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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

2010Open to Public
Inspection**A For the 2010 calendar year, or tax year beginning****and ending****B** Check if applicable

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

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: JOE WILYNSKI

PO BOX 10487, BAINBRIDGE ISLAND, WA 98110

D Employer identification number

91-0782393

E Telephone number

206-842-5449

G Gross receipts \$

959,247.

H(a) Is this a group returnfor 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) ☐ 501(c)() (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		Revenue		Expenses		Net Assets or Fund Balances	
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	15				
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15				
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0				
6	Total number of volunteers (estimate if necessary)	6	0				
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.				
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year				
9	Program service revenue (Part VIII, line 2g)	930,170.	958,236.				
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.				
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,694.	1,011.				
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	932,864.	959,247.				
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	826,419.	872,593.				
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.				
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
16b	Total fundraising expenses (Part IX, column (D), line 25)	0.					
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	122,673.	100,122.				
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	949,092.	972,715.				
19	Revenue less expenses. Subtract line 18 from line 12	<16,228.>	<13,468.>				
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year				
21	Total liabilities (Part X, line 26)	882,308.	903,867.				
22	Net assets or fund balances. Subtract line 21 from line 20	803,911.	838,940.				
		78,397.	64,927.				

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	JOE WILYNSKI, TREASURER <i>W. Joseph Wilynski</i>	9-20-11			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	HARVEY DORFSMAN	<i>Harvey Dorfsman</i>	9-9-11		
Firm's name	MORROW KESSLER & DOWNSING PLLC				
	Firm's EIN ▶				
Firm's address	1809 7TH AVENUE, SUITE 1300				
	SEATTLE, WA 98101-1313				
Phone no (206) 624-7434					

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

☒ Yes ☐ No

SCANNED OCT 18 2011

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9/16

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**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 \$ 872,593. 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 **872,593.**

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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a 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>	12a X	
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, XII, and XIII is optional</i>	12b	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, Parts I and IV</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, Parts II and IV</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, Parts III and IV</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
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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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 (or a family member thereof) 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)?	35	X
a 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>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X
b If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	

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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.

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	15	
1b Enter the number of voting members included in line 1a, above, who are independent	15	
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 governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant 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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b 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: **▶**
JOE WILCNSKI, TREASURER - 206-382-7722
PO BOX 10487, BAINBRIDGE ISLAND, WA 98110

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question 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 (describe hours for related organizations in Schedule O)	(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.
DONNA DAHLQUEST DIRECTOR	1.00							0.	0.	0.
PAT MURRAY DIRECTOR	1.00							0.	0.	0.
AMY CURRAN DIRECTOR	1.00							0.	0.	0.
JON GREEN DIRECTOR	1.00							0.	0.	0.
BRIAN LAWLER DIRECTOR	1.00							0.	0.	0.
KEITH HAUSCHULZ DIRECTOR	1.00							0.	0.	0.
JOE WILCYNSKI TREASURER	5.00							0.	0.	0.
LORI MIDTHUN DIRECTOR	1.00							0.	0.	0.
ERIC STEVENS DIRECTOR	1.00							0.	0.	0.
CINDY BELLAS 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.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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. **NONE**

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **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	958,236.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		958,236.				
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)			1,011.			1,011.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	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	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			959,247.	0.	0.	1,011.	

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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	872,593.	872,593.		
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				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	1,225.		1,225.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	591.		591.	
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. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a EXECUTIVE DIRECTOR	26,400.		26,400.	
b RAISE THE BAR EXPENSES	24,500.		24,500.	
c CHARGE CARD FEES	8,751.		8,751.	
d CAMPAIGN PRINTING	7,303.		7,303.	
e ANNUAL REPORT COSTS	5,287.		5,287.	
f All other expenses	26,065.		26,065.	
25 Total functional expenses. Add lines 1 through 24f	972,715.	872,593.	100,122.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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	824,421.	1	867,144.
	2 Savings and temporary cash investments	3,739.	2	7,054.
	3 Pledges and grants receivable, net	54,148.	3	29,669.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		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)	882,308.	16	903,867.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable	803,911.	18	838,940.
	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	803,911.	26	838,940.
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	30,447.	27	41,477.
	28 Temporarily restricted net assets	47,950.	28	23,450.
	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	78,397.	33	64,927.
	34 Total liabilities and net assets/fund balances	882,308.	34	903,867.

