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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning****and ending****B Check if applicable**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type

See Specific Instructions

C Name of organization**BAINBRIDGE ISLAND ONE CALL FOR ALL**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

PO BOX 10487

Room/suite

City or town, state or country, and ZIP + 4

BAINBRIDGE ISLAND, WA 98110**F Name and address of principal officer: ELS HEYNE****PO BOX 10487, BAINBRIDGE ISLAND, WA 98110****D Employer identification number****91-0782393****E Telephone number****206-842-5449****G Gross receipts \$****932,864.****H(a) Is this a group return for affiliates?**☐ Yes ☒ No**H(b) Are all affiliates included?**☐ Yes ☐ No

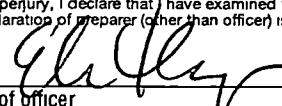
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I Tax-exempt status:** ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ **WWW.ONECALLFORALL.ORG****K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation** **1950****M State of legal domicile** **WA****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CHARITABLE FUND RAISER AND DISTRIBUTION TO CHARITIES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	974,969.	930,170.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,670.	2,694.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	980,639.	932,864.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	853,375.	826,419.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	26,400.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	68,484.	122,673.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	948,259.	949,092.
	19 Revenue less expenses. Subtract line 18 from line 12	32,380.	<16,228.>
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	895,962.	882,308.
	22 Net assets or fund balances. Subtract line 21 from line 20	801,337.	803,911.
		94,625.	78,397.

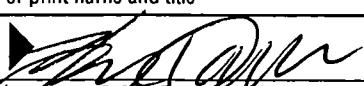
Part II Signature Block

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

Sign Here ▶  **Signature of officer** **5/7/10** **Date**

ELS HEYNE, TREASURER **Type or print name and title**

Paid Preparer's Use Only

Preparer's signature  **CPA** **Date** **4-20-10** **Check if self-employed** ☐ **Preparer's identifying number (see instructions)**

Firm's name (or yours if self-employed), address, and ZIP + 4 **MORROW KESSLER & DOWSING PLLC** **EIN** **1809 7TH AVENUE, SUITE 1300** **SEATTLE, WA 98101-1313** **Phone no** **(206) 624-7434**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

g16-17

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SCANNED JUN 02 2010

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

COLLECTS FUNDS FROM THE CITIZENS OF BAINBRIDGE ISLAND, WA BASED ON
THEIR PLEDGE CARDS AND THEN DISTRIBUTES THE CONTRIBUTIONS TO THE
DESIGNATED 501 C 3 CHARITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 826,419. including grants of \$) (Revenue \$)
COLLECTS FUNDS FROM THE CITIZENS OF BAINBRIDGE ISLAND, WA BASED ON
THEIR PLEDGE CARDS AND THEN DISTRIBUTES THE CONTRIBUTIONS TO THE
DESIGNATED 501 C 3 CHARITIES.

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

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

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

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

4e Total program service expenses \$ 826,419.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21; 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>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11	X
• 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>		
• 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>		
• 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>		
• 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>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12	X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	12A Yes No X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X

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Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O.

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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.

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **WA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
ELS HEYNE, TREASURER - 206-842-7939
1515 SKOGEN LANE NE BAINBRIDGE IS, WA 98110

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

• 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
BOB LINZ EXECUTIVE DIRECTOR	10.00	X						0.	0.	0.
TAMI MCDONALD DIRECTOR	1.00							0.	0.	0.
PAT MURRAY DIRECTOR	1.00							0.	0.	0.
KAYCIE WOOD DIRECTOR	1.00							0.	0.	0.
JON GREEN DIRECTOR	1.00							0.	0.	0.
BRIAN LAWLER DIRECTOR	1.00							0.	0.	0.
HOWARD BLOCK DIRECTOR	1.00							0.	0.	0.
MARINA COFER-WILDSMITH DIRECTOR	1.00							0.	0.	0.
LORI MIDTHUN DIRECTOR	1.00							0.	0.	0.
MARK LUND DIRECTOR	1.00							0.	0.	0.
GLADYS BLOEDOW DIRECTOR	1.00							0.	0.	0.
KOL MEDINA DIRECTOR	1.00							0.	0.	0.
BIZ DAILY DIRECTOR	1.00							0.	0.	0.
BRAD GREENE DIRECTOR	1.00							0.	0.	0.
ELS HEYNE DIRECTOR	1.00							0.	0.	0.
MARY MCCURDY DIRECTOR	1.00							0.	0.	0.

