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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
ISLANDWOOD

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4450 BLAKELY AVENUE NE

City or town, state or country, and ZIP + 4
BAINBRIDGE ISLAND, WA 981102257

D Employer identification number
31-1654076

E Telephone number
(206) 855-4300

G Gross receipts $ 18,460,188

F Name and address of principal officer
BEN KLASKY
4450 BLAKELY AVENUE NE
BAINBRIDGE ISLAND, WA 981102257

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW ISLANDWOOD ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1999

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE EXCEPTIONAL LEARNING EXPERIENCES & INSPIRE LIFELONG ENVIRONMENTAL & COMMUNITY STEWARDSHIP

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of employees (Part V, line 2a)	5	172
6	Total number of volunteers (estimate if necessary)	6	132
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	3,785,078	1,970,928
9	Program service revenue (Part VIII, line 2g)	2,813,917	3,038,344
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,541,657	775,645
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-90,937	-78,372
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,966,401	5,706,545
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	282,175	284,696
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,432,825	3,377,866
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 705,436		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,944,500	3,010,885
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,659,500	6,673,447
19	Revenue less expenses Subtract line 18 from line 12	-1,693,099	-966,902
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	54,409,370	53,859,861
21	Total liabilities (Part X, line 26)	1,169,596	704,636
22	Net assets or fund balances Subtract line 21 from line 20	53,239,774	53,155,225

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

****** | 2011-05-10
Signature of officer | Date

BEN KLASKY EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Sara Elizabeth J Hyre	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4: Clark Nuber PS, 10900 NE 4th Street Suite 1700, Bellevue, WA 98004			EIN ▶
			Phone no ▶ (425) 454-4919

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE PRIMARY GOAL IS TO HELP CHILDREN & ADULTS DEVELOP A COMMITMENT TO LIFELONG LEARNING AND ENVIRONMENTAL AND COMMUNITY STEWARDSHIP THROUGH HANDS-ON LEARNING EXPERIENCES COMBINING SCIENCE, TECHNOLOGY, & THE ARTS AT ISLANDWOOD'S 255-ACRE OUTDOOR LEARNING CENTER

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 $ 4,937,292 including grants of $ 284,696) (Revenue $ 3,046,305)

