/Key	0.00
41860 · Overdraft -NSF Fees	0.00
Total 41800 · PROPERTIES FEES	4,000.00
<b>41900 · OTHER PROPERTIES INCOME</b>	
41910 · HOA Mgmt Income	8,402.92



## Housing Resources Bainbridge Profit & Loss Budget Overview January through December 2018

	<b>Jan - Dec 18</b>
41920 · ISLAND TERRACE	
41930 · IT Maintenance Contract	45,590.04
41940 · IT Bill Back	2,000.00
41950 · IT Apartment Rent	10,476.00
Total 41920 · ISLAND TERRACE	58,066.04
Total 41900 · OTHER PROPERTIES INCOME	66,468.96
Total 41000 · PROPERTIES INCOME	514,645.96
42000 · PROGRAMS INCOME	
42100 · GOVERNMENT CONTRACTS	
42110 · COBI HomeShare/Home Finders	15,500.00
42120 · COBI Independent Living	53,500.00
42130 · COBI IMPH Mgmt Income	4,500.00
Total 42100 · GOVERNMENT CONTRACTS	73,500.00
Total 42000 · PROGRAMS INCOME	73,500.00
43000 · Development Income	
43100 · COBI HTF	0.00
43200 · KC HOME/CBDG	0.00
43300 · Misc Gov't Grants	0.00
43500 · Home/Property Sales Income	0.00
Total 43000 · Development Income	0.00
44000 · HOMEOWNERSHIP CLT	
44100 · CLT Application Fee Income	0.00
44200 · CLT Land Use Dues Income	24,000.00
Total 44000 · HOMEOWNERSHIP CLT	24,000.00
45000 · VINEYARD LANE	
45100 · VL Tenant Repair/Maintenance/Ke	0.00
45300 · VL Tenant Rent	0.00
Total 45000 · VINEYARD LANE	0.00
46000 · Grant Administration Income	6,211.00
47000 · INTEREST	
47100 · Interest Earned	2,200.00
47200 · Loan Interest Income	300.00
Total 47000 · INTEREST	2,500.00
48000 · Realized Gain on Securities	0.00
48050 · Fiscal Sponsorship Income	0.00
49000 · Misc Income	0.00
Total 40000 · INCOME	846,856.96
Total Income	846,856.96
Cost of Goods Sold	
50100 · Cost of House Sales	0.00
Total COGS	0.00
Gross Profit	846,856.96
Expense	
60000 · PAYROLL EXPENSE	

## Housing Resources Bainbridge Profit & Loss Budget Overview January through December 2018

	<b>Jan - Dec 18</b>
<b>60100 - Wages</b>	
60100-A - Wages-A	0.00
60100-D - Wages-D	369,832.00
<b>Total 60100 - Wages</b>	369,832.00
<b>60200 - Federal Payroll Taxes</b>	
60200-A - Federal Payroll Taxes-A	0.00
60200-D - Federal Payroll Taxes-D	28,292.15
<b>Total 60200 - Federal Payroll Taxes</b>	28,292.15
<b>60300 - Benefits</b>	
60300-A - Benefits-A	0.00
60300-D - Benefits-D	63,000.00
<b>Total 60300 - Benefits</b>	63,000.00
<b>60400 - WA SUI</b>	
60400-A - WA SUI-A	0.00
60400-D - WA SUI-D	2,662.79
<b>Total 60400 - WA SUI</b>	2,662.79
<b>60500 - WA L &amp; I Administration</b>	
60500-A - WA L&I Admin-A	0.00
60500-D - WA L & I Admin-D	1,630.95
<b>Total 60500 - WA L &amp; I Administration</b>	1,630.95
<b>60600 - WA L &amp; I Property</b>	6,864.57
<b>Total 60000 - PAYROLL EXPENSE</b>	472,282.46
<b>61000 - Advertising</b>	
61000-A - Advertising-A	0.00
61000-D - Advertising-D	3,800.00
<b>Total 61000 - Advertising</b>	3,800.00
<b>61100 - Background Check</b>	
61100-A - Background Check-A	0.00
61100-D - Background Check-D	500.00
<b>Total 61100 - Background Check</b>	500.00
<b>61200 - Bank Fees &amp; Charges</b>	
61200-A - Bank Fees & Charges-A	0.00
61200-D - Bank Fees & Charges-D	350.00
<b>Total 61200 - Bank Fees &amp; Charges</b>	350.00
<b>61300 - Conferences &amp; Training</b>	
61300-A - Conference & Training-A	0.00
61300-D - Conference & Training-D	7,770.00
<b>Total 61300 - Conferences &amp; Training</b>	7,770.00
<b>61450 - Contractor Services</b>	
61405-A - IL Contractor Services-A	0.00
61405-D - IL Contractor Services-D	22,470.00
61410-D - Tenant Contractor Services-D	15,200.00
61415-D - HRB Contractor Services-D	15,000.00
<b>Total 61450 - Contractor Services</b>	52,670.00