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	959,247.
2	Total expenses (must equal Part IX, column (A), line 25)	2	972,715.
3	Revenue less expenses Subtract line 2 from line 1	3	<13,468.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78,397.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	64,929.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 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 separate basis, consolidated 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		X
3a		X
3b		

Form 990 (2010)

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	884,366.	811,400.	9749969.	930,170.	971,636.	13347541.
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	884,366.	811,400.	9749969.	930,170.	971,636.	13347541.
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						13347541.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	884,366.	811,400.	9749969.	930,170.	971,636.	13347541.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,409.	3,377.	5,670.	2,694.	1,011.	24,161.
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						13371702.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.82 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.07 %
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f)) **15** %

16 Public support percentage from 2009 Schedule A, Part III, line 15 **16** %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) **17** %

18 Investment income percentage from 2009 Schedule A, Part III, line 17 **18** %

19a 33 1/3% support tests - 2010. 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 - 2009. 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 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

2010

**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 education)	<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, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) 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 (ASC 958) 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 the 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

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

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

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

Part VI 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) 2010

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under

2. FIN 48 (ASC 740)

032053
12-20-10

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	959,246.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	972,716.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<13,470.>
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	<13,470.>

1	Total revenue, gains, and other support per audited financial statements	1	959,246.
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	959,246.
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	959,246.

1	Total expenses and losses per audited financial statements	1	972,716.
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	972,716.
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	972,716.

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
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- 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 #	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. Part II can be duplicated if additional space is needed

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

Schedule I (Form 990) (2010)

Part III

[illegible]

Part IV

[illegible]

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.

OMB No 1545-0047

2010

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.

January Distribution Summary

Generated By:

Bob Linz

One Call for All

9/30/2011 2:13 PM

Filtered By:

Show: All organizations

Date Field: Created Date equals Custom (1/1/1900 to null)

Record Type equals Nonprofit

AND Agency Status equals Active,Pending Deactivation

Organization Name

January Distribution

ABC Conservation Education Foundation	\$3,008.93
Arms Around Bainbridge	\$5,197.39
Bainbridge Arts & Crafts	\$6,643.31
Bainbridge Chorale	\$2,496.00
Bainbridge Community Piano Association	-
Bainbridge Cooperative Nursery School	\$2,351.84
Bainbridge Island Ambulance Association	\$16,105.52
Bainbridge Island Arts and Humanities	\$7,193.53
Bainbridge Island Boys & Girls Club	\$12,653.42
Bainbridge Island Child Care Centers	\$3,467.45
Bainbridge Island Historical Museum	\$7,449.57
Bainbridge Island Japanese American Exclusion Memorial Assoc.	\$9,822.59
Bainbridge Island Kiwanis Foundation	\$1,232.00
Bainbridge Island Land Trust	\$22,594.20
Bainbridge Island Parks Foundation	\$7,769.68
Bainbridge Island Rowing	\$1,810.91
Bainbridge Island Senior Community Center	\$13,078.19
Bainbridge Island Special Needs Foundation	\$8,869.19
Bainbridge Island Sportsmen's Club	-

