EXTENDED TO NOVEMBER 16, 2020
Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

For	cale	endar year 2019 or tax year beginning		, and ending		
Na	ame :	of foundation	·		A Employer identification	number
~	<u>[S</u> I	LANDS FUND		, j		
_(:70	JOHN MUNN		•	91-1663838	
Nu	mber	and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	,
	301	19 DUPORTAIL ST		240	206-931-66	04 /
Cı	ty or	town, state or province, country, and ZIP or foreign	postal code	J	C If exemption application is p	ending, check here
F	RIC	CHLAND, WA 99352				
G	Chec	k all that apply: Initial return	Initial return of a	former public charity	D 1 Foreign organizations	s, check here . \blacktriangleright
		Final return	Amended return			
		X Address change	Name change		2. Foreign organizations me check here and attach co	eting the 85% test, mputation
Н	Chec	k type of organization. X Section 501(c)(3) e	xempt private foundation	04	 E If private foundation sta	tus was terminated
	s	ection 4947(a)(1) nonexempt charitable trust	Other taxable private found	lation U	under section 507(b)(1)	
1 F	aır m	narket value of all assets at end of year J Account	ting method. X Cash	Accrual	F If the foundation is in a	· <i>''</i>
(1	rom	Part II, col. (c), line 16)	Other (specify)		under section 507(b)(1)	
_	\$	292,065,503. (Part I, colu	mn (d), must be on cash ba	sis.)		(
P	ärt	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received	18,337,840.	STATE OF THE STATE	NATES TABLES TO A	2462742600
	2	Check I if the foundation is not required Quattach Sch B		CHIMALLAND		
	3	Interest on savings and temporary				
	4	Dividends and interest from securities	6,763,354.	6,763,354.		STATEMENT 1
	5	a Gross rents				
	ļı	Net rental income or (loss)		现象的现在分类的	amanayas ya mini	
	6	Net gain or (loss) from sale of assets not on line 10	20,972,699.	ALTERNATIVE SE		SETTING THE PROPERTY.
Ē	ı	Gross sales price for all 126,156,215.		探视器制度	TOTAL SAME AND A	
Š	7	Capital gain net income (from Part IV, line 2)		20,972,699.	CARALDES TODATE	JEREN/EN
ã	8	Net short-term capital gain	A SPECIAL CONTRACT	NAMES OF THE PARTY.	N/A	N-X
	9	Income modifications	PARCE NATIONS		9	N STATE OF
	10a	Gross sales less returns and allowances		Season Strang	是他是2000年12月	10V1 9 2020 4 P
	Ι.	Less Cost of goods sold	MARKET STATE	and the second		S STATE OF THE STA
	0	Gross profit or (loss)				SOCIAL SILES
	11	Other income				CECH UT
	12	Total Add lines 1 through 11	46,073,893.	27,736,053.	0.	
	13	Compensation of officers, directors, trustees, etc	50,000.	0.	0.	50,000.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
es	16a	Legal fees				
pense	ь	Accounting fees STMT 2	22,387.	11,193.	0.	11,194.
	C	Other professional fees STMT 3	1,128,110.	1,020,110.	0.	108,000.
ē	17	Interest		**	J 34	
Administrative Ex	18	Taxes STMT_4_	361,949.	111,949.	0.	0.
istr	19	Depreciation and depletion		•		
Ē	20	Occupancy				
Ad	21	Travel, conferences, and meetings	2,219.	0.	0.	2,219.
and	22	Printing and publications				· · · · · · · · · · · · · · · · · · ·
a	23	Other expenses STMT 5	56.	0.	0.	56.
Operating	24	Total operating and administrative				
ber		expenses. Add lines 13 through 23	1,564,721.	1,143,252.	0.	171,469.
ō	25	Contributions, gifts, grants paid	15,155,647.	30.55年代的中华的中华		15,155,647.
	26	Total expenses and disbursements.				
		Add lines 24 and 25	16,720,368.	1,143,252.	0.	15,327,116.
	27	Subtract line 26 from line 12:				
		Excess of revenue over expenses and disbursements	29,353,525.			
-		Net investment income (if negative, enter -0-)	THE WALL WALL	26,592,801.		
		Adjusted net income (if negative, enter -0-)	BANGE BANGE	CHARLE A CARREST	0.	
92350		17-19 LHA For Paperwork Reduction Act Notice	e, see instructions.	W. Marine		Form 990-PF (2019)