## Housing Resources Bainbridge Profit & Loss Budget Overview January through December 2018

	<b>Jan - Dec 18</b>
<b>61600 · DUES/FEES/PERMITS</b>	
61610 · HOA Dues	31,461.00
<b>61620 · Licenses, Permits</b>	
61620-A · Licenses, Permits-A	0.00
61620-D · Licenses, Permits-D	500.00
<b>Total 61620 · Licenses, Permits</b>	500.00
<b>61630 · Membership Fees</b>	
61630-A · Membership Fees-A	0.00
61630-D · Membership Fees-D	1,310.00
<b>Total 61630 · Membership Fees</b>	1,310.00
61640 · Management Fees	600.00
<b>Total 61600 · DUES/FEES/PERMITS</b>	33,871.00
<b>61700 · INFORMATION TECHNOLOGY</b>	
<b>61710 · Computers</b>	
61710-D · Computers-D	5,960.00
<b>Total 61710 · Computers</b>	5,960.00
<b>61730 · Software</b>	
61730-A · Software-A	0.00
61730-D · Software-D	4,400.00
<b>Total 61730 · Software</b>	4,400.00
<b>61740 · Technology Consultant</b>	
61740-A · Technology Consultant-A	0.00
61740-D · Technology Consultant-D	500.00
<b>Total 61740 · Technology Consultant</b>	500.00
<b>61750 · Website</b>	
61750-A · Website-A	0.00
61750-D · Website-D	2,500.00
<b>Total 61750 · Website</b>	2,500.00
<b>Total 61700 · INFORMATION TECHNOLOGY</b>	13,360.00
<b>61800 · INSURANCE</b>	
<b>61810 · D &amp; O Insurance</b>	
61810-D · D & O Insurance-D	3,800.00
<b>Total 61810 · D &amp; O Insurance</b>	3,800.00
<b>61820 · Liability Insurance</b>	
61820-D · Liability Insurance-D	13,277.00
<b>Total 61820 · Liability Insurance</b>	13,277.00
61800 · INSURANCE - Other	0.00
<b>Total 61800 · INSURANCE</b>	17,077.00
61900 · Land Lease	10.00
72000 · Loan Interest	56,000.00
<b>73000 · Maintenance &amp; Repairs</b>	
73000-D · Maintenance & Repairs-D	18,638.00
<b>Total 73000 · Maintenance &amp; Repairs</b>	18,638.00
74000 · Meeting Expense	

## Housing Resources Bainbridge Profit & Loss Budget Overview January through December 2018

	<b>Jan - Dec 18</b>
74000-A · Meeting Expense-A	0.00
74000-D · Meeting Expense-D	1,000.00
74000 · Meeting Expense - Other	0.00
<b>Total 74000 · Meeting Expense</b>	<b>1,000.00</b>
75000 · Merchant Service Fees	200.00
<b>76000 · OFFICE EXPENSE</b>	
76100 · Office Supplies	
76100-A · Office Supplies-A	0.00
76100-D · Office Supplies-D	3,000.00
<b>Total 76100 · Office Supplies</b>	<b>3,000.00</b>
76200 · Office Furniture/Equipment	
76200-A · Office Furniture/Equipment-A	0.00
76200-D · Office Furniture/Equipment-D	710.00
76200 · Office Furniture/Equipment - Other	0.00
<b>Total 76200 · Office Furniture/Equipment</b>	<b>710.00</b>
76300 · Postage, Mailing Service	
76300-A · Postage, Mailing Service-A	0.00
76300-D · Postage, Mailing Service-D	2,000.00
76300 · Postage, Mailing Service - Other	0.00
<b>Total 76300 · Postage, Mailing Service</b>	<b>2,000.00</b>
76500 · Telephone/Internet	
76500-A · Telephone/Internet-A	0.00
76500-D · Telephone/Internet-D	5,328.00
76500 · Telephone/Internet - Other	0.00
<b>Total 76500 · Telephone/Internet</b>	<b>5,328.00</b>
<b>Total 76000 · OFFICE EXPENSE</b>	<b>11,038.00</b>
<b>77000 · OFFICE SPACE EXPENSE</b>	
77100 · Janitor & Cleaning	
77100-A · Janitor and Cleaning-A	0.00
77100-D · Janitor & Cleaning-D	1,920.00
<b>Total 77100 · Janitor &amp; Cleaning</b>	<b>1,920.00</b>
77200 · Leasehold Improvement	
77200-A · Leasehold Improvement-A	0.00
77200-D · Leasehold Improvement-D	0.00
<b>Total 77200 · Leasehold Improvement</b>	<b>0.00</b>
77300 · Office Rent	
77300-A · Office Rent-A	0.00
77300-D · Office Rent-D	25,584.28
<b>Total 77300 · Office Rent</b>	<b>25,584.28</b>
77400 · Office Utilities	
77400-A · Office Utilities-A	0.00
77400-D · Office Utilities-D	0.00
<b>Total 77400 · Office Utilities</b>	<b>0.00</b>
<b>Total 77000 · OFFICE SPACE EXPENSE</b>	<b>27,504.28</b>

## Housing Resources Bainbridge Profit & Loss Budget Overview January through December 2018

	<b>Jan - Dec 18</b>
<b>78000 · PRINTING AND COPYING</b>	
78410 · Annual Report -General Mgmt	500.00
78420 · Copy Maching Contract	
78420-A · Copy Machine Contract-A	0.00
78420-D · Copy Machine Contract-D	840.00
<b>Total 78420 · Copy Maching Contract</b>	<b>840.00</b>
78430 · General printing & copying	
78430-A · General printing & copying-A	0.00
78430-D · General printing & copying-D	2,500.00
<b>Total 78430 · General printing &amp; copying</b>	<b>2,500.00</b>
<b>Total 78000 · PRINTING AND COPYING</b>	<b>3,840.00</b>
<b>79000 · PROFESSIONAL SERVICES</b>	
79100 · Audit/Tax	
79100-A · Audit/Tax-A	0.00
79100-D · Audit/Tax-D	25,000.00
<b>Total 79100 · Audit/Tax</b>	<b>25,000.00</b>
79300 · Legal	
79300-D · Legal-D	2,000.00
<b>Total 79300 · Legal</b>	<b>2,000.00</b>
<b>Total 79000 · PROFESSIONAL SERVICES</b>	<b>27,000.00</b>
<b>80000 · Real Estate Taxes</b>	<b>7,000.00</b>
<b>81000 · RENTAL ASSISTANCE PAYMENTS</b>	
81100 · HRB - to other Agencies	0.00
81300 · Teacher Rental Assistance	15,000.00
<b>Total 81000 · RENTAL ASSISTANCE PAYMENTS</b>	<b>15,000.00</b>
<b>83000 · Supplies &amp; Equipment</b>	<b>0.00</b>
<b>84000 · TRAVEL EXPENSE</b>	
84100 · Airline/Shuttle/Taxi	
84100-D · Airline/Shuttle/Taxi-D	1,120.00
<b>Total 84100 · Airline/Shuttle/Taxi</b>	<b>1,120.00</b>
84200 · Ferry/Parking/Other	
84200-A · Ferry/Parking/Other-A	0.00
84200-D · Ferry/Parking/Other-D	225.00
<b>Total 84200 · Ferry/Parking/Other</b>	<b>225.00</b>
84300 · Meals/Lodging	
84300-D · Meals/Lodging-D	1,491.00
<b>Total 84300 · Meals/Lodging</b>	<b>1,491.00</b>
84400 · Mileage	
84400-A · Mileage-A	0.00
84400-D · Mileage-D	2,500.00
<b>Total 84400 · Mileage</b>	<b>2,500.00</b>
<b>Total 84000 · TRAVEL EXPENSE</b>	<b>5,336.00</b>
<b>85000 · UTILITIES - PROPERTIES</b>	
85100 · Electricity	15,577.50