ISLANDWOOD'S PROGRAM SERVICES CONSIST OF THE FOLLOWING INTEGRATED COMPONENTS ISLANDWOOD CONDUCTS A 4-DAY, 3-NIGHT RESIDENTIAL SCHOOL PROGRAM WHERE 4TH - 6TH GRADE STUDENTS PARTICIPATE IN OUTDOOR FIELD STUDY PROJECTS AND COLLABORATE WITH VISITING ARTISTS AND SCIENTISTS ISLANDWOOD ALSO WORKS WITH SCHOOLS PRIOR TO AND FOLLOWING THEIR STUDENTS' VISIT TO ISLANDWOOD BY ASSISTING TEACHERS AND STUDENTS IN CREATING WAYS TO INCORPORATE NEWLY ACQUIRED SKILLS THROUGH STUDENT-DESIGNED COMMUNITY PROJECTS WE SERVED OVER 3,500 STUDENTS FROM 77 SCHOOLS IN THE PUGET SOUND REGION DURING THE FISCAL YEAR 2009 - 10 IN THE SCHOOL OVERNIGHT AND SCHOOL PARTNERSHIP PROGRAMS FIFTY-FIVE PERCENT OF THESE SCHOOLS RECEIVED FINANCIAL ASSISTANCE PROVIDED BY DONATIONS TO OUR SCHOLARSHIP ENDOWMENT AND ANNUAL FUND ISLANDWOOD ALSO PROVIDED DAY PROGRAMS FOR CHILDREN FROM KINDERGARTEN THROUGH 6TH GRADE OVER 400 CHILDREN ATTENDED THESE PROGRAMS GRADUATE STUDIES ARE OFFERED IN PARTNERSHIP WITH THE UNIVERSITY OF WASHINGTON AND CITY UNIVERSITY AS A RESIDENTIAL OR COMMUTING STUDENT PROGRAM IT PROVIDES EDUCATIONAL OPPORTUNITIES FOR CURRENT AND FUTURE EDUCATORS TO PURSUE STUDIES LEADING TOWARD TEACHER CERTIFICATION AND GRADUATE DEGREES IN EDUCATION TWENTY-NINE GRADUATE STUDENTS WORKED CLOSELY WITH ISLANDWOOD FACULTY AS THEY ALTERNATED BETWEEN ACADEMIC STUDY AND TEACHING THE STUDENTS IN ISLANDWOOD'S SCHOOL OVERNIGHT PROGRAM A VARIETY OF DAY AND OVERNIGHT SUMMER PROGRAMS FOR CHILDREN AND FAMILIES WERE OFFERED THIS PAST YEAR AT ISLANDWOOD APPROXIMATELY 650 CHILDREN PARTICIPATED IN THESE PROGRAMS IN ADDITION, ISLANDWOOD HELD SEVERAL COMMUNITY EVENING LECTURES, SEASONAL FESTIVALS AND PARTNERSHIPS WITH OTHER CULTURAL ORGANIZATIONS THAT PROVIDED AN OPPORTUNITY FOR LOCAL COMMUNITY ACCESS TO THE ISLANDWOOD SITE NEARLY ONE THOUSAND PEOPLE HAVE ATTENDED THESE EVENTS DURING THE YEAR THE ISLANDWOOD FACILITIES, STAFF AND EXPERTISE WAS ALSO PROVIDED TO UNIVERSITIES, SCHOOLS, GOVERNMENTAL AGENCIES, TEACHER ORGANIZATIONS AND OTHER NON-PROFITS, ART AND SCIENCE ORGANIZATIONS APPROXIMATELY 110 GROUPS THAT SHARE A SIMILAR COMMITMENT TO EDUCATION, LIFE-LONG LEARNING AND ENVIRONMENTAL STEWARDSHIP ATTENDED CONFERENCES DURING THE 2009 - 10 FISCAL YEAR

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** ▶ $ 4,937,292

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
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? *If "Yes," complete Schedule L, Part II*	**26**		No
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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ISLANDWOOD

Employer identification number
31-1654076

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain THE POLICY IS PUBLISHED IN THE SEATTLE REGIONAL NEWSPAPER AND ON EVERY BROCHURE ISLANDWOOD PUBLISHES	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		No
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	Yes	

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
ISLANDWOOD

Employer identification number
31-1654076

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 DINNER IN THE WOODS (event type)	(b) Event #2 CIRCLE OF FRIENDS (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	711,760	44,294		756,054
	2 Less Charitable contributions	589,681	36,854		626,535
	3 Gross income (line 1 minus line 2)	122,079	7,440		129,519
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	144,008			144,008
	7 Food and beverages	12,926			12,926
	8 Entertainment	4,950			4,950
	9 Other direct expenses	106,224	11,120		117,344
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				279,228
	11 Net income summary Combine lines 3, column d, and line 10 ▶				-149,709

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ISLANDWOOD

Employer identification number
31-1654076

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 23

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
AWARD FOR EDUCATIONAL EXCELLENCE	1	5,000		N/A	N/A
SUMMER CAMP SCHOLARSHIPS	19	4,390		N/A	N/A
GRADUATE PROGRAM SCHOLARSHIPS	3	13,000		N/A	N/A

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 ISLANDWOOD GIVES GRANTS IN THE FORM OF SCHOLARSHIPS TO SCHOOLS THAT ATTEND OUR SCHOOL OVERNIGHT PROGRAM NEED IS DETERMINED BY PARTICIPATION IN THE FREE AND REDUCED LUNCH PROGRAM AT EACH SCHOOL ISLANDWOOD MONITORS THESE PARTICIPATION PERCENTAGES FOR THE FREE AND REDUCED LUNCH PROGRAM ON THE SUPERINTENDANT OF PUBLIC INSTRUCTION'S WEBSITE