91-166383	

		C/O OCINT MONT			1003030 Fage 2
. E	Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	 	of year
` =		coronin should be not be found in the street and th	(a) Book Value.	(b) Book Value	(c) Fair Market Value
,		Cash - non-interest-bearing			
		Savings and temporary cash investments	9,347,611.	5,676,616.	5,676,616.
	3	Accounts receivable -		## ## ## ## ## ## ## ## ## ## ## ## ##	
		Less allowance for doubtful accounts			
	4	Pledges receivable >			
		Less allowance for doubtful accounts			
	. 5	Grants receivable			
•	6	Receivables due from officers, directors, trustees, and other			
• •	ŀ	disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
<u>v</u>	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ř	10a	Investments - U.S. and state government obligations - STMT 7	18,395,980.	27,454,791.	28,253,221.
	Ь	Investments - corporate stock STMT 8	102,303,458.		150,972,496.
	c	Investments - corporate bonds STMT 9	19,332,453.	18,730,203.	
•	11	Investments - land, buildings, and equipment basis	PART AND		Same and the same of the same
	.	Less accumulated depreciation			
	12	Investments - mortgage loans	***************************************	\- 	
•	13	Investments - other STMT 10	45,969,298.	79,881,646.	87,647,446.
-	14	Land, buildings, and equipment basis	The second second		
	İ	Less accumulated depreciation	X X X X X X X X X X X X X X X X X X X		
	15	Other assets (describe)			
		Total assets (to be completed by all filers - see the	,	•	
		instructions. Also, see page 1, item I)	195.348.800.	216,916,347.	292.065.503.
_	17	Accounts payable and accrued expenses			
	18	Grants payable •		•	
	4-1	Deferred revenue			
ties .	20	Loans from officers, directors, trustees, and other disqualified persons	·a ·		
, Liabilities	21	Mortgages and other notes payable			THE PARTY OF THE PARTY OF
Ë	1	Other liabilities (describe			12. 16. APP - WOOD - 18.
	23	Total liabilities (add lines 17 through 22)	0.		
	_	Foundations that follow FASB ASC 958, check here		<u> </u>	
		and complete lines 24, 25, 29, and 30			
Çes		Net assets without donor restrictions		•	
lan	i	Net assets with donor restrictions	-		Andrew State Control of the Control
Ba		Foundations that do not follow FASB ASC 958, check here	<u>-</u> -:		
Fund	I	and complete lines 26 through 30.			
Ę		Capital stock, trust principal, or current funds	263,158.	263,158.	
s or	l	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	203,138.	
ੂੰ Net Assets		Retained earnings, accumulated income, endowment, or other funds	195,085,642.	216,653,189.	
¥.	l	Total net assets or fund balances	195,348,800.	216,916,347.	
Šet	23	Total liet assets of fully balances	173,340,000.	210,910,347.	<u>Dafiblikati beberikan</u> Karatan
	20	Total lightilities and not assets found belongs	195,348,800.	216,916,347.	Yes that the #4
_		Total liabilities and net assets/fund balances		210,910,347.	Paysalakin or an analogus varia
- P	ärt l	Analysis of Changes in Net Assets or Fund Ba	ilances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	29		
		agree with end-of-year figure reported on prior year's return)		.	195,348,800.
		amount from Part I, line 27a		1 2	29,353,525.
		increases not included in line 2 (itemize)		3	29,353,323.
		nes 1, 2, and 3		3 4	224,702,325.
		ases not included in line 2 (itemize)	ਤਸ਼ਸ਼ ਵਾਸ	ATEMENT 6 5	7,785,978.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		ATEMENT 0 5	216,916,347.
<u> </u>	· O.ui	account of a ratio or an arrange of the arrange and of a rate ii, or	month (U), mile 23		Enrm 990-PF (2019)

