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Short Form

OMB No 1545-1150

DLN: 93492216000080

2009

Department of the Treasury Internal Revenue Service

Form 990-EZ

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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Open to Public

				organization may have to use a c	_ · ·			urements	5.	iispectioii
		applicable	ear, or	tax year beginning 01-01-200 C Name of organization	9 ,	and ending 1	2-31-2009 I	D Emple	ver iden	itification number
		change Ple	ease se IRS	BAINBRIDGE ISLAND PARKS FOUN	NDATION			•	•	icincación number
	ame ch	nange lal	bel or	Number and street (or P O box,	ıf maıl ıs not del	vered to street	address) Room/suite		55049 one numb	ner
_	nitial ret	turn ty	rint or pe.	PO BOX 11127				5,6911		
	ermınat	ted Se	ee Decific	City or town, state or country, an	nd 7ID ± 1			F.C.:		42-2306
		return In	struc-	BAINBRIDGE ISLAND, WA 98110	IU ZIP + 4			F Group Numbe	Exemptio er 🕨	n ►
I A	pplicatio	on pending tic	ons.							
♦ Se	ection			ns and 4947(a)(1) nonexem mpleted Schedule A (Form 9			G Accounting me Other (specify		Cash	Accrual
		■ N/A					H Check ► V	ıfthe	organiza	ition
		••• <u>NA</u>		ne)— 501(c)(3) ◀(insert no)		\ or F 537	is not requir	ed to atta	ach	
		_	-							EZ, or 990-PF)
				s not a section 509(a)(3) sup n 990 return is not required, b			-		•	
				etermine gross receipts, if \$500,000				► \$		25,470
Pa	art I	Revenue, E	Expen	nses, and Changes in No	et Assets o	r Fund Ba	lances (See the i	nstructio	ns for P	art I)
	1	Contributions, g	gıfts, gr	rants, and similar amounts rec	ceived .				1	25,459
	2	Program service	e rever	nue including government fees	and contract				2	0
	3	Membership due	es and	assessments					3	0
	4	Investment inc	ome					. [4	11
	5a	Gross amount fi	rom sa	le of assets other than invento	ory		5a			
<u>a</u>	ь	Less cost or ot	ther ba	sis and sales expenses .			5b	0		
ē	l c	Gain or (loss) fr	om sal	le of assets other than invento	ory (Subtract I	ne 5b from li	ne 5a)		5c	0
Revenue	6	Special events check here	and ac	tivities (complete applicable p	parts of Sched	ule G) Ifany	amount is from ga	ming,		
	a	Gross revenue ((not inc	cluding \$ _of contributions						
		reported on line	1)				6a	o		
	Ь	Less direct exp	penses	other than fundraising expens	ses		6b	0		
		•		rom special events and activit		line 6b from l		_	6c	0
	7a	•	•	ory, less returns and allowance	•		7a	·	-	
	Ι.	Less cost of go						0		
	b			rom sales of inventory (Subtra		n lina 7a)	7b		7.	0
	C	·		• •	act lille 70 iloi	ii iiile 7 a)		∵	7c	
	8	Other revenue (•		o				8	25 470
	9			es 1, 2, 3, 4, 5c, 6c, 7c, and 8		• •	<u> •</u>	-	9	25,470
	10			ounts paid (attach schedule) (T29			·	10	6,000
	11	Benefits paid to						•	11	
	12	Salaries, other o	compe	nsation, and employee benefit	:s			·	12	
S S	13	Professional fee	es and	other payments to independer	nt contractors			·	13	540
Expenses	14		•	ties, and maintenance .				·	14	1,160
Ξ Ξ	15	Printing, publica	ations,	postage, and shipping .					15	132
	16	Other expenses	s (desc	ribe 🚩 💯)	16	19,204
	17					<u> </u>		▶	17	27,036
B	18	Excess or (defic	cıt) for	the year (Subtract line 17 froi	m line 9) .				18	-1,566
Stets	19	Net assets or fu	und bal	ances at beginning of year (fro	om line 27, co	lumn (A)) (mı	ust agree with			
NetA		end-of-year figu	ure repo	orted on prior year's return)				.	19	22,275
ž	20	Other changes	ın net a	assets or fund balances (attac	ch explanation)			20	
	21	Net assets or fu	und bal	ances at end of year Combine	e lines 18 thro	ugh 20 .		•	21	20,709
Pa	rt III			—If Total assets on line 25, c			or more, file Form	990 inst		
					(-, -, -, -		, ,			
		((See th	ne instructions for Part II)		(A) Beginning of ye	ar	(B) E	nd of year
22	Cash	, savings, and inv	vestme	ents			22,	275 22		20,709
23	Land	and buildings						23		
24	Other	r assets (descrıb	e 🟲)		24		
25	Total	assets					22,	275 25		20,709
26	Total	liabilities (descr	ıbe 🟲 _)		26		
27	Net a	ssets or fund bal	lances ((line 27 of column (B) must ag	ree with line 2	(1)	22,	275 27	I	20,709