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	930,170.					
	g Noncash contributions included in lines 1a-1f \$							
	h Total. Add lines 1a-1f			930,170.				
Program Service Revenue			Business Code					
	2 a							
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,694.			2,694.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross Rents	(i) Real	(ii) Personal					
	b Less: rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
	b Less: cost or other basis and sales expenses							
	c Gain or (loss)							
	d Net gain or (loss)							
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
	b Less: direct expenses							
	c Net income or (loss) from fundraising events							
	9 a Gross income from gaming activities. See Part IV, line 19							
	b Less: direct expenses							
	c Net income or (loss) from gaming activities							
	10 a Gross sales of inventory, less returns and allowances							
	b Less: cost of goods sold							
	c Net income or (loss) from sales of inventory							
	Miscellaneous Revenue			Business Code				
	11 a							
b								
c								
d All other revenue								
e Total. Add lines 11a-11d								
12 Total revenue. See instructions				932,864.	0.	0.	2,694.	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	826,419.	826,419.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	3,023.		3,023.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	1,018.		1,018.	
14 Information technology				
15 Royalties				
16 Occupancy	3,330.		3,330.	
17 Travel	3,949.		3,949.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a EXECUTIVE DIRECTOR	26,400.		26,400.	
b INFORMATION TECHNOLOGY	22,627.		22,627.	
c ANNUAL REPORT COSTS	18,620.		18,620.	
d OUTSIDE CONTRACT SERVICE	8,993.		8,993.	
e CHARGE CARD FEES	8,370.		8,370.	
f All other expenses	26,343.		26,343.	
25 Total functional expenses. Add lines 1 through 24f	949,092.	826,419.	122,673.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	291,778.	1	824,421.
	2 Savings and temporary cash investments	536,299.	2	3,739.
	3 Pledges and grants receivable, net	67,885.	3	54,148.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		895,962.	16	882,308.
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable	801,337.	18	803,911.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		801,337.	26
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	31,625.	27	30,447.
	28 Temporarily restricted net assets	63,000.	28	47,950.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	94,625.	33	78,397.
	34 Total liabilities and net assets/fund balances	895,962.	34	882,308.

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

BAINBRIDGE ISLAND ONE CALL FOR ALL

Employer identification number

91-0782393

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

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

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

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

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

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

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

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

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

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

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐

(ii) A family member of a person described in (i) above? ☐

(iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

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

	Yes	No
11g(i)	<input type="checkbox"/>	<input type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	868,357.	884,366.	811,400.			2564123.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	868,357.	884,366.	811,400.			2564123.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						2564123.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	868,357.	884,366.	811,400.			2564123.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,180.	11,409.	3,377.			23,966.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						2588089.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.07	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.12	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part-I)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 ☐

Schedule A (Form 990 or 990-EZ) 2009

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

BAINBRIDGE ISLAND ONE CALL FOR ALL

Employer identification number

91-0782393

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

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

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

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 organization answered "Yes" to 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 XIV and complete the following table:

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 year end balance held as:

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0.

Schedule D (Form 990) 2009

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B), line 13.) ▶		

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)		▶

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02-01-10

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	932,864.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	949,092.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<16,228.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<16,228.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	932,864.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	932,864.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	932,864.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	949,092.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	949,092.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	949,092.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Name of the organization

BAINBRIDGE ISLAND ONE CALL FOR ALL

Employer identification number
91-0782393

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?

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed
	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE ATTACHED SEE ATTACHED			0.	0.			
SEE ATTACHED STATEMENT SEE ATTACHED STATEMENT			0.	0.			

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

BAINBRIDGE ISLAND ONE CALL FOR ALL

Employer identification number
91-0782393

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S TREASURER
REVIEWS THE 990 RETURN PRIOR TO SIGNING AND FILING THE RETURN.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S FINANCIAL
INFORMATION IS AVAILABLE ON ITS WEB PAGE AND UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: ALL CORPORATE DOCUMENTS, IE BY LAWS
AND ARTICLES ARE AVAILABLE AT THE ORGANIZATION'S OFFICE FOOR ANYONE WHO
WANTS TO READ THEM.