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Part IV Capital Gains	and Losses for Tax on In	vestment	Income					
(a) List and describe 2-story brick w	(b) H	ow acquired Purchase Donation	(c) Date (mo., c	acquired day, yr)	(d) Date sold (mo , day, yr.)			
2-story brick warehouse; or common stock, 200 shs MLC Co.) 1a CAPITAL GAINS DIVIDENDS b PUBLICLY TRADED SECURITIES								
			VARI	OUS	VARIOUS			
c PUBLICLY TRADE			VARI	OUS	VARIOUS			
_d				<u> </u>				
<u>e</u>	(f) Depreciation allowed		st or other basis	<u> L</u>				<u> </u>
(e) Gross sales price				Gain or (loss s (f) minus	(g))			
a 434,027.								434,027.
ь 48,268,999.			7,230,48					1,038,511.
<u>c</u> 77,453,189.		5	7,953,02	8.				9,500,161.
<u>d</u>				\dashv				
Complete only for assets shown	ng gain in column (h) and owned by t	he foundation	on 12/31/69.	-		(I) Gains (C	Col. (h) gain	minue
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E:	xcess of col. (i)			òl´ (k), but ı	not less that (from col. (n - 0-) or
a				\dashv				434,027.
ь							- · · · · · · · · · · · · · · · · · · ·	1,038,511.
С					<u>.</u>			9,500,161.
d								
e								
2 Capital gain net income or (net ca	pital loss) { If gain, also enter If (loss), enter -0-	ın Part I, line - ın Part I, line	7 : 7	}	2		2	0,972,699.
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) an	q (6).						
If gain, also enter in Part I, line 8,	column (c).			\downarrow				4 000 544
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder Section 4940(e) for	Doducod	Tay on Not I	ا ل	3			<u>1,038,511.</u>
					sunent me	OITIE		
(For optional use by domestic private	roundations subject to the section 4	940(a) tax on	net investment ind	come.)				
If section 4940(d)(2) applies, leave th	ns part blank.							
Was the foundation liable for the sect	on 4942 tax on the distributable am	ount of any ve	ar in the hase neri	od2				Yes X No
If "Yes," the foundation doesn't qualify								103 [22] 100
	ach column for each year; see the in			itries.				
(a) Base period years Calendar year (or tax year beginnir	(b) Adjusted qualifying dist	ributions	Net value of no	(c) ncharit	able-use asset	,	Distrib	(d) oution ratio ided by col. (c))
2018	14,20	7,483.	2	51,	318,953		1 1 7 7 -	.056532
2017	12,43				797,479			.056310
2016	11,42	0,931.	2	03,	980,184	١.		.055990
2015		2,811.			388,596			.056105
2014	8,90	6,755.	1	94,	777,786	5.		.045728
								000665
2 Total of line 1, column (d)						2		.270665
3 Average distribution ratio for the 5 the foundation has been in existen		n line 2 by 5.0), or by the numbe	r of yea	ars	3		.054133
4 Enter the net value of noncharitable	e-use assets for 2019 from Part V II	ne 5				4	27	3,878,759.
	0 000 00000 101 2010 1101111 11174, 11	110 0				-		
5 Multiply line 4 by line 3						5	1	4,825,879.
6 Enter 1% of net investment income	e (1% of Part I, line 27b)					6		265,928.
7 Add lines 5 and 6						7	1	5,091,807.
8 Enter qualifying distributions from	Part XII, line 4					8	1!	5,327,116.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	1b, and comp	lete that part using	g a 1%	tax rate.			
923521 12-17-19							F	orm 990-PF (2019)