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ISLANDWOOD

Employer identification number
31-1654076

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	5	501,538	COST/SELLING PRICE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (AUCTION ITEMS)	X	55	96,769	COST/SELLING PRICE
26	Other ▶ (EQUIPMENT)	X	10	9,322	COST/SELLING PRICE
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	THE NUMBER OF STOCK DONATIONS REPRESENTS THE TOTAL NUMBER OF DONORS THE NUMBER OF AUCTION ITEMS AND EDUCATIONAL EQUIPMENT REFLECTS TOTAL NUMBER OF ITEMS RECEIVED
Third Party Use	Part I, Line 32b	A THIRD PARTY INVESTMENT BROKER IS USED TO SELL CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES

Additional Data

Software ID:
Software Version:
EIN: 31-1654076
Name: ISLANDWOOD

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ISLANDWOOD

Employer identification number
31-1654076

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE ACCOUNTING MANAGER AND THE DIRECTOR OF FINANCE REVIEW THE FORM 990 IN DETAIL IT IS THEN PRESENTED TO THE FINANCE COMMITTEE FOR DISCUSSION PURPOSES AFTERWARDS, A COPY OF THE RETURN IS PROVIDED TO THE ENTIRE BOARD PRIOR TO FILING THE TAX RETURN WITH THE INTERNAL REVENUE SERVICE

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		EVERY YEAR THE BOARD MEMBERS ARE REQUIRED TO SIGN A NEW CONFLICT OF INTEREST DISCLOSURE FORM THE RESPONSES ARE REVIEWED BY THE DIRECTOR OF FINANCE TO DETERMINE IF A CONFLICT EXISTS IF A CONFLICT DOES ARISE, APPROPRIATE ACTION IS TAKEN

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE EXECUTIVE DIRECTOR PERFORMS A REVIEW OF EACH DIRECTOR EVERY YEAR THE SALARIES OF THE DIRECTORS ARE APPROVED BY THE BOARD IN THE BUDGETING PROCESS THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD IN ADDITION, THE ORGANIZATION CONSULTS ANNUALLY WITH AN INDEPENDENT CONSULTANT TO COMPARE THE COMPENSATION OF ALL THE DIRECTORS TO THE MARKET

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		ALL DOCUMENTS ARE MAINTAINED AT THE ORGANIZATION'S MAIN LOCATION AND ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
FORM 990, PART I, LINE 6		ISLANDWOOD VOLUNTEERS LEAD DOCENT TOURS, REGISTER GUESTS AT COMMUNITY EVENTS, WORK IN THE GARDEN AND ASSIST WITH SPECIAL FUNDRAISING AND ADMINISTRATIVE PROJECTS ISLANDWOOD HAS 24 VOLUNTEER BOARD MEMBERS