Part IIII Statement of Prog	ram Service Acc	<mark>omplishments</mark> (Se	e the instructions fo	or Part III)	Expenses
What is the organization's primary ex See Statement attached	cempt purpose?				(Required for section 50: (c)(3) and 501(c)(4)
Describe what was achieved in carry describe the services provided, the r program title	- organizations and soction				
28 See Additional Data Table					
(Grants \$)	If this amount includ	les foreign grants, che	eck here	. ▶┌	28a
29					
(Grants \$)	If this amount includ	les foreign grants, che	eck here	. ▶┌	29a
30					
(Grants \$)	If this amount includ	les foreign grants, che	eck here	. ▶┌	30a
31 O ther program services (attach s (Grants \$)	•	 les foreign grants, che	 eck here	. ▶ ⊏	31a
32 Total program service expenses (a					32 25,20
Part IV List of Officers, Directo			e even ıf not comp	ensated (See the ins	
(a) Name and address	(b) Title and hours per devoted to	week (If n		(d) Contributions nployee benefit pl leferred compensa	lans & account and

Ρ	а	a	e	3
•	ч	9	_	_

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Νo
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
	Did the organization file Form 1120-POL for this year?	37b		No
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		No
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 , section 4912 , section 4955			
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40Ь		No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νo
41	List the states with which a copy of this return is filed WA			
42a	The organization's books are in care of 🕨 JENNIFER SHARP	(20	6)780	-9633
	8300 NEMEADOWMEER DRIVE Located at BAINBRIDGE ISLAND, WA ZIP + 4	▶ 98	3110	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V .	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		Νο
	If "Yes," enter the name of the foreign country 🕨			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ Г
44	Did the organization maintain any depart advised funds? If "Voc." Form 600 must be completed instead of		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44		N.
45				No
	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		No
		O	OO ET	1/2000

Form 990-I	EZ (2009)							Page 4
Part VI	Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the	nizations and section	1 4947(a)(1) nonexe	-			-	stions
46 Did tl	he organization engage in direct	or indirect political can	npaign activities on beh	nalf of or in opp	osition to		Yes	No
cand	ıdates for public office? If "Yes,"	complete Schedule C,	Part I			46		No
47 Did tl	he organization engage in lobbyii	ng activities? If "Yes,"	complete Schedule C,	Part II		47		No
48 Is the	e organization a school describe	d ın section 170(b)(1)(A)(II)? If "Yes," complet	e Schedule E		48		No
49a Did tl	he organization make any transfe	ers to an exempt non-c	harıtable related organı	zation?		49a		No
b If"Ye	es," was the related organization	a section 527 organiza	ation?			49b		
	plete this table for the organization							
` '	and address of each employee Id more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensatio	n employee	tributions to benefit plans & compensation	ac) Expe count a rallowa	and
NONE								
51 Compoficor	al number of other employees pa plete this table for the organization mpensation from the organization ame and address of each indepe	on's five highest compe n Ifthere is none, ente	r "None "		each received n		an \$10 ompen	
NONE	ame and address of each indepe	ndent contractor pard in	iore than \$100,000	(B) 1 y p (e or service	(6) 0	ompen	sacion
51(d) Tot	al number of other independent c	ontractors each receiv	ıng over \$100,000 .					
Please	Under penalties of perjury, I declare t and belief, it is true, correct, and com							
Sign	****** Signature of officer			2010- Date	08-04			
Here	JENNIFER SHARP TREASURER Type or print name and title							
Paid Preparer's	Preparer's signature ERIC R CEDERWALL EA	`	2010-08-04	Check if self-empolyed	Preparer's identify (See instructions)		nber	
. IENAIELS	Firms / /	DWALL EA						
•	Firm's name (or yours if self-employed),				EIN 🕨			
Use Only	if self-employed), address, and ZIP + 4 547 HORIZO	RWALL EA DN VIEW PL NW E ISLAND, WA 98110			EIN ▶ Phone no ▶ (20	06) 780-	1148	