2:20 PM

05/07/10

Accrual Basis

One Call For All

Transaction Detail By Account

January through December 2009

Type	Date	Numb	Name	Memo	Class	Clr	Split	Amount	Balance
Check	1/14/2009	6408	274 Health, Housin	274	Agencies		AMB checking	4,606 00	466,429 00
Check	1/14/2009	6409	275 Kids Up!	275	Agencies		AMB checking	1,550 00	467,979 00
Check	1/14/2009	6410	276 Salish Sea Exp	276	Agencies		AMB checking	1,998 00	469,977 00
Check	1/14/2009	6411	279 Hare Raisers (4	279	Agencies		AMB checking	726 00	470,703 00
Check	1/14/2009	6412	280 Island Theatre	280	Agencies		AMB checking	1,476 00	472,179 00
Check	1/14/2009	6413	281 Bloedel Reserve	281	Agencies		AMB checking	5,230 00	477,409 00
Check	1/14/2009	6414	282 Island Music G	282	Agencies		AMB checking	3,315 00	480,724 00
Check	1/14/2009	6415	283 Ovation! Music	283	Agencies		AMB checking	2,280 00	483,004 00
Check	1/14/2009	6416	288 B.I. JAPANESE	288	Agencies		AMB checking	7,594 00	490,598 00
Check	1/14/2009	6417	289 Bainbridge Isla	289	Agencies		AMB checking	1,740 00	492,338 00
Check	1/14/2009	6418	290 The Furrytale F	290	Agencies		AMB checking	7,237 00	499,575 00
Check	1/14/2009	6419	291 Island Coopera	291	Agencies		AMB checking	1,560 00	501,135 00
Check	1/14/2009	6420	292 Islandwood	292	Agencies		AMB checking	11,026 00	512,161 00
Check	1/14/2009	6421	293 Kids Discovery	293	Agencies		AMB checking	3,039 00	515,200 00
Check	1/14/2009	6422	294 Natural Landsc	294	Agencies		AMB checking	3,277 00	518,477 00
Check	1/14/2009	6423	295 Rotary Club of	295	Agencies		AMB checking	2,032 00	520,509 00
Check	1/14/2009	6424	297 Virginia Mason	297	Agencies		AMB checking	978 00	521,487 00
Check	1/14/2009	6425	406 Children's Hos	406	Agencies		AMB checking	2,190 00	523,677 00
Check	1/14/2009	6426	408 Fred Hutchins	408	Agencies		AMB checking	1,671 00	525,348 00
Check	1/14/2009	6427	409 League of Wo...	409	Agencies		AMB checking	1,312 00	526,660 00
Check	1/14/2009	6428	411 Planned Parent	411	Agencies		AMB checking	6,562 00	533,222 00
Check	1/14/2009	6429	413 Dispute Resolu	413	Agencies		AMB checking	1,988 00	535,210 00
Check	1/14/2009	6430	414 Hospice of Kits	414	Agencies		AMB checking	11,536 00	546,746 00
Check	1/14/2009	6431	416 Kitsap Legal S	416	Agencies		AMB checking	1,924 00	548,670 00
Check	1/14/2009	6432	417 Crisis Clinic of t	417	Agencies		AMB checking	2,553 00	551,223 00
Check	1/14/2009	6433	418 Kitsap Humane	418	Agencies		AMB checking	4,698 00	555,921 00
Check	1/14/2009	6434	419 Kitsap Audubon	419	Agencies		AMB checking	781 00	556,702 00
Check	1/14/2009	6435	421 Camp Fire US	421	Agencies		AMB checking	8 00	556,710 00
Check	1/14/2009	6436	430 Martha & Mary	430	Agencies		AMB checking	1,303 00	558,013 00
Check	1/14/2009	6437	432 Habitat for Hu	432	Agencies		AMB checking	6,757 00	564,770 00
Check	1/14/2009	6438	433 Literacy Council	433	Agencies		AMB checking	2,759 00	567,529 00
Check	1/14/2009	6439	436 Chuckwagon S	436	Agencies		AMB checking	2,070 00	569,599 00
Check	1/14/2009	6440	438 Sound Works J	438	Agencies		AMB checking	980 00	570,579 00
Check	1/14/2009	6441	441 Washington Po	441	Agencies		AMB checking	222 00	570,801 00
Check	1/14/2009	6442	448 Kitsap Peninsul	448	Agencies		AMB checking	1,956 00	572,757 00
Check	8/25/2009	6506	201 Bainbridge Isla	201	Agencies		AMB checking	6,367 00	579,124 00
Check	8/25/2009	6507	202 Bainbridge Arts	202	Agencies		AMB checking	2,688 00	581,812 00
Check	8/25/2009	6508	203 Bainbridge Co	203	Agencies		AMB checking	6,528 00	588,340 00
Check	8/25/2009	6509	204 Bainbridge Isla	204	Agencies		AMB checking	2,594 00	590,934 00
Check	8/25/2009	6510	206 Bainbridge Isla	206	Agencies		AMB checking	7,738 00	598,672 00
Check	8/25/2009	6511	207 Bainbridge Isla	207	Agencies		AMB checking	4,335 00	603,007 00
Check	8/25/2009	6512	208 Bainbridge Pub	208	Agencies		AMB checking	18,345 00	621,352 00
Check	8/25/2009	6513	209 Bainbridge Stu	209	Agencies		AMB checking	2,489 00	623,841 00
Check	8/25/2009	6514	210 Bainbridge You	210	Agencies		AMB checking	8,362 00	632,203 00
Check	8/25/2009	6515	211 Bainbridge Isla	211	Agencies		AMB checking	6,909 00	639,112 00
Check	8/25/2009	6516	212 Helpline House	212	Agencies		AMB checking	37,783 00	676,895 00
Check	8/25/2009	6517	213 P A W S of Bai	213	Agencies		AMB checking	8,235 00	685,130 00
Check	8/25/2009	6518	215 Bainbridge-Om	215	Agencies		AMB checking	3,233 00	688,363 00
Check	8/25/2009	6519	216 Sustainable Bai	216	Agencies		AMB checking	3,061 00	691,424 00