## Housing Resources Bainbridge Profit & Loss Budget Overview January through December 2018

	<b>Jan - Dec 18</b>
85150 · Propane	0.00
85200 · Sanitation	10,271.96
85300 · Sewer & Water	26,325.30
85000 · UTILITIES - PROPERTIES - Other	0.00
<b>Total 85000 · UTILITIES - PROPERTIES</b>	<b>52,174.76</b>
<b>86000 · HRB RESERVE EXPENSE</b>	
86200 · Properties Reserve	
86210 · Appliance & Fixtures Reserve	0.00
86220 · Building Improvements Reserve	17,620.00
<b>Total 86200 · Properties Reserve</b>	<b>17,620.00</b>
<b>Total 86000 · HRB RESERVE EXPENSE</b>	<b>17,620.00</b>
88000 · Use Tax and B&O Tax	4,500.00
<b>Total Expense</b>	<b>848,541.50</b>
<b>Net Ordinary Income</b>	<b>-1,684.54</b>
<b>Other Income/Expense</b>	
<b>Other Income</b>	
<b>100000 · OTHER INCOME</b>	
100005 · Pledge Income	
100010 · Pledges	0.00
100011 · Uncollectible Pledges	0.00
<b>Total 100005 · Pledge Income</b>	<b>0.00</b>
100100 · Pass-Thru Income	
100110 · BI Village Sponsorship	0.00
100125 · Misc Pass-Thru Contributions	0.00
<b>Total 100100 · Pass-Thru Income</b>	<b>0.00</b>
100500 · DONATED GOODS & SERVICES	
100530 · Donated use of facilities	0.00
100540 · Gifts in Kind - Goods	0.00
<b>Total 100500 · DONATED GOODS &amp; SERVICES</b>	<b>0.00</b>
<b>Total 100000 · OTHER INCOME</b>	<b>0.00</b>
<b>Total Other Income</b>	<b>0.00</b>
<b>Other Expense</b>	
<b>200000 · OTHER EXPENSE</b>	
200100 · PASS-THRU EXPENSE	
200110 · BI Village Sponsorship	0.00
200125 · Pass-thru Contributions	0.00
<b>Total 200100 · PASS-THRU EXPENSE</b>	<b>0.00</b>
200400 · Depreciation Expense	0.00
200600 · DONATED GOODS & SERVICES	
200630 · Donated use of facilities	0.00
200640 · Gifts in Kind - Goods	0.00
<b>Total 200600 · DONATED GOODS &amp; SERVICES</b>	<b>0.00</b>
200700 · Impairment Loss	0.00
200800 · Loan Fee Amortization	0.00

**Housing Resources Bainbridge**  
**Profit & Loss Budget Overview**  
January through December 2018

	<u>Jan - Dec 18</u>
Total 200000 - OTHER EXPENSE	<u>0.00</u>
Total Other Expense	<u>0.00</u>
Net Other Income	<u>0.00</u>
Net Income	<u><u>-1,684.54</u></u>

Housing Resources Bainbridge  
2019 Budget Detail

													2019 Budget
Ordinary Income/Expense													
Income													
40000 - INCOME													
40010 - Contributions													
40100 - Restricted Contributions													
40110 - Corporate/Business Restricted													9,000.00
40120 - Foundation Restricted													10,000.00
40130 - Individual Restricted													
40140 - Nonprofit Org Restricted													3,000.00
Total 40100 - Restricted Contributions													22,000.00
40200 - Unrestricted Contributions													
40210 - Corporate/Business Unrestricted													2,500.00
40220 - Foundation Unrestricted													5,500.00
40230 - Individual Unrestricted													50,000.00
40240 - Nonprofit Org Unrestricted													23,000.00
Total 40200 - Unrestricted Contributions													81,000.00
40300 - SPECIAL EVENTS INCOME													
40310 - Event Donations													103,000.00
40320 - Event Individual Donation													
40330 - Event Sponsorship													25,000.00
40340 - Event Special Sales (Non-gift)													
40350 - Direct Donor Expense Costs													(5,000.00)
Total 40300 - SPECIAL EVENTS INCOME													123,000.00
Total 40010 - Contributions													226,000.00
41000 - PROPERTIES INCOME													
41100 - RENTAL INCOME													
41200 - Tenant Rent													347,904.00
41250 - Unit Potential Rent													25,000.00
41255 - Unrealized Unit Rent													(25,000.00)
41300 - BHA Sect 8 RA													39,876.00
41400 - Helpline House RA													