ISLANDS FUND

For	m 990-PF (2019) C/O JOHN MUNN		91-1	663838	Page 4	
P	art VI: Excise Tax Based on Investment Income (Section 4940(a), 494	0(b), 4940(e), or 49	948 - s	ee instructio	ns)	
1	a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" o		27.5° (575 514 25	**************************************	
	Date of ruling or determination letter: (attach copy of letter if necessary-see					
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1	265,	928	
	of Part I, line 27b	3 611(61-176	C 37° >	205,	77372F	
	·	10 and (b)				
,	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, li			Programme Control	لتضنا	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter	-0-)	2	0.65	0.	
3			3	265,		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter	-0-)	4		0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	265,	928.	
6	Credits/Payments:					
	a 2019 estimated tax payments and 2018 overpayment credited to 2019 6a	258,135.				
I	b Exempt foreign organizations - tax withheld at source 6b	0.				
(c Tax paid with application for extension of time to file (Form 8868)	60,000.				
(d Backup withholding erroneously withheld 6d	0.				
7	Total credits and payments. Add lines 6a through 6d		7	318,	135.	
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached		8		0.	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ 1	9			
10			10	52.	207.	
11		, 207 . Refunded -	11		0.	
Pa	art VII-A Statements Regarding Activities	1000000		-		
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	t it participate or intervene	ın	¥ Ye	s No	
	any political campaign?	The participate of this tone	•••	1a	X	
ŀ	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	e instructions for the defini	tion	1b	X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mater			665 3 V	N 15000	
	distributed by the foundation in connection with the activities.	tale positioned of				
	© Did the foundation file Form 1120-POL for this year?			1c	X	
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			6083 646	T 188	
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$	0.				
···-	E Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imp					
	managers. > \$ 0.	OSCO ON TOURIDATION				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	X	
_	If "Yes," attach a detailed description of the activities.			32 17 186	STREET.	
3		articles of incorporation or				
_	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	a noise of moor portation, or		3 X	23 2344303	
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	X	
	o If "Yes," has it filed a tax return on Form 990-T for this year?		N/.		 -	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		/	5	X	
-	If "Yes," attach the statement required by General Instruction T			39.81.65	3/2/2001	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions	that conflict with the state	law			
	remain in the governing instrument?	that commet with the state		6 X	الشنائشات الم	
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, i	col*(c) and Part XV		7 X		_
•	the bolication have at least popose in about at any time during the year. It is to during the	coi. (c), and i art Av		7027 A.T	245.4	
Ra.	Enter the states to which the foundation reports or with which it is registered. See instructions.					
	WA					
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene	eral (or designate)				
•	of each state as required by General Instruction G2 If "No," attach explanation	, a. (or ocorginate)		8b X	ne jeddel an	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 1912(j)	\(3\ or 4042(i\(5\) for colon	dar	- 55	ST COMMAN	
-	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XI		Jui	9	X	0
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schodule listing their r			10	X	
	The state of the s	initios and addresses		Form 990-P I		
					(20,0)	

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; Ę.	art VIIA Statements Regarding Activities (continued)	48	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	P. 15 (1) 1	163	140
• •	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	 ' ' 		1
	If "Yes," attach statement. See instructions	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► MR. JOHN MUNN Telephone no. ► 206-9	31-6	604	
	Located at ► 3019 DUPORTAIL ST #204, RICHLAND, WA ZIP+4 ►9			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
مراجي مراجي	foreign country		的人	12/10
î́Ь'̈́	Statements Regarding Activities for Which Form 4720 May Be Required	Jan 2000 Com I		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	A STATE	Yes	No
1a	During the year, did the foundation (either directly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			300
	a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (8) Yes X No		1480 PHE	
	(4) Fay compensation to, or pay or reinfoctise the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)? Yes X No		茶菜	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	SAMPLE AND A	X
	Organizations relying on a current notice regarding disaster assistance, check here		28	学館学
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2019?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	100 A		
	6d and 6e) for tax year(s) beginning before 2019?		*	
_	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A	222		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b	£.	₩.W.
٠				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
ь	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		200 A	
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			(A)
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b	Manusiddinii.	anti-miraha t
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	(1 1800)) (1 1800))	aren .	
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
	Fo	orm 990	-PF (2019)