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One Call For All

Transaction Detail By Account

January through December 2009

Agency Distribution

Type	Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
Check	1/14/2009	6360	201 Bainbridge Isla	201	Agencies .		AMB checking	12,518.00	12,518.00
Check	1/14/2009	6361	202 Bainbridge Arts...	202	Agencies .		AMB checking	17,878.00	17,878.00
Check	1/14/2009	6362	203 Bainbridge Co .	203	Agencies .		AMB checking	36,442.00	36,442.00
Check	1/14/2009	6363	204 Bainbridge Isla .	204	Agencies .		AMB checking	42,438.00	42,438.00
Check	1/14/2009	6364	206 Bainbridge Isla	206	Agencies .		AMB checking	58,198.00	58,198.00
Check	1/14/2009	6365	207 Bainbridge Isla	207	Agencies .		AMB checking	15,760.00	15,760.00
Check	1/14/2009	6366	208 Bainbridge Pub	208	Agencies .		AMB checking	7,472.00	7,472.00
Check	1/14/2009	6367	209 Bainbridge Stu	209	Agencies .		AMB checking	43,929.00	43,929.00
Check	1/14/2009	6368	210 Bainbridge You .	210	Agencies .		AMB checking	4,167.00	4,167.00
Check	1/14/2009	6369	211 Bainbridge Isla	211	Agencies .		AMB checking	19,525.00	19,525.00
Check	1/14/2009	6370	212 Helpline House	212	Agencies .		AMB checking	12,191.00	12,191.00
Check	1/14/2009	6371	213 P.A.W.S. of Bai	213	Agencies .		AMB checking	100,331.00	100,331.00
Check	1/14/2009	6372	215 Bainbridge-Om	215	Agencies .		AMB checking	16,037.00	16,037.00
Check	1/14/2009	6373	216 Sustainable Bai	216	Agencies .		AMB checking	5,421.00	5,421.00
Check	1/14/2009	6374	217 Bainbridge Isla .	217	Agencies .		AMB checking	6,858.00	6,858.00
Check	1/14/2009	6375	218 Bainbridge Isla .	218	Agencies .		AMB checking	24,994.00	24,994.00
Check	1/14/2009	6376	219 Housing Resou...	219	Agencies .		AMB checking	5,736.00	5,736.00
Check	1/14/2009	6377	220 Montessori Cou .	220	Agencies .		AMB checking	19,992.00	19,992.00
Check	1/14/2009	6378	221 Bainbridge Coo .	221	Agencies .		AMB checking	5,654.00	5,654.00
Check	1/14/2009	6379	225 Carden Countr	225	Agencies .		AMB checking	3,932.00	3,932.00
Check	1/14/2009	6380	226 Bainbridge Isla	226	Agencies .		AMB checking	2,012.00	2,012.00
Check	1/14/2009	6381	232 West Sound Wi	232	Agencies .		AMB checking	9,908.00	9,908.00
Check	1/14/2009	6382	234 Just Know Coal	234	Agencies .		AMB checking	12,032.00	12,032.00