Housing Resources Bainbridge  
2019 Budget Detail

													2019 Budget
41500 · Kitsap Community Resources RA													
41600 · KITSAP COUNTY GRANTS													
41613 · KC-007-17 - RA													
41614 · KC-007-17 FDS													
41615 · KC-008-17 - RA													
41616 · KC-008-17 FDS													
41617 · KC-011-18 - RA													40,000.00
41618 · KC-012-18 - RA													40,000.00
													0.00
Total 41600 · KITSAP COUNTY GRANTS													80,000.00
41100 · RENTAL INCOME - Other													
Total 41100 · RENTAL INCOME													467,780.00
41800 · PROPERTIES FEES													
41810 · Background/Credit Check													
41820 · Late Fees Income													
41830 · Laundry Income													4,000.00
41840 · Non-Refundable Pet Deposits													
41850 · Tenant Maint/Repair/Key													
41860 · Overdraft -NSF Fees													
Total 41800 · PROPERTIES FEES													4,000.00
41900 · OTHER PROPERTIES INCOME													
41910 · HOA Mgmt Income													8,402.92
41920 · ISLAND TERRACE													
41930 · IT Maintenance Contract													45,590.04
41940 · IT Bill Back													2,000.00
41950 · IT Apartment Rent													10,476.00
Total 41920 · ISLAND TERRACE													58,066.04
Total 41900 · OTHER PROPERTIES INCOME													66,468.96
Total 41000 · PROPERTIES INCOME													538,248.96

Housing Resources Bainbridge  
2019 Budget Detail

													2019 Budget
42000 · PROGRAMS INCOME													
42100 · GOVERNMENT CONTRACTS													
42110 · COBI HomeShare/Home Finders													15,500.00
42120 · COBI Independent Living													53,500.00
42130 · COBI IMPH Mgmt Income													4,500.00
Total 42100 · GOVERNMENT CONTRACTS													73,500.00
Total 42000 · PROGRAMS INCOME													73,500.00
43000 · Development Income													0.00
43100 · COBI HTF													
43200 · KC HOME/CBDG													
43300 · Misc Gov't Grants													0.00
43400 · Development Contributions													
43410 · Corporate Restricted													
43420 · Foundation Restricted													
43430 · Individual Restricted													
43440 · Nonprofit Org Restricted													
Total 43400 · Development Contributions													0.00
43500 · Home/Property Sales Income													0.00
Total 43000 · Development Income													0.00
44000 · HOMEOWNERSHIP CLT													
44100 · CLT Application Fee Income													
44200 · CLT Land Use Dues Income													24,000.00
Total 44000 · HOMEOWNERSHIP CLT													24,000.00
45000 · VINEYARD LANE													
45100 · VL Tenant Repair/Maintenance/Ke													
45200 · VL Donated HOA Dues													
45300 · VL Tenant Rent													
Total 45000 · VINEYARD LANE													0.00
46000 · Grant Administration Income													6,211.00
47000 · INTEREST													
47100 · Interest Earned													2,200.00

Housing Resources Bainbridge  
2019 Budget Detail

													2019 Budget
47200 · Loan Interest Income													300.00
Total 47000 · INTEREST													2,500.00
48000 · Realized Gain on Securities													
48050 · Fiscal Sponsorship Income													0.00
49000 · Misc Income													
Total 40000 · INCOME													870,459.96
Cost of Goods Sold													
50000 · Cost of Goods Sold													
50100 · Cost of House Sales													0.00
Total COGS													0.00
Gross Profit													870,459.96
Expense													
60000 · PAYROLL EXPENSE													
60100 · Wages													
60100-A · Wages-A													
60100-D · Wages-D													369,832.00
Total 60100 · Wages													369,832.00
60200 · Federal Payroll Taxes													
60200-A · Federal Payroll Taxes-A													
60200-D · Federal Payroll Taxes-D													28,292.15
Total 60200 · Federal Payroll Taxes													28,292.15
60300 · Benefits													
60300-A · Benefits-A													
60300-D · Benefits-D													63,000.00
Total 60300 · Benefits													63,000.00
60400 · WA SUI													
60400-A · WA SUI-A													
60400-D · WA SUI-D													2,662.79
Total 60400 · WA SUI													2,662.79
60500 · WA L& I Administration													
60500-A · WA L&I Admin-A													

Housing Resources Bainbridge  
2019 Budget Detail

													2019 Budget
60500-D · WA L & I Admin-D													1,630.95
<b>Total 60500 · WA L&amp; I Administration</b>													<b>1,630.95</b>
60600 · WA L& I Property													6,864.57
<b>Total 60000 · PAYROLL EXPENSE</b>													<b>472,282.46</b>
61000 · Advertising													
61000-A · Advertising-A													
61000-D · Advertising-D													3,800.00
<b>Total 61000 · Advertising</b>													<b>3,800.00</b>
61100 · Background Check													
61100-A · Background Check-A													
61100-D · Background Check-D													500.00
<b>Total 61100 · Background Check</b>													<b>500.00</b>
61200 · Bank Fees & Charges													
61200-A · Bank Fees & Charges-A													
61200-D · Bank Fees & Charges-D													350.00
<b>Total 61200 · Bank Fees &amp; Charges</b>													<b>350.00</b>
61300 · Conferences & Training													
61300-A · Conference & Training-A													
61300-D · Conference & Training-D													7,770.00
<b>Total 61300 · Conferences &amp; Training</b>													<b>7,770.00</b>
61450 · Contractor Services													
61400-A · IL Contractor Services-A													
61400-D · IL Contractor Services-D													22,470.00
61405-A -Tenant Contractor Services-A													
61405-D -Tenant Contractor Services-D													15,200.00
61410-A -HRB Contractor Services-A													
61410-D -HRB Contractor Services-D													15,000.00
<b>Total 61450 · Contractor Services</b>													<b>52,670.00</b>

Housing Resources Bainbridge  
2019 Budget Detail

													2019 Budget
61500 · Development Expense													0.00
61600 · DUES/FEES/PERMITS													
61610 · HOA Dues													31,461.00
61620 · Licenses, Permits													
61620-A · Licenses, Permits-A													
61620-D · Licences, Permits-D													
Total 61620 · Licenses, Permits													500.00
61630 · Membership Fees													
61630-A · Membership Fees-A													
61630-D · Membership Fees-D													1,310.00
Total 61630 · Membership Fees													1,310.00
61640 · Management Fees													600.00
Total 61600 · DUES/FEES/PERMITS													33,871.00
61700 · INFORMATION TECHNOLOGY													
61710 · Computers													
61710-A · Computers-A													
61710-D · Computers-D													5,960.00
Total 61710 · Computers													5,960.00
61720 · IT Supplies													
61720-A · IT Supplies-A													
61720-D · IT Supplies-D													0.00
Total 61720 · IT Supplies													0.00
61730 · Software													
61730-A · Software-A													
61730-D · Software-D													4,400.00
Total 61730 · Software													4,400.00
61740 · Technology Consultant													
61740-A · Technology Consultant-A													
61740-D · Technology Consultant-D													500.00
Total 61740 · Technology Consultant													500.00
61750 · Website													