Form 990-PF (2019) C/O JOHN MUNN			91-16638	38 Page 6
Rart VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (contin	ued)	
 5a During the year, did the foundation pay or incur any amount to: Carry on propaganda, or otherwise attempt to influence legislation (section 2) Influence the outcome of any specific public election (see section 4955); of any voter registration drive? Provide a grant to an individual for travel, study, or other similar purposes 4. Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? See instructions Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals? If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify units section 53.4945 or in a current notice regarding disaster assistance? See instructions organizations relying on a current notice regarding disaster assistance, check in the answer is "Yes" to question 5a(4), does the foundation claim exemption freexpenditure responsibility for the grant? "Yes," attach the statement required by Regulations section 53.4945-5(d). 	n 4945(e))? In to carry on, directly or indirectly or described in section or educational purposes, or for the exceptions described indictions interections	ectly, You X You Tor Property You The Regulations	es X No	Yes No
 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pa personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a pif "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax significant but the foundation receive any proceeds or have any net income attributed in the foundation subject to the section 4960 tax on payment(s) of more than excess parachute payment(s) during the year? Part*VIII Information About Officers, Directors, Truster Paid Employees, and Contractors 	ersonal benefit contract? helter transaction? table to the transaction? 1,000,000 in remuneration or	Y6	es X No	6b X
List all officers, directors, trustees, and foundation managers and th		(c) Compensation	(d) Contributions to	(-) <u>(</u> -)
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense account, other allowances
SEE STATEMENT 11	1	50,000.	0.	2,219.
Compensation of five highest-paid employees (other than those incl	uded on line 1). If none, e	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Fotal number of other employees paid over \$50,000				0 990-PF (2019)

Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	o o o o o o o o o o o o o o o o o o o
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SENECA ASSOCIATES, INC.	ADMINISTRATIVE	(o) compandation
3019 DUPORTAIL ST #240, RICHLAND, WA 99352	SERVICES	120 000
3013 DOPORTALL SI #240, RICHLAND, WA 33332	SERVICES	120,000.
	_	
	-	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis	tical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers prod		Expenses
37/3	door, oto.	
1N/A		
		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
27 / 2	illes i aliu 2.	Amount
1 N/A		
2	······································	
	<u></u>	
All other program-related investments. See instructions.		
3		
Table Addition of the control of		
Total, Add lines 1 through 3	<u> </u>	0. Form 990-PF (2019)
		ento 3500-PT (7010)

Form 990-PF (2019)

F	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	266,081,300.
b	Average of monthly cash balances	1b	11,968,202.
C	Fair market value of all other assets	1c	•
d	Total (add lines 1a, b, and c)	10	278,049,502.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	<u> </u>	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	278,049,502.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,170,743.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	_ 5	273,878,759.
6	Minimum investment return. Enter 5% of line 5	6	13,693,938.
<u> </u>	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here and do not complete this part.)	id certair	1
1	Minimum investment return from Part X, line 6	1 T	13,693,938.
2a	Tax on investment income for 2019 from Part VI, line 5		13,033,330.
Ь	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	265,928.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	13,428,010.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	13,428,010.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	13,428,010.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	15,327,116.
Ь	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	15,327,116.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		065 000
	income. Enter 1% of Part I, line 27b	_ 5	265,928.
. 6 _.	Adjusted qualifying distributions. Subtract line 5 from line 4	6	15,061,188.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years.	ualifies f	or the section
			- 000 DE

Form **990-PF** (2019)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,				20.0
line 7				13,428,010.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
b Total for prior years:				
,		0.		
3 Excess distributions carryover, if any, to 2019:		-		
a From 2014 99,036.				
b From 2015 1,613,131.				
c From 2016 1,373,640.				
d From 2017 1,533,908.		,		
e From 2018 1,918,979.				
f Total of lines 3a through e	6,538,694.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: ► \$ 15,327,116.				
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				13,428,010.
e Remaining amount distributed out of corpus	1,899,106.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	8,437,800.			
b Prior years' undistributed income. Subtract	0,437,000.			
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		Į
e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020	, - 3	έω i	`	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	99,036.			
9 Excess distributions carryover to 2020.			"	
Subtract lines 7 and 8 from line 6a	8,338,764.			
10 Analysis of line 9:				
a Excess from 2015 1,613,131.				
b Excess from 2016 1,373,640.	İ	ļ		
c Excess from 2017 1,533,908.				
d Excess from 2018 1,918,979.		ĺ		
e Excess from 2019 1,899,106.				5 990-PF (2010)

923581 12-17-19

Form **990-PF** (2019)