Check	1/14/2009	6383	239 Bainbridge Isla	239	Agencies .		AMB checking	1,320.00	1,320.00
Check	1/14/2009	6384	240 Bainbridge Isl ...	240	Agencies .		AMB checking	1,256.00	1,256.00
Check	1/14/2009	6385	241 Bainbridge Isla	241	Agencies .		AMB checking	244.00	244.00
Check	1/14/2009	6386	242 Bainbridge Boo	242	Agencies .		AMB checking	1,716.00	1,716.00
Check	1/14/2009	6387	244 Battle Point Ast	244	Agencies .		AMB checking	677.00	677.00
Check	1/14/2009	6388	245 Bainbridge Isla	245	Agencies .		AMB checking	2,858.00	2,858.00
Check	1/14/2009	6389	247 Teen Talking Ci .	247	Agencies .		AMB checking	1,074.00	1,074.00
Check	1/14/2009	6390	248 Washington St .	248	Agencies .		AMB checking	2,385.00	2,385.00
Check	1/14/2009	6391	251 YWCA Alive-B	251	Agencies .		AMB checking	4,280.00	4,280.00
Check	1/14/2009	6392	252 Bainbridge Isla	252	Agencies .		AMB checking	9,830.00	9,830.00
Check	1/14/2009	6393	253 Bainbridge Isla	253	Agencies .		AMB checking	9,198.00	9,198.00
Check	1/14/2009	6394	254 Filipino-Amerc	254	Agencies .		AMB checking	8,208.00	8,208.00
Check	1/14/2009	6395	256 Interfaith Volun	256	Agencies .		AMB checking	2,788.00	2,788.00
Check	1/14/2009	6396	257 Marge Williams..	257	Agencies .		AMB checking	17,263.00	17,263.00
Check	1/14/2009	6397	258 Voyager Monte .	258	Agencies .		AMB checking	3,738.00	3,738.00
Check	1/14/2009	6398	260 Bainbridge Isla	260	Agencies .		AMB checking	4,962.00	4,962.00
Check	1/14/2009	6399	262 Madrona School	262	Agencies .		AMB checking	8,932.00	8,932.00
Check	1/14/2009	6400	263 Bainbridge Cho .	263	Agencies .		AMB checking	1,328.00	1,328.00
Check	1/14/2009	6401	264 Bainbridge Perf .	264	Agencies .		AMB checking	1,845.00	1,845.00
Check	1/14/2009	6402	265 Kilpack Schola.	265	Agencies .		AMB checking	7,168.00	7,168.00
Check	1/14/2009	6403	267 ABC Conservat	267	Agencies .		AMB checking	1,802.00	1,802.00
Check	1/14/2009	6404	269 Bainbridge Isla	269	Agencies .		AMB checking	2,181.00	2,181.00
Check	1/14/2009	6405	270 Bainbridge Isla .	270	Agencies .		AMB checking	2,348.00	2,348.00
Check	1/14/2009	6406	271 Camp Siberia	271	Agencies .		AMB checking	1,116.00	1,116.00
Check	1/14/2009	6407	272 Charles Monart .	272	Agencies .		AMB checking	3,535.00	3,535.00
							AMB checking	1,382.00	1,382.00