Housing Resources Bainbridge  
2019 Budget Detail

														2019 Budget
61750-A · Website-A														
61750-D · Website-D														2,500.00
<b>Total 61750 · Website</b>														2,500.00
<b>Total 61700 · INFORMATION TECHNOLOGY</b>														13,360.00
<b>61800 · INSURANCE</b>														
61810 · D & O Insurance														
61810-A · D & O Insurance-A														
61810-D · D & O Insurance-D														3,800.00
<b>Total 61810 · D &amp; O Insurance</b>														3,800.00
61820 · Liability Insurance														
61820-A · Liability Insurance-A														
61820-D · Liability Insurance-D														13,277.00
<b>Total 61820 · Liability Insurance</b>														13,277.00
<b>Total 61800 · INSURANCE</b>														17,077.00
61900 · Land Lease														10.00
70000 · Landscape Expense														0.00
72000 · Loan Interest														56,000.00
<b>73000 · Maintenance &amp; Repairs</b>														
73000-A · Maintenance & Repairs-A														
73000-D · Maintenance & Repairs-D														18,638.00
<b>Total 73000 · Maintenance &amp; Repairs</b>														18,638.00
<b>74000 · Meeting Expense</b>														
74000-A · Meeting Expense-A														
74000-D · Meeting Expense-D														1,000.00
<b>Total 74000 · Meeting Expense</b>														1,000.00
75000 · Merchant Service Fees														200.00
<b>76000 · OFFICE EXPENSE</b>														
76100 · Office Supplies														
76100-A · Office Supplies-A														
76100-D · Office Supplies-D														3,000.00
<b>Total 76100 · Office Supplies</b>														3,000.00

Housing Resources Bainbridge  
2019 Budget Detail

													2019 Budget
76200 · Office Furniture/Equipment													
76200-A · Office Furniture/Equipment-A													
76200-D · Office Furniture/Equipment-D													710.00
<b>Total 76200 · Office Furniture/Equipment</b>													<b>710.00</b>
76300 · Postage, Mailing Service													
76300-A · Postage, Mailing Service-A													
76300-D · Postage, Mailing Service-D													2,000.00
<b>Total 76300 · Postage, Mailing Service</b>													<b>2,000.00</b>
76500 · Telephone/Internet													
76500-A · Telephone/Internet-A													
76500-D · Telephone/Internet-D													5,328.00
<b>Total 76500 · Telephone/Internet</b>													<b>5,328.00</b>
<b>Total 76000 · OFFICE EXPENSE</b>													<b>11,038.00</b>
77000 · OFFICE SPACE EXPENSE													
77100 · Janitor & Cleaning													
77100-A · Janitor and Cleaning-A													
77100-D · Janitor & Cleaning-D													1,920.00
<b>Total 77100 · Janitor &amp; Cleaning</b>													<b>1,920.00</b>
77200 · Leasehold Improvement													
77200-A · Leasehold Improvement-A													
77200-D · Leasehold Improvement-D													0.00
<b>Total 77200 · Leasehold Improvement</b>													<b>0.00</b>
77300 · Office Rent													
77300-A · Office Rent-A													
77300-D · Office Rent-D													25,584.28
<b>Total 77300 · Office Rent</b>													<b>25,584.28</b>
77400 · Office Utilities													
77400-A · Office Utilities-A													
77400-D · Office Utilities-D													0.00
<b>Total 77400 · Office Utilities</b>													<b>0.00</b>
<b>Total 77000 · OFFICE SPACE EXPENSE</b>													<b>27,504.28</b>

Housing Resources Bainbridge  
2019 Budget Detail

													2019 Budget
<b>78000 · PRINTING AND COPYING</b>													
78410 · Annual Report -General Mgmt													500.00
78420 · Copy Maching Contract													
78420-A · Copy Machine Contract-A													
78420-D · Copy Machine Contract-D													840.00
<b>Total 78420 · Copy Maching Contract</b>													<b>840.00</b>
78430 · General printing & copying													
78430-A · General printing & copying-A													
78430-D · General printing & copying-D													2,500.00
<b>Total 78430 · General printing &amp; copying</b>													<b>2,500.00</b>
<b>Total 78000 · PRINTING AND COPYING</b>													<b>3,840.00</b>
<b>79000 · PROFESSIONAL SERVICES</b>													
79100 · Audit/Tax													
79100-A · Audit/Tax-A													
79100-D · Audit/Tax-D													25,000.00
<b>Total 79100 · Audit/Tax</b>													<b>25,000.00</b>
79300 · Legal													
79300-A · Legal-A													
79300-D · Legal-D													2,000.00
<b>Total 79300 · Legal</b>													<b>2,000.00</b>
<b>Total 79000 · PROFESSIONAL SERVICES</b>													<b>27,000.00</b>
80000 · Real Estate Taxes													7,000.00
<b>81000 · RENTAL ASSISTANCE PAYMENTS</b>													
81100 · HRB - to other Agencies													
81200 · IMPH Rental Assistance													
81300 · Teacher Rental Assistance													15,000.00
<b>Total 81000 · RENTAL ASSISTANCE PAYMENTS</b>													<b>15,000.00</b>
83000 · Supplies & Equipment													18,638.00
84000 · TRAVEL EXPENSE													
84100 · Airline/Shuttle/Taxi													
84100-A · Airlines/Shuttle/Taxi-A													