ISLANDS FUND Form 990-PF (2019) C/O JOHN MUNN 91-1663838 Page 10 Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(1)(5) 2 a Enter the lesser of the adjusted net Tax year Prior 3 years (c) 2017 (a) 2019 (b) 2018 (d) 2016 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII. line 4, for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(1)(3)(B)(1) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year c "Support" alternative test - enter: (1) Total support other than gress investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)) or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) SARAH R. WERNER b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🗓 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation status of recipient Purpose of grant or contribution show any relationship to **Amount** any foundation manager or substantial contributor Name and address (home or business) a Paid during the year SEE ATTACHMENT D N/A РC SEE ATTACHMENT D ADDRESSES AVAILABLE UPON REQUEST SEATTLE, WA 98136 15,040,647. SEE ATTACHMENT D N/A POF SEE ATTACHMENT D ADDRESSES AVAILABLE UPON REQUEST SEATTLE, WA 98136 40,000. SEE ATTACHMENT D N/A ИC SEE ATTACHMENT D APTDO 159-4013 ATENAS, ALAJUELA, COSTA RICA 75,000. 15,155,647. ► <u>3a</u> **b** Approved for future payment NONE 0. Total Form **990-PF** (2019) C/O JOHN MUNN

er gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exemp
-	Code	··· <u> </u>			
a	_		1		
		,		·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·	
d					
e					
Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
nvestments			+- 1		
Dividends and interest from securities			14	6,763,354.	
Net rental income or (loss) from real estate:	<u> </u>				
Debt-financed property			+		
Not debt-financed property	-		+		
Net rental income or (loss) from personal			-		
property					
Other investment income Gain or (loss) from sales of assets other			+ +		
han inventory			18	20,972,699.	
Net income or (loss) from special events			+ 10	20,512,099.	
Gross profit or (loss) from sales of inventory	···-		1 1		
Other revenue:					
			1 1		
l			+		
1	l l		1 1		
	I I		+		·
		0.		27,736,053.	
Subtotal. Add columns (b), (d), and (e)		0.		27,736,053.	27,736,0
c d Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations	.)		•	13	27,736,0
c d e Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations	.)		•	13	27,736,0
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations Belationship of Activities E No. Explain below how each activity for which i	s to the Accom	plishment of Ex	empt	13 Purposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations ART XVI-B Relationship of Activities	s to the Accom	plishment of Ex	empt	13 Purposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations Belationship of Activities E No. Explain below how each activity for which i	s to the Accom	plishment of Ex	empt	13 Purposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations Belationship of Activities E No. Explain below how each activity for which i	s to the Accom	plishment of Ex	empt	13 Purposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations Brit XVI-B Relationship of Activities e No. Explain below how each activity for which i	s to the Accom	plishment of Ex	empt	13 Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations THE XVI-B Relationship of Activities END. Explain below how each activity for which in	s to the Accom	plishment of Ex	empt	13 Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations THE XVI-B Relationship of Activities e No. Explain below how each activity for which i	s to the Accom	plishment of Ex	empt	13 Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations THE XVI-B Relationship of Activities e No. Explain below how each activity for which i	s to the Accom	plishment of Ex	empt	13 Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations THE XVI-B Relationship of Activities END. Explain below how each activity for which in	s to the Accom	plishment of Ex	empt	13 Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations THE XVI-B Relationship of Activities e No. Explain below how each activity for which i	s to the Accom	plishment of Ex	empt	13 Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations THE XVI-B Relationship of Activities e No. Explain below how each activity for which i	s to the Accom	plishment of Ex	empt	13 Purposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations Brit XVI-B Relationship of Activities e No. Explain below how each activity for which i	s to the Accom	plishment of Ex	empt	13 Purposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations Belationship of Activities E No. Explain below how each activity for which i	s to the Accom	plishment of Ex	empt	13 Purposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations Brit XVI-B Relationship of Activities e No. Explain below how each activity for which i	s to the Accom	plishment of Ex	empt	13 Purposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations Belationship of Activities E No. Explain below how each activity for which i	s to the Accom	plishment of Ex	empt	13 Purposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations Belationship of Activities E No. Explain below how each activity for which i	s to the Accom	plishment of Ex	empt	13 Purposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations Belationship of Activities E No. Explain below how each activity for which i	s to the Accom	plishment of Ex	empt	13 Purposes	27,736,0
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations Belationship of Activities E No. Explain below how each activity for which i	s to the Accom	plishment of Ex	empt	13 Purposes	