Additional Data

Software ID:
Software Version:
EIN: 31-1654076
Name: ISLANDWOOD

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS MADSEN PRESIDENT	2 00	X		X				0	0	0
MARTHA KONGSGAARD SECRETARY	2 00	X		X				0	0	0
EDWARD THOMAS TREASURER	2 00	X		X				0	0	0
MARY ARMSTRONG BOARD MEMBER	2 00	X						0	0	0
STEVE ARNOLD BOARD MEMBER	2 00	X						0	0	0
DEBBI BRAINERD BOARD MEMBER	2 00	X						0	0	0
KEN BUNTING BOARD MEMBER	2 00	X						0	0	0
KIM ACKERLY-CLEWORTH BOARD MEMBER	2 00	X						0	0	0
TY CRAMER BOARD MEMBER	2 00	X						0	0	0
BILL FRITSCH BOARD MEMBER	2 00	X						0	0	0
BOB KARR BOARD MEMBER	2 00	X						0	0	0
NORMA KLORFINE BOARD MEMBER	2 00	X						0	0	0
KATHIE LINDEMANN BOARD MEMBER	2 00	X						0	0	0
BETH MORGAN BOARD MEMBER	2 00	X						0	0	0
PHIL ROCKEFELLER BOARD MEMBER	2 00	X						0	0	0
CARLA SANTORNO BOARD MEMBER	2 00	X						0	0	0
K JAMES SCHUITEMAKER BOARD MEMBER	2 00	X						0	0	0
AL SMITH BOARD MEMBER	2 00	X						0	0	0
JON SNARE BOARD MEMBER	2 00	X						0	0	0
DALE SPERLING BOARD MEMBER	2 00	X						0	0	0
PAULA STAFFORD BOARD MEMBER	2 00	X						0	0	0
DWIGHT SUTTON BOARD MEMBER	2 00	X						0	0	0
JOHN WARNER BOARD MEMBER	2 00	X						0	0	0
PAT WASLEY BOARD MEMBER	2 00	X						0	0	0
HOWARD WOLLNER BOARD MEMBER	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN DEVINE BOARD MEMBER	2 00	X						0	0	0
HERMAN MCKINNEY BOARD MEMBER	2 00	X						0	0	0
BEN KLASKY EXECUTIVE DIRECTOR	40 00			X				101,760	0	28,586
LAURIE MILLER DIRECTOR OF FINANCE	40 00			X				85,606	0	9,684

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
EDUC CONFERENCE FEES	611,600	1,345,236	1,345,236		
TUITION-OVERNIGHT	611,600	920,611	920,611		
GRADUATE PROGRAM	611,600	508,166	508,166		
EDUCATION PROGRAM FEES	611,600	197,856	197,856		
TEACHER CONFERENCE	611,600	60,710	60,710		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
FOOD	337,191	335,532		1,659
MAINTENANCE & REPAIRS	253,427	192,354	50,329	10,744
GRADUATE PROGRAM FEES	114,565	114,565		
CAPITAL CAMPAIGN EXP	88,089			88,089
EVENT FUNDRAISING EXP	84,361			84,361