Bainbridge Island Volunteer Firefighters Association	\$19,444.03
Bainbridge Island Visually Impaired Persons Support Group	\$19,444.03
Bainbridge Island Youth Orchestra	\$2,309.83
Bainbridge Island Youth Soccer Club	\$1,390.80
Bainbridge Ometepe Sister Islands Association	\$5,354.08
Bainbridge Performing Arts	\$6,812.49
Bainbridge Public Library	\$46,137.70
Bainbridge Schools Foundation	\$15,805.94
Bainbridge Student Loan Fund	\$3,534.34
Bainbridge Youth Services	\$18,676.46
Battle Point Astronomical Association	\$2,036.69
Bloedel Reserve	\$4,363.67
Camp Fire USA Central Puget Sound Council	\$48.00
Carden Country School	\$1,912.64
Chuckwagon Senior Nutrition Program	\$2,420.80
Community Energy Solutions	\$2,137.27
Crisis Clinic of The Peninsulas	\$3,673.63
Dispute Resolution Center of Kitsap County	\$2,766.00
Elder and Adult Day Services	\$5,608.30
Filipino American Community of B.I. & Vicinity	\$2,644.80
Fred Hutchinson Cancer Research Center	\$4,916.61
Friends of the Farms	\$8,168.28
Habitat for Humanity of Kitsap County	\$8,735.67
Helpline House	\$99,523.95
Hope House of Bainbridge Island	\$6,362.49
Hospice of Kitsap County	\$15,053.54
Housing Resources Board	\$15,492.39
Interfaith Volunteer Caregivers of Bainbridge Island	\$21,207.52
Island Cooperative Preschool	\$1,902.63
Island Music Center (IMC)	\$3,938.14
Island Theatre	\$2,120.00
Islandwood	\$9,046.93
Just Know Coalition	\$1,330.40
Kids Discovery Museum	\$3,456.91

Kids in Concert Kids Up!	\$2,431.92
Killpack Scholarship Fund	\$916.80
Kitsap Audubon Society	\$1,768.00
Kitsap Legal Services	\$1,377.27
League of Women Voters Education Fund	\$859.00
Literacy Council of Kitsap County	\$2,615.94
Madrona School	\$1,568.38
Marge Williams Office Center	\$3,094.40
Martha & Mary	\$844.00
Montessori Country School	\$2,996.37
One Call for All	\$24,147.63
Ovation! Musical Theatre Bainbridge	\$2,247.22
P.A.W.S. of Bainbridge	\$17,631.55
Peacock Family Services	\$3,133.88
Peninsula Community Health Services	\$3,632.00
Planned Parenthood of Western Washington	\$5,754.13
Puget Sound Restoration Fund	-
Rotary Club of Bainbridge Island Scholarship Foundation	\$2,745.39
Salish Sea Expeditions	\$2,269.64
Sound Works Job Center	\$1,576.00
Sustainable Bainbridge	\$5,511.90
Teen Talking Circles	\$2,922.40
The Educulture Project at Global Source	\$1,580.67
The Island School	\$2,592.85
Undesignated	-
Virginia Mason Winslow Clinic	\$645.27
Voyager Montessori Elementary School	\$1,067.80
Washington State Smile Partners (WSSP)	\$3,149.94
West Sound Wildlife Shelter	\$17,690.03
YWCA Alive-Bainbridge Island Domestic Violence Program	\$7,507.30
Grand Totals (84 records)	\$607,592.75

August Distribution - Undesignateds

Generated By:

Bob Linz

One Call for All

9/30/2011 2:34 PM

Filtered By:

Date Field: Close Date equals Custom (9/1/2010 to 8/31/2011)

Show: All donations

Donation Status: Any

Probability: All

((1 AND (2 OR 3) AND 4)) AND 5

1. Completed equals True

2. Organization: Legacy Agency Number less than 300

3. Organization: Legacy Agency Number equals 511

4. Organization: Receives Undesignated Funds equals True

5. Organization: Agency Status equals Active,Pending Deactivation

August Distribution

**Organization: Organization Name: ABC Conservation Education
Foundation (58 records)**

\$1,207.05

**Organization: Organization Name: Arms Around Bainbridge (83
records)**

\$1,927.28

**Organization: Organization Name: Bainbridge Arts & Crafts (130
records)**

\$2,951.01

Organization: Organization Name: Bainbridge Chorale (68 records)

\$1,382.06

**Organization: Organization Name: Bainbridge Cooperative Nursery
School (42 records)**

\$961.84

Organization: Organization Name: Bainbridge Island Ambulance Association (280 records)	\$7,514.73
Organization: Organization Name: Bainbridge Island Arts and Humanities (142 records)	\$3,165.96
Organization: Organization Name: Bainbridge Island Boys & Girls Club (192 records)	\$5,107.16
Organization: Organization Name: Bainbridge Island Child Care Centers (76 records)	\$2,056.02
Organization: Organization Name: Bainbridge Island Historical Museum (223 records)	\$3,885.00
Organization: Organization Name: Bainbridge Island Japanese American Exclusion Memorial Assoc. (174 records)	\$4,485.11
Organization: Organization Name: Bainbridge Island Kiwanis Foundation (35 records)	\$564.36
Organization: Organization Name: Bainbridge Island Land Trust (374 records)	\$10,461.40
Organization: Organization Name: Bainbridge Island Parks Foundation (194 records)	\$3,918.37
Organization: Organization Name: Bainbridge Island Rowing (38 records)	\$791.06
Organization: Organization Name: Bainbridge Island Senior Community Center (308 records)	\$6,663.49
Organization: Organization Name: Bainbridge Island Special Needs	