Part XVII	Information Re Exempt Organ		sfers to a	and Transactions	and Relation	nships With Noncha	ritable		
1 Did the d	organization directly or indi		of the follows	ng with any other organiza	ation described in	section 501(c)		Yes	No
	ian section 501(c)(3) organ					(0)	l		
•	s from the reporting found	•	-	• •				ł	
(1) Cas	h				1a(1)		X		
	er assets				1a(2)		Х		
b Other tra									
(1) Sale		1b(1)		X					
	chases of assets from a no	· -					1b(2)		Х
	tal of facilities, equipment,	•					1b(3)		Х
(4) Reir		1b(4)		Х					
	ns or loan guarantees						1b(5)		X
	ormance of services or me	mbership or fundrai	sing solicitation	ons			1b(6)		Х
c Sharing	of facilities, equipment, ma	uling lists, other asse	ets, or paid en	nployees			1c		Х
d If the ans	swer to any of the above is	"Yes," complete the	following sch	edule. Column (b) should	always show the	fair market value of the goods	, other ass	ets,	
						ction or sharing arrangement,			
column ((d) the value of the goods,	other assets, or serv	rices received.				_		
(a) Line no	(b) Amount involved	(c) Name o	f noncharitabl	e exempt organization	(d) Desc	ription of transfers, transactions, an	d sharing arr	angemen	ts
			N/A			. <u>-</u>			
			·						_
								-	
					_				
2a Is the fou	indation directly or indirect	tly affiliated with, or i	related to, one	or more tax-exempt orga	nizations describ	ed			
ın sectior	i 501(c) (other than section	n 501(c)(3)) or ın se	ction 527?				Yes Yes	X) No
<u>b</u> If "Yes," c	complete the following sch								
	(a) Name of org	anization		(b) Type of organization	1	(c) Description of relation	iship		
	N/A								
-									
	· - ·								
	r penalties of perjury, I declare the			accompanying schedules and taxpayer) is based on all inform		baa amulumassaladaa N	lay the IRS o		
Sign L	/N. 11/1	plate Decia ation of pre	para (outa utan			' - ' ''	aturn with the hown below?	prepare See ins	r br
Here	m non	<u> </u>		11-14-20	_ <u> </u>	. Theaduren s	X Yes		No
Sıg	nature of officer or trustee	<u> </u>		Date	Title				
	Pfint/Type preparer's na	me	Preparer's s	ignature	Date	Check if PTIN			
D-1-1				YOAK/		self- employed			
Paid	NATALIE HE	ITZEBERG			11/11/2		1706		
Preparer	Firm's name KIN	G & OLIAS	ON PLL	C		Firm's EIN ► 27 - 4	2385	73	
Use Only					-				
	Firm's address ► 20			SUITE E300					
	SE	ATTLE, WA	98119			Phone no. 206-2			
				_ 			Form 99 0)-PF (2019)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2019

Employer identification number

	SLANDS FUND	04 4660000
	O JOHN MUNN	91-1663838
Organization type (check of	one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Charles		
·	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e See instructions
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, cor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amour, line 1 Complete Parts I and II	or 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a tions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educaty to children or animals. Complete Parts I, II, and III	
year, contributions is checked, enter h purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an exclusively for religious, charitable, etc., purposes, but no such contributions totaled motere the total contributions that were received during the year for an exclusively religious inplete any of the parts unless the General Rule applies to this organization because it refer to contributions totaling \$5,000 or more during the year	re than \$1,000 If this box , charitable, etc ,
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	rm 990, 990-EZ, or 990-PF),

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	Page
Name of organization	Employer identification number
ISLANDS FUND	
C/O JOHN MUNN	91-1663838
Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed	-

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	2013 SARAH R. WERNER CHARITABLE LEAD TRUST 3019 DUPORTAIL ST #240 RICHLAND, WA 99352	\$\$ <u>62,326.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	2013 SARAH R. WERNER CHARITABLE LEAD TRUST 3019 DUPORTAIL ST #240 RICHLAND, WA 99352	\$ 2,025,514.	Person X Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SARAH R. WERNER PO BOX 503 BELLEVUE, WA 98009	\$	Person X Payroil Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SARAH R. WERNER		Person X
	PO BOX 503 BELLEVUE, WA 98009	\$4,999,998.	Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.		\$ 4,999,998.	Noncash X (Complete Part II for