Housing Resources Bainbridge  
2019 Budget Detail

													2019 Budget
84100-D · Airline/Shuttle/Taxi-D													1,120.00
Total 84100 · Airline/Shuttle/Taxi													1,120.00
84200 · Ferry/Parking/Other													
84200-A · Ferry/Parking/Other-A													
84200-D · Ferry/Parking/Other-D													225.00
Total 84200 · Ferry/Parking/Other													225.00
84300 · Meals/Lodging													
84300-A · Meals/Lodging-A													
84300-D · Meals/Lodging-D													1,491.00
Total 84300 · Meals/Lodging													1,491.00
84400 · Mileage													
84400-A · Mileage-A													
84400-D · Mileage-D													2,500.00
Total 84400 · Mileage													2,500.00
Total 84000 · TRAVEL EXPENSE													5,336.00
85000 · UTILITIES - PROPERTIES													
85100 · Electricity													15,577.50
85150 · Propane													0.00
85200 · Sanitation													10,271.96
85300 · Sewer & Water													26,325.30
Total 85000 · UTILITIES - PROPERTIES													52,174.76
86000 · HRB RESERVE EXPENSE													
86100 · General/Admin Reserve													
86110 · Computers & Copiers Reserve													0.00
Total 86100 · General/Admin Reserve													
86200 · Properties Reserve													
86210 · Appliance & Fixtures Reserve													
86220 · Building Improvements Reserve													17,620.00
86230 · Maintenance Equipment Reserve													
Total 86200 · Properties Reserve													17,620.00
Total 86000 · HRB RESERVE EXPENSE													17,620.00



## Housing Resources Bainbridge

### COBI Human Services Funding Grant Proposal

#### Budget Comments

Major donors to Housing Resources Bainbridge in 2017 and 2018:

2017		
2017 (Homeless Housing Grant Program)	\$74,293	Provides rental assistance and case management to HRB residents
2017 CHDO(Wester View Terrace rehab)	\$80,206	Install new flooring, kitchen cabinets and ductless heat pumps at 8 units
COBI Human Services Funding	\$64,000	Homefinding Services & Independent Living Programs
Anonymous Donor 1(event match plus year end gift)	\$113,000	Unrestricted
Anonymous Donor 2	\$40,000	Unrestricted

2018		
2018 (Homeless Housing Grant Program)	\$77,644	Provides rental assistance and case management to HRB residents
COBI Human Services Funding	\$69,000	Homefinding Services & Independent Living Programs
Anonymous Donor 2	\$30,000	Unrestricted

- At this time HRB event has been scheduled for October 18, 2018. We anticipate Anonymous Donor 1 to contribute at that time.

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2016**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/form990).

**A For the 2016 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> Housing Resources Bainbridge Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO Box 11391 City or town, state or province, country, and ZIP or foreign postal code Bainbridge Island, WA 98110 <b>F Name and address of principal officer:</b> Phedra Elliott same as C above	<b>D Employer identification number</b> 95-0068013  <b>E Telephone number</b> 206-842-1909  <b>G Gross receipts \$</b> 3,773,874. <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ <a href="http://www.housingresourcesbi.org">www.housingresourcesbi.org</a>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1989 <b>M State of legal domicile:</b> WA

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>To develop, manage, and provide affordable housing on Bainbridge Island &amp; surrounding communities.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	13
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	13
<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	12
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	55
<b>7 a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7 b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	782,060.	838,193.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	405,263.	2,927,561.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,370.	5,254.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,642.	-1,228.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,237,335.	3,769,780.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	89,576.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
<b>16 a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	531,801.	493,927.
<b>16 b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 52,952.	0.	0.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	522,217.	3,578,145.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,054,018.	4,161,648.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	183,317.	-391,868.
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	7,928,497.	7,421,568.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	2,456,628.	2,341,567.
		5,471,869.	5,080,001.

**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.

<b>Sign Here</b>	Signature of officer Phedra Elliott, Executive Director Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Susan Reilly	Preparer's signature _____	Date 09/27/17	Check if self-employed <input type="checkbox"/>	PTIN P00531805
	Firm's name ▶ Watson & McDonell, PLLC Firm's address ▶ 1325 4th Avenue, Suite 1705 Seattle, WA 98101-2528	Firm's EIN ▶ 72-1607347	Phone no. 206-624-2380		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: To preserve the diversity and vitality of Bainbridge Island by providing and maintaining affordable housing opportunities in the community.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 786,520. including grants of \$ 89,576. ) (Revenue \$ 407,662. ) Housing Resources Bainbridge (HRB), a community land trust, provides education, support services, and low-income housing, including both rental and home ownership, to income qualified families on Bainbridge Island with some services in outlying areas. Approximately 640 individuals were assisted with rent subsidies, information/resources, emergency rental assistance, outreach services, and independent living services in 2016.

4b (Code: ) (Expenses \$ 3,253,547. including grants of \$ ) (Revenue \$ 2,519,899. ) In 2016, Housing Resources Bainbridge (HRB) completed Phase 2 of Ferncliff Village Townhomes, a 16-unit construction of 2 and 3 bedroom townhomes for home ownership adjacent to Phase 1. The units were all sold to low and moderate income households using the community land trust (CLT) model. A Community Land Trust (CLT) is a nonprofit organization that acquires land by purchase or donation, develops affordable housing on the land, and holds the land in trust to provide affordable housing for future generations. The CLT sells homes developed on the land at below market prices to qualified individuals and leases the land to the purchaser with a long-term, renewable lease. HRB staff attends the annual NW CLT Conference, the annual Housing Washington Conference, and the annual National CLT Conference to

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 4,040,067.

**Part IV Checklist of Required Schedules**

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Table with columns for question number, description, sub-column (e.g., 1a, 1b), and Yes/No columns. Contains questions 1a through 14b regarding IRS filings and tax compliance.