Employer identification number

SCHEDULE A Public

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

BAINBRIDGE ISLAND PARKS FOUNDATION

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

		91-1855049			
Pa	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instruc	tions		
The	rganı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)			
1	\sqcap	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).			
2	\sqcap	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)			
3	\sqcap	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A) hospital's name, city, and state	(iii). Ente	r the	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental uni	t describe	_ ed in	
	_	section 170(b)(1)(A)(iv). (Complete Part II)			
6	<u> </u>	A federal, state, or local government or governmental unit described in section $170(b)(1)(A)(v)$.			
7	<u>~</u>	An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi) (Complete Part II)	e general	public	
8	\sqcap	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)			
9	\sqcap	An organization that normally receives (1) more than 331/3% of its support from contributions, membersh	ıp fees, aı	nd gro	SS
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more tha	n 331/3%	of	
		its support from gross investment income and unrelated business taxable income (less section 511 tax) fr			
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)			
10	Γ	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).			
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carr one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sective 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		a)(3).	Check
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more d other than foundation managers and other than one or more publicly supported organizations described in s 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 su check this box	pporting o	rganız	ation,
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)		Yes	No
		and (III) below, the governing body of the the supported organization?	11g(i)		
		(ii) a family member of a person described in (i) above?	11g(ii)		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		
h		Provide the following information about the supported organization(s)			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?	
		instructions))	Yes	No	Yes	No	Yes	No		
Total										

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	u checked the	box on line 5, 7	7, or 8 of Part I	.)		
S	ection A. Public Support						
Cal	endar 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")	94,381	L 75,771	. 66,175	64,702	25,4	59 326,488
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	94,381	75,771	. 66,175	64,702	25,4!	59 326,488
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						
6	(f) Public Support. Subtract line 5 from						
0	line 4						326,488
S	ection B. Total Support						
Cal	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) ⊤otal
7	In) A mounts from line 4	94,381	14	66,175	64,702	25,45	326,488
8	Gross income from interest,	3.,001		33,1.3	3.7.52	20,10	320,100
•	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	6	14	19	148	1	198
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						326,686
12	Gross receipts from related activities	es, etc (See insti	ructions)			12	
13	First Five Years If the Form 990 is f check this box and stop here	or the organization	on's first, second	. thırd, fourth, or fı	fth tax year as a		inization, ▶
S	ection C. Computation of Pub						
14	Public Support Percentage for 2009	•		11 column (f))		14	99 940 %
15	Public Support Percentage for 2008	Schedule A, Par	t II, line 14			15	99 930 %
	33 1/3% support test—2009. If the and stop here. The organization qua 33 1/3% support test—2008. If the	lıfıes as a publıcl	y supported orga	nızatıon		,	►
17a	box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organizatin Part IV how the organization mee	-2009. If the orga non meets the "fa	inization did not o icts and circumst	heck a box on lin ances" test, chec	k this box and st	op here. Explai	orted
b	organization 10%-facts-and-circumstances test— 15 is 10% or more, and if the organ Explain in Part IV how the organizat supported organization	ızatıon meets the	facts and circu	mstances" test, c	heck this box and	stop here.	►l cly ►
18	Private Foundation If the organizati	on dıd not check	a box on line 13,	16a, 16b, 17a or	17b, check this	box and see	₽ ,