Foundation (166 records)	\$4,101.16
Organization: Organization Name: Bainbridge Island Visually Impaired Persons Support Group (68 records)	\$1,389.17
Organization: Organization Name: Bainbridge Island Volunteer Firefighters Association (318 records)	\$9,000.69
Organization: Organization Name: Bainbridge Island Youth Orchestra (59 records)	\$1,039.60
Organization: Organization Name: Bainbridge Island Youth Soccer Club (38 records)	\$886.03
Organization: Organization Name: Bainbridge Ometepe Sister Islands Association (145 records)	\$3,070.57
Organization: Organization Name: Bainbridge Performing Arts (169 records)	\$4,654.96
Organization: Organization Name: Bainbridge Public Library (670 records)	\$19,924.58
Organization: Organization Name: Bainbridge Schools Foundation (191 records)	\$6,615.46
Organization: Organization Name: Bainbridge Student Loan Fund (69 records)	\$1,470.22
Organization: Organization Name: Bainbridge Youth Services (266 records)	\$8,239.18
Organization: Organization Name: Battle Point Astronomical Association (72 records)	

Organization: Organization Name: Bloedel Reserve (103 records)	\$1,297.78
	\$2,195.34
Organization: Organization Name: Carden Country School (15 records)	\$648.03
Organization: Organization Name: Community Energy Solutions (51 records)	\$1,272.87
Organization: Organization Name: Elder and Adult Day Services (135 records)	\$2,553.87
Organization: Organization Name: Filipino American Community of B.I. & Vicinity (35 records)	\$922.56
Organization: Organization Name: Friends of the Farms (167 records)	\$4,588.76
Organization: Organization Name: Helpline House (784 records)	\$41,615.63
Organization: Organization Name: Hope House of Bainbridge Island (85 records)	\$2,753.36
Organization: Organization Name: Housing Resources Board (186 records)	\$6,047.95
Organization: Organization Name: Interfaith Volunteer Caregivers of Bainbridge Island (297 records)	\$10,579.00
Organization: Organization Name: Island Cooperative Preschool (39 records)	\$766.31
Organization: Organization Name: Island Music Center (IMC) (92 records)	

Organization: Organization Name: Island Theatre (50 records)	\$1,996.63
Organization: Organization Name: Islandwood (109 records)	\$1,096.22
Organization: Organization Name: Just Know Coalition (40 records)	\$3,830.10
Organization: Organization Name: Kids Discovery Museum (58 records)	\$659.58
Organization: Organization Name: Kids Up! (42 records)	\$1,549.05
Organization: Organization Name: Killpack Scholarship Fund (25 records)	\$915.61
Organization: Organization Name: Madrona School (31 records)	\$422.31
Organization: Organization Name: Marge Williams Office Center (87 records)	\$679.16
Organization: Organization Name: Montessori Country School (55 records)	\$1,739.33
Organization: Organization Name: One Call for All (593 records)	\$1,236.94
Organization: Organization Name: Ovation! Musical Theatre Bainbridge (66 records)	\$21,823.28
Organization: Organization Name: P.A.W.S. of Bainbridge (339 records)	\$1,157.23
Organization: Organization Name: Peacock Family Services (46 records)	\$8,678.39
	\$1,155.65