**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 13		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 13		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **WA**
- 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: **The Organization - 206-842-1909**  
**PO Box 11391, Bainbridge Island, WA 98110**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Mike Gorham Chair	8.00	X		X				0.	0.	0.
(2) Dave Carley Vice Chair	8.00	X		X				0.	0.	0.
(3) Margaret Celestino Secretary	8.00	X		X				0.	0.	0.
(4) David Browne Treasurer	8.00	X		X				0.	0.	0.
(5) Clive Pardy Director	8.00	X						0.	0.	0.
(6) Charles Wenzlau Director	8.00	X						0.	0.	0.
(7) Linda Lincoln Director	8.00	X						0.	0.	0.
(8) Jennifer Dixon Director	8.00	X						0.	0.	0.
(9) Don Heppenstall Director	8.00	X						0.	0.	0.
(10) Marisa Castaneda Director	8.00	X						0.	0.	0.
(11) Luis Rodriguez Director	8.00	X						0.	0.	0.
(12) Tara Scouten Director	8.00	X						0.	0.	0.
(13) Pamela Williams Director	8.00	X						0.	0.	0.
(14) Mark Blatter Executive Director	40.00			X				45,768.	0.	0.
(15) Phedra Elliott Executive Director	40.00			X				54,344.	0.	0.
(16) Whitney Rearick Executive Director	40.00			X				42,500.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b> .....							142,612.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							142,612.	0.	0.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b> 31,849.				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b> 110,813.				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 370,565.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 324,966.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	4,262.				
	<b>h Total.</b> Add lines 1a-1f .....	▶ 838,193.				
	Program Service Revenue	<b>2 a</b> Home Sales and Applica	Business Code 236000	2,519,899.	2,519,899.	
<b>b</b> Rental Income		531110	325,507.	325,507.		
<b>c</b> Management Fees		531390	66,055.	66,055.		
<b>d</b> CLT Land Use Dues & Ap		531110	16,100.	16,100.		
<b>e</b> .....						
<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		▶ 2,927,561.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶	5,254.		5,254.	
	<b>4</b> Income from investment of tax-exempt bond proceeds	▶				
	<b>5</b> Royalties .....	▶				
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....				
		<b>c</b> Gain or (loss) .....				
	<b>d</b> Net gain or (loss) .....	▶				
	<b>8 a</b> Gross income from fundraising events (not including \$ 110,813. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 1,575.				
		<b>b</b> Less: direct expenses .....	<b>b</b> 4,094.			
<b>c</b> Net income or (loss) from fundraising events .....		▶ -2,519.			-2,519.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....	▶				
Miscellaneous Revenue		Business Code				
<b>11 a</b> Other income	900099	1,291.			1,291.	
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....	▶ 1,291.				
<b>12 Total revenue.</b> See instructions. .....	▶ 3,769,780.	2,927,561.	0.	4,026.		

**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	21,161.	21,161.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	68,415.	68,415.		
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	142,612.	74,158.	42,771.	25,683.
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	271,388.	264,805.		6,583.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	37,194.	29,534.	5,146.	2,514.
10 Payroll taxes	42,733.	32,834.	7,398.	2,501.
11 Fees for services (non-employees):				
a Management				
b Legal	252.	252.		
c Accounting	25,000.	18,803.	3,500.	2,697.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	62,144.	57,575.	750.	3,819.
12 Advertising and promotion	3,223.	2,692.	127.	404.
13 Office expenses	17,937.	13,988.	1,515.	2,434.
14 Information technology	5,466.	4,723.	416.	327.
15 Royalties				
16 Occupancy	93,134.	86,620.	3,539.	2,975.
17 Travel	6,218.	6,183.	20.	15.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,201.	1,056.	95.	50.
20 Interest	38,152.	38,152.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	139,279.	138,314.	965.	
23 Insurance	16,145.	14,871.	1,274.	
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 <b>Cost of house sales</b>	3,078,493.	3,078,493.		
b <b>Impairment Loss</b>	48,379.	48,379.		
c <b>Condo Dues</b>	33,020.	33,020.		
d <b>Other</b>	7,284.	3,464.	1,113.	2,707.
e All other expenses	2,818.	2,575.		243.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>4,161,648.</b>	<b>4,040,067.</b>	<b>68,629.</b>	<b>52,952.</b>
26 <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	901,000.	<b>1</b>	630,204.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	93,625.	<b>3</b>	311,900.
	<b>4</b> Accounts receivable, net .....	12,765.	<b>4</b>	4,152.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....	6,975.	<b>5</b>	5,610.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	240,493.	<b>7</b>	235,783.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	5,356.	<b>9</b>	6,251.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 7,025,133.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,793,152.		
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	640,000.
	<b>14</b> Intangible assets .....	8,162.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 .....	1,301,636.	<b>15</b>	355,687.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	7,928,497.	<b>16</b>	7,421,568.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	36,075.	<b>17</b>	21,619.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,183.	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,050,585.	<b>23</b>	1,005,497.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	655,000.	<b>24</b>	1,237,363.
	<b>25</b> 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 .....	713,785.	<b>25</b>	77,088.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,456,628.	<b>26</b>	2,341,567.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	5,305,113.	<b>27</b>	5,035,498.
	<b>28</b> Temporarily restricted net assets .....	166,756.	<b>28</b>	44,503.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	5,471,869.	<b>33</b>	5,080,001.	
<b>34</b> Total liabilities and net assets/fund balances .....	7,928,497.	<b>34</b>	7,421,568.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,769,780.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,161,648.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-391,868.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	5,471,869.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	5,080,001.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
<b>b</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 _____	X	





**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	352,219.	382,640.	345,726.	782,060.	949,006.	2811651.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	352,219.	382,640.	345,726.	782,060.	949,006.	2811651.
<b>5</b> 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) .....						453,435.
<b>6 Public support.</b> Subtract line 5 from line 4.						2358216.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	352,219.	382,640.	345,726.	782,060.	949,006.	2811651.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	25,380.	26,723.	22,620.	12,961.	5,254.	92,938.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		71,000.	1,100.	1,174.	1,291.	74,565.
<b>11 Total support.</b> Add lines 7 through 10						2979154.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	6,722,924.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	79.16 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	66.00 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

<b>Section C - Distributable Amount</b>		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016 Open to Public Inspection

Name of the organization: Housing Resources Bainbridge; Employer identification number: 95-0068013

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 8/17/06), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures, and amounts for revenue and assets.