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 31-1654076
Name: ISLANDWOOD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
ADAMS ELEMENTARY6110 28TH AVE NW SEATTLE,WA 98117	91-6001541	GOVERNMENT	5,120		N/A	N/A	SCHOOL OVERNIGHT PROGRAM SCHOLARSHIP
ARMIN JAHR ELEMENTARY 800 DIBB ST BREMERTON,WA 98310	91-6001656	GOVERNMENT	10,400		N/A	N/A	SCHOOL OVERNIGHT PROGRAM SCHOLARSHIP
BAILEY GATZERT ELEMENTARY1301 E YESLER WAY SEATTLE,WA 98122	91-6001541	GOVERNMENT	12,998		N/A	N/A	SCHOOL OVERNIGHT PROGRAM SCHOLARSHIP
CONCORD ELEMENTARY 723 S CONCORD STREET SEATTLE,WA 98108	91-6001541	GOVERNMENT	6,608		N/A	N/A	SCHOOL OVERNIGHT PROGRAM SCHOLARSHIP
CROWN HILL ELEMENTARY 1500 ROCKY PT RD BREMERTON,WA 98312	91-6001656	GOVERNMENT	6,030		N/A	N/A	SCHOOL OVERNIGHT PROGRAM SCHOLARSHIP
DEARBORN PARK ELEMENTARY2820 S ORCAS ST SEATTLE,WA 98108	91-6001541	GOVERNMENT	8,330		N/A	N/A	SCHOOL OVERNIGHT PROGRAM SCHOLARSHIP
DUNLAP ELEMENTARY 4525 S CLOVERDALE ST SEATTLE,WA 98118	91-6001541	GOVERNMENT	12,705		N/A	N/A	SCHOOL OVERNIGHT PROGRAM SCHOLARSHIP
EAST PORT ORCHARD ELEMENTARY1964 HOOVER AVE SE PORT ORCHARD,WA 98366	91-6001633	GOVERNMENT	6,600		N/A	N/A	SCHOOL OVERNIGHT PROGRAM SCHOLARSHIP
GREENWOOD ELEMENTARY 144 NW 80TH ST SEATTLE,WA 98117	91-6001541	GOVERNMENT	8,500		N/A	N/A	SCHOOL OVERNIGHT PROGRAM SCHOLARSHIP
HAWTHORNE ELEMENTARY 4100 39TH AVE S SEATTLE,WA 98118	91-6001541	GOVERNMENT	5,120		N/A	N/A	SCHOOL OVERNIGHT PROGRAM SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HORIZON ELEMENTARY 222 W CASINO ROAD EVERETT, WA 98204	91-6018853	GOVERNMENT	12,070		N/A	N/A	SCHOOL OVERNIGHT PROGRAM SCHOLARSHIP
JOHN MUIR ELEMENTARY 3301 S HORTON ST SEATTLE, WA 98144	91-6001541	GOVERNMENT	14,700		N/A	N/A	SCHOOL OVERNIGHT PROGRAM SCHOLARSHIP
KIMBALL ELEMENTARY 3200 23RD AVE S SEATTLE, WA 98144	91-6001541	GOVERNMENT	7,700		N/A	N/A	SCHOOL OVERNIGHT PROGRAM SCHOLARSHIP
LYNNWOOD ELEMENTARY 18638 44TH AVE W LYNNWOOD, WA 98037	91-6001871	GOVERNMENT	6,600		N/A	N/A	SCHOOL OVERNIGHT PROGRAM SCHOLARSHIP
MADRONNA K-8 SCHOOL 1121 33 AVE SEATTLE, WA 98122	91-6001541	GOVERNMENT	6,560		N/A	N/A	SCHOOL OVERNIGHT PROGRAM SCHOLARSHIP
NORTHGATE ELEMENTARY 11725 1ST AVE SEATTLE, WA 98125	91-6001541	GOVERNMENT	8,410		N/A	N/A	SCHOOL OVERNIGHT PROGRAM SCHOLARSHIP
PINECREST ELEMENTARY 5530 NE PINE RD BREMERTON, WA 98311	91-6006768	GOVERNMENT	5,440		N/A	N/A	SCHOOL OVERNIGHT PROGRAM SCHOLARSHIP
ROXHILL ELEMENTARY 9430 30TH AVE SW SEATTLE, WA 98126	91-6001541	GOVERNMENT	5,115		N/A	N/A	SCHOOL OVERNIGHT PROGRAM SCHOLARSHIP
SACAJAWEA ELEMENTARY 9501 20TH AVE NE SEATTLE, WA 98115	91-6001541	GOVERNMENT	6,060		N/A	N/A	SCHOOL OVERNIGHT PROGRAM SCHOLARSHIP
SHERIDAN ELEMENTARY 5317 MCKINLEY AVE TACOMA, WA 98404	91-6001553	GOVERNMENT	9,000		N/A	N/A	SCHOOL OVERNIGHT PROGRAM SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
SUQUAMISH ELEMENTARY 18950 PARK AVE S SUQUAMISH, WA 98392	91-0754974	GOVERNMENT	6,930		N/A	N/A	SCHOOL OVERNIGHT PROGRAM SCHOLARSHIP
VIEW RIDGE ELEMENTARY 7047 50TH AVE NE SEATTLE, WA 98115	91-6001541	GOVERNMENT	8,100		N/A	N/A	SCHOOL OVERNIGHT PROGRAM SCHOLARSHIP
WEST SEATTLE ELEMENTARY6760 34TH AVE SW SEATTLE, WA 98126	91-6001541	GOVERNMENT	13,992		N/A	N/A	SCHOOL OVERNIGHT PROGRAM SCHOLARSHIP