P	Support Schedule for (Complete only if you				(a)(2)		
Se	ection A. Public Support	cricerca are i	30X 011 III1C 3 01	raic 1. j			
	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	ın) Gıfts, grants, contributions, and						
-	membership fees received (Do not						
	ınclude 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
b	A mounts 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						
	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
ŭ	from line 6)						
Se	ction B. Total Support	•					
Cale	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2003	(b) 2000	(6) 2007	(4) 2000	(6) 2003	(i) i otai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
С	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	r the organization	on's first second	third fourth or	fifth tax vear as a	501(c)(3) organ	l Nzation
	check this box and stop here	organizativ	2 3t, 3ccond	, 2, 10 41 111, 01	can your as c	(0)(0) organ	▶ □
	ection C. Computation of Bubl	ic Support P	arcentage				
15	ection C. Computation of Public Public Support Percentage for 2009			13 column (f))		15	0 %
16	Public support percentage from 200			.,,			
10	. asia support percentage nom 2000	Julicuale A, F	a.c.11, mic 15			16	
Se	ection D. Computation of Inve	stment Inco	me Percenta				
17	Investment income percentage for 2				ı (f))	17	0 %
18	Investment income percentage from	•		-			U 70
	•		•			18	11
19a	33 1/3% support tests—2009. If the more than 33 1/3%, check this box a					tnan 33 1/3% and	ı iine 1/ is not
					,		

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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 91-1855049

Name: BAINBRIDGE ISLAND PARKS FOUNDATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

	d in carrying out the organization's exempt purposes. In a clear and concise es provided, the number of persons benefited, and other relevant information	501(Expenses uired for 501(c)(3) and c)(4) organizations and '(a)(1) trusts; optional for others.)
	O COMPLETE STEAM ROOM AT COMMUNITY POOL		8,342
(Grants \$ 4,000)	If this amount includes foreign grants, check here 🕨 🦵	28a	
29 BAINBRIDGE ISLAND S SAILBOATS	SAILING PROGRAM- FUNDING IS FOR THE PURCHASE OF TRAILERS FOR		3,650
(Grants \$)	If this amount includes foreign grants, check here 🕨 🦵	29a	
30 Transmitter Building pro It is estimated that 2000 p	ject Fixup of old building to make it usable for Park District classes & programs eople will benefit		8,694
(Grants \$)	If this amount includes foreign grants, check here 🕨 🦵	30a	
SEE STATEMENT	To the common to		4,518
(Grants \$ 2,000)	If this amount includes foreign grants, check here 🕨 🦵		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
AMY CURRAN 928 NAKATA AVENUE NE BAINBRIDGE ISLAND, WA 98110	PRESIDENT 2 00	0		
CHUCK FIELD 3215 POINT WHITE DR NE BAINBRIDGE ISLAND,WA 98110	VICE PRESIDENT 2 00	0		
DAVID WILLIAMS 10715 NE ARROW POINT DR BAINBRIDGE ISLAND,WA 98110	SECRETARY 2 00	0		
JOHN PAYNE 8164 NE MEADOWMEER DR BAINBRIDGE ISLAND, WA 98110	BOARD MEMBER 2 00	0		
SUSAN BURRIS 4650 CRYSTAL SPRINGS DR NE BAINBRIDGE ISLAND,WA 98110	AT LARGE 2 00	0		
MARY FEARY 4704 NE TOLO RD BAINBRIDGE ISLAND, WA 98110	AT LARGE 2 00	0		
JENNIFER SHARP 8300 MEADO WMEER RD BAINBRIDGE IS, WA 98110	TREASURER 2 00	0		
STEPHANIE HILLIER 4770 CRYSTAL SPRINGS DR BI WA 98110 BAINBRIDGE ISLAND, WA 98110	AT LARGE 2 00	0		
BERNADETTE STEPHEN-MCRAE 5408 DIAMOND DR NE BAINBRIDGE ISLAND, WA 98110	AT LARGE 2 00	0		
JEAN WELSH PO BOX 1427 KINGSTON, WA 98383	AT LARGE 2 00	0		

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: BAINBRIDGE ISLAND PARKS FOUNDATION

EIN: 91-1855049

Item No.	1
Class of Activity	RELATED
Donee's Name	BAINBRIDGE METRO PARKS DISTRICT
Donee's Address	STRAWBERRY HILL BAINBRIDGE ISLAND, WA 98110
Amount (FMV)	6,000
Purpose of Payment to Affiliate	FINISH CONSTRUCTION ON STREAM ROOM-\$4,000; GYMNASTICS PROGRAM \$2,000
Relationship	BAINBRIDGE PARK DISTRICT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

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TY 2009 Other Expenses Schedule

Name: BAINBRIDGE ISLAND PARKS FOUNDATION

EIN: 91-1855049

Description	Amount
PROJECT DEVELOPMENT/CONSTRUCTION COSTS	19,204