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Temporarily restricted endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,548,330.		2,548,330.
b Buildings		3,805,963.	1,638,761.	2,167,202.
c Leasehold improvements				
d Equipment		71,727.	57,839.	13,888.
e Other		599,113.	96,552.	502,561.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,231,981.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Properties Held For Sale	640,000.	Cost
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	640,000.	

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>Accrued Interest</b>	6,313.
(3) <b>Security Deposits</b>	16,048.
(4) <b>Homeowner reserves</b>	52,838.
(5) <b>Due to Islander Residence Assoc</b>	1,889.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	77,088.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	3,772,540.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	2,760.
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	2,760.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	3,769,780.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	3,769,780.

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

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

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	4,164,408.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	2,760.
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	2,760.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	4,161,648.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	4,161,648.

**Part XIII Supplemental Information.**

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

**Part X, Line 2:**

Housing Resources Bainbridge is exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code. It has been classified as an organization that is not a private foundation within the meaning of Section 509(a) because it is an organization of the type described in Section 170(b)(1)(A)(vi). HRB's income tax filings are subject to examination by various taxing authorities.

The Organization follows the provisions of uncertain tax positions as addressed in FASB Accounting Standards Codification Subtopic 740-10, Income Taxes. The Agency believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Rise and Shine (event type)		None (total number)	
Revenue	1	Gross receipts	112,388.		112,388.
	2	Less: Contributions	110,813.		110,813.
	3	Gross income (line 1 minus line 2)	1,575.		1,575.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	4,094.		4,094.
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-2,519.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_







**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization **Housing Resources Bainbridge** Employer identification number **95-0068013**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Teacher & Other Rental Assistance	33	68,415.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2016**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization: **Housing Resources Bainbridge**      Employer identification number: **95-0068013**

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

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

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

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

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

**Part II Loans to and/or From Interested Persons.**

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Jennifer Dixon	Board Me	Home pur		X	35,000.	5,610.		X	X		X	
<b>Total</b> .....						▶ \$	<b>5,610.</b>					

**Part III Grants or Assistance Benefiting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

See Part V for Continuations



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Housing Resources Bainbridge

Employer identification number

95-0068013

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	981.	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( Misc )	X	1	3,281.	FMV
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

29

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

Housing Resources Bainbridge

Employer identification number

95-0068013

Form 990, Part III, Line 4b, Program Service Accomplishments:

receive training, make connections, and get the latest information on  
the CLT model. HRB continues to look for other development  
opportunities to provide affordable housing on Bainbridge Island.

Form 990, Part VI, Section A, line 6:

Membership. There shall be three categories of Members of HRB, as follows:

(1) Tenant Resident Members; (2) Owner Resident Members; and (3) General  
Members.

(1) Annual membership dues for all members shall be as determined from time  
to time by the Board of Directors;

(2) Tenant Resident Members are defined as households residing in rental  
properties in which HRB has an ownership or management interest;

(3) Owner Resident Members are defined as households who have an ownership  
interest in a condominium or leasehold interest in land owned by HRB;

(4) General Members are defined as all persons, other than Tenant Resident  
Members or Owner Resident Members, who make an annual contribution to HRB  
in an amount not less than the annual membership dues set by the Board of  
Directors.

Form 990, Part VI, Section A, line 7a:

Elections of Directors by Tenant Resident Members and by Owner Resident  
Members shall occur at an annual meeting duly called, with a minimum of two  
weeks advance notice, for that purpose by the Board of Directors. A quorum  
for the meeting of Tenant Resident Members and for the meeting of Owner  
Resident Members shall be 50% plus one of each. In the absence of the

Name of the organization Housing Resources Bainbridge	Employer identification number 95-0068013
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minimum number of either Tenant Resident Members or Owner Resident Members or in the absence of a quorum at the meeting called for the purpose, then the Existing Board of Directors shall elect Directors meeting the requirements of this Article II, Sections 1 and 2.

Form 990, Part VI, Section B, line 11b:

The 990 is emailed to each board member for review and changes are made as needed.

Form 990, Part VI, Section B, Line 12c:

Annually, each board member and key employees are given the policy and asked to declare any potential conflict(s). New board members are asked to fill out a conflict of interest form at time of joining.

Form 990, Part VI, Section B, Line 15:

Only the Executive Director is evaluated this way. The Executive Committee evaluates the E.D. with full board & staff input. The Executive Committee then makes recommended compensation to the board annually at the anniversary of the ED's hire.

Form 990, Part VI, Section C, Line 19:

The organization makes governing documents, conflict of interest policy and financial statements available upon request.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization

Housing Resources Bainbridge

Employer identification number

95-0068013

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Winslow Terrace LLC - 20-4122753, P.O. Box 496, Bainbridge Island, WA 98110	Low-Income Housing	WA		Rental	-7.	7,406.		X	N/A	X		1.00%

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Winslow Terrace LLC	S	53,073.	
(2)			
(3)			
(4)			
(5)			
(6)			



Internal Revenue Service  
P.O. Box 2508  
Cincinnati, OH 45201

Department of the Treasury

RECEIVED  
DEC 10 2015

Date: December 3, 2015

Person to Contact:

Ms. Herald

BY: .....

ID #02-03115

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

95-0068013

Form 990 Required:

Yes

HOUSING RESOURCES BAINBRIDGE  
PO BOX 11391  
BAINBRIDGE IS WA 98110

Dear Sir or Madam:

This is in response to your request dated November 6, 2015, regarding your tax-exempt status.

We issued you a determination letter in October 1994, recognizing you as tax-exempt under Internal Revenue Code (IRC) 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

Sincerely yours,



Jeffrey I. Cooper  
Director, Exempt Organizations  
Rulings and Agreements