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Accrual Basis

One Call For All

Transaction Detail By Account

January through December 2009

Type	Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
Check	8/25/2009	6569	295 Rotary Club of .	295	Agencies		AMB checking	1,196.00	809,985.00
Check	8/25/2009	6570	297 Virginia Mason . .	297	Agencies		AMB checking	601.00	810,586.00
Check	8/25/2009	6571	406 Children's Hos . .	406	Agencies.		AMB checking	646.00	811,232.00
Check	8/25/2009	6572	408 Fred Hutchins..		Agencies		AMB checking	517.00	811,749.00
Check	8/25/2009	6573	409 League of Wo	409	Agencies		AMB checking	447.00	812,196.00
Check	8/25/2009	6574	411 Planned Parent..		Agencies		AMB checking	1,936.00	814,132.00
Check	8/25/2009	6575	413 Dispute Resolu		Agencies.		AMB checking	661.00	814,793.00
Check	8/25/2009	6576	414 Hospice of Kits	414	Agencies.		AMB checking	3,566.00	818,359.00
Check	8/25/2009	6577	416 Kitsap Legal S	416	Agencies.		AMB checking	555.00	818,914.00
Check	8/25/2009	6578	417 Crisis Clinic of t	417	Agencies		AMB checking	671.00	819,585.00
Check	8/25/2009	6579	418 Kitsap Humane	418	Agencies ..		AMB checking	1,446.00	821,031.00
Check	8/25/2009	6580	419 Kitsap Audubo		Agencies		AMB checking	270.00	821,301.00
Check	8/25/2009	6581	421 Camp Fire US		Agencies		AMB checking	2.00	821,303.00
Check	8/25/2009	6582	430 Martha & Mary		Agencies		AMB checking	325.00	821,628.00
Check	8/25/2009	6583	432 Habitat for Hu		Agencies		AMB checking	2,321.00	823,949.00
Check	8/25/2009	6584	433 Literacy Council.	433	Agencies		AMB checking	990.00	824,939.00
Check	8/25/2009	6585	436 Chuckwagon S	436	Agencies		AMB checking	622.00	825,561.00
Check	8/25/2009	6586	438 Sound Works J .		Agencies .		AMB checking	255.00	825,816.00
Check	8/25/2009	6587	441 Washington Po	441	Agencies		AMB checking	105.00	825,921.00
Check	8/25/2009	6588	448 Kitsap Peninsul	448	Agencies		AMB checking	498.00	826,419.00
Total Agency Distribution								826,419.00	826,419.00
TOTAL								826,419.00	826,419.00