Organization: Organization Name: Rotary Club of Bainbridge Island Scholarship Foundation (54 records)	\$1,181.87
Organization: Organization Name: Salish Sea Expeditions (56 records)	\$1,117.58
Organization: Organization Name: Sustainable Bainbridge (134 records)	\$3,469.46
Organization: Organization Name: Teen Talking Circles (65 records)	\$2,031.09
Organization: Organization Name: The Educulture Project at Global Source (37 records)	\$776.18
Organization: Organization Name: The Island School (40 records)	\$5,239.94
Organization: Organization Name: Virginia Mason Winslow Clinic (34 records)	\$495.35
Organization: Organization Name: Voyager Montessori Elementary School (22 records)	\$453.09
Organization: Organization Name: Washington State Smile Partners (WSSP) (87 records)	\$1,773.87
Organization: Organization Name: West Sound Wildlife Shelter (253 records)	\$7,841.85
Organization: Organization Name: YWCA Alive-Bainbridge Island Domestic Violence Program (183 records)	\$5,019.21
Grand Totals (9,143 records)	\$269,013.95

2010 OCFA Board

Hares/yr.

Brian Lawler - President
15022 Henderson Rd. NE
Bainbridge Island, WA 98110
(w) 206.464.1000
(h) 206-842.2313
lawler5@aol.com

100+

Biz Dailey Allen - Immediate Past President
11574 Meadowmeer Cir. NE
Bainbridge Island, WA 98110
(w) 206-780-8348
(cell) 206-595-7150
Biz@DaileyCompany.com

20

Joe Wilczynski, CPA - Treasurer 2nd year
11193 Meadow Lark Ln. N.E.
Bainbridge Island, WA. 98110
(w) 206-382-9100
(cell) 206-455-0258
jwilczynski@azworld.com
wjosephw@msn.com

100+

Jon Green - Liaison Committee Chair - 3rd year
10403 Seaborn Rd.
Bainbridge Island, WA 98110
(h) 206-780-8878
(cell) 206- 334-5053
greenbass@aol.com

150+

HOURS/YEAR

Cindy Bellas - 2nd year

1233 Cherry Ave NE
Bainbridge Island, WA 98110
(h) 206-780-1774
(cell) 206-579-6023
Cindy@anthem-grant.com

20

Amy Curran - 2nd year

928 Nakata Avenue NW
Bainbridge Island, WA 98110
(h) 206-780-6907
Amymcurran66@aol.com

50+

Donna Dahlquist - 2nd year

350 Nicholson PL NW ,
Bainbridge Island, WA. 98110
(h) 206- 780-6705
(Cell) 206-841-6705
(w) 206-842-7621
Donnado@gmail.com

100+

Keith Hauschulz - 2nd year

c/o Windermere Real Estate/BI
840 Madison Avenue North
Bainbridge Island, WA 98110
(w) 206-780-7690
(cell) 206-920-7802
Keith@windermere.com

100+

HOURS/YEAR

Eric Stevens - 2nd year

9910 Sands Road

Bainbridge Island, WA. 98110

(h) 206-855-8482

(c) 206-949-1886

(w) 206-842-7631

ericstevensconsulting@gmail.com

50

Kaycie Wood - 2nd year

5151 NE Beach St.

Bainbridge Island, WA 98110

(w) 206- 842-4441

(h) 206-842-2315

IVC1@bainbridge.net

20

Katherine (KI) Kilcher, New, 1st year

10899 Olallie Ln NE

Bainbridge Is 98110

(h) 206-842-1089

kikilcher@gmail.com

40

Robin Simons - New, 1st year

7505 NE Coyote Farm Lane

Bainbridge Island, WA 98110

206-780-4353

r.a.simons@msn.com.a

10

Stephen Streufert - new, 1st year

1895 Parkview Drive

Bainbridge Island 98110

(h) 206-780-3416

(w) 206-902-8555

Stephen.streufert@gmail.com

30

HOURS/YEAR

Tom Weed, New, 1st year

11306 Larix Place NE

Bainbridge Is 98110

(h) 206-842-0445

(w) 206-774-5243

Tom.weed@pikeplacemarket.org

50

Bruce White - New, 1st year

124 Jacolet Lane

Bainbridge Is 98110

206-201-3469

djslbw@comcast.net

70

Jackie Wood, New 1st year

207 Parfitt Way SW, Suite 1B

Bainbridge Island, WA 98110

(w) 206-842-3625 (telephone)

(h) 206-842-0903

jackie@jwoodlaw.com

20