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Accrual Basis

One Call For All

Transaction Detail By Account

January through December 2009

Type	Date	Num	Name	Memo	Class	Cir	Split	Amount	Balance
Check	8/25/2009	6520	217 Bainbridge Isla..	217	Agencies.		AMB checking	12,225 00	703,649 00
Check	8/25/2009	6521	218 Bainbridge Isla..	218	Agencies.		AMB checking	2,738 00	706,387 00
Check	8/25/2009	6522	219 Housing Resou	219	Agencies.		AMB checking	7,704 00	714,091 00
Check	8/25/2009	6523	220 Montessori Cou	220	Agencies...		AMB checking	2,193 00	716,284 00
Check	8/25/2009	6524	221 Bainbridge Coo	221	Agencies.		AMB checking	1,646 00	717,930 00
Check	8/25/2009	6525	225 Carden Countr	225	Agencies		AMB checking	712 00	718,642 00
Check	8/25/2009	6526	226 Bainbridge Isla	226	Agencies.		AMB checking	4,388 00	723,030 00
Check	8/25/2009	6527	232 West Sound Wi	232	Agencies.		AMB checking	6,104 00	729,134 00
Check	8/25/2009	6528	234 Just Know Coal	234	Agencies.		AMB checking	1,117 00	730,251 00
Check	8/25/2009	6529	239 Bainbridge Isla	239	Agencies		AMB checking	1,060 00	731,311 00
Check	8/25/2009	6530	240 Bainbridge Isl..		Agencies		AMB checking	120 00	731,431 00
Check	8/25/2009	6531	241 Bainbridge Isla	241	Agencies		AMB checking	1,221 00	732,652 00
Check	8/25/2009	6532	242 Bainbridge Boo	242	Agencies		AMB checking	398 00	733,050 00
Check	8/25/2009	6533	244 Battle Point Ast...	244	Agencies		AMB checking	1,532 00	734,582 00
Check	8/25/2009	6534	245 Bainbridge Isla..	245	Agencies		AMB checking	641 00	735,223 00
Check	8/25/2009	6535	247 Teen Talking Ci...	247	Agencies		AMB checking	1,188 00	736,411 00
Check	8/25/2009	6536	248 Washington St	248	Agencies..		AMB checking	2,253 00	738,664 00
Check	8/25/2009	6537	251 YWCA Alive-B.	251	Agencies..		AMB checking	4,906 00	743,570 00
Check	8/25/2009	6538	252 Bainbridge Isla	252	Agencies..		AMB checking	4,068 00	747,638 00
Check	8/25/2009	6539	253 Bainbridge Isla	253	Agencies.		AMB checking	4,726 00	752,364 00
Check	8/25/2009	6540	254 Filipino-Americ	254	Agencies..		AMB checking	1,170 00	753,534 00
Check	8/25/2009	6541	256 Interfaith Volun	256	Agencies.		AMB checking	7,716 00	761,250 00
Check	8/25/2009	6542	257 Marge Williams	257	Agencies.		AMB checking	1,870 00	763,120 00
Check	8/25/2009	6543	258 Voyager Monte	258	Agencies...		AMB checking	1,575 00	764,695 00
Check	8/25/2009	6544	260 Bainbridge Isla..	260	Agencies.		AMB checking	3,989 00	768,684 00
Check	8/25/2009	6545	262 Madrona School	262	Agencies.		AMB checking	820 00	769,504 00
Check	8/25/2009	6546	263 Bainbridge Cho	263	Agencies.		AMB checking	1,270 00	770,774 00
Check	8/25/2009	6547	264 Bainbridge Perf	264	Agencies.		AMB checking	3,374 00	774,148 00
Check	8/25/2009	6548	265 Kilpack Schola	265	Agencies.		AMB checking	771 00	774,919 00
Check	8/25/2009	6549	267 ABC Conservat	267	Agencies.		AMB checking	1,200 00	776,119 00
Check	8/25/2009	6550	269 Bainbridge Isla	269	Agencies.		AMB checking	1,325 00	777,444 00
Check	8/25/2009	6551	270 Bainbridge Isla	270	Agencies.		AMB checking	789 00	778,233 00
Check	8/25/2009	6552	271 Camp Siberia	271	Agencies		AMB checking	1,677 00	779,910 00
Check	8/25/2009	6553	272 Charles Moriart	272	Agencies.		AMB checking	688 00	780,598 00
Check	8/25/2009	6554	274 Health, Housin	274	Agencies		AMB checking	2,833 00	783,431 00
Check	8/25/2009	6555	275 Kids Up!	275	Agencies		AMB checking	843 00	784,274 00
Check	8/25/2009	6556	276 Salish Sea Exp	276	Agencies		AMB checking	1,015 00	785,289 00
Check	8/25/2009	6557	279 Hare Raisers (4...	279	Agencies.		AMB checking	455 00	785,744 00
Check	8/25/2009	6558	280 Island Theatre	280	Agencies.		AMB checking	774 00	786,518 00
Check	8/25/2009	6559	281 Bloedel Reserve	281	Agencies..		AMB checking	2,176 00	788,694 00
Check	8/25/2009	6560	282 Island Music G.	282	Agencies.		AMB checking	1,914 00	790,608 00
Check	8/25/2009	6561	283 Ovaton! Music	283	Agencies...		AMB checking	1,196 00	791,804 00
Check	8/25/2009	6562	288 B I JAPANES	288	Agencies.		AMB checking	3,827 00	795,631 00
Check	8/25/2009	6563	289 Bainbridge Isla.	289	Agencies		AMB checking	950 00	796,581 00
Check	8/25/2009	6564	290 The Furrytale F..	290	Agencies.		AMB checking	3,765 00	800,346 00
Check	8/25/2009	6565	291 Island Coopera..	291	Agencies.		AMB checking	1,092 00	801,438 00
Check	8/25/2009	6566	292 Islandwood	292	Agencies.		AMB checking	4,176 00	805,614 00
Check	8/25/2009	6567	293 Kids Discovery ..	293	Agencies..		AMB checking	1,536 00	807,150 00
Check	8/25/2009	6568	294 Natural Landsc	294	Agencies		AMB checking	1,639 00	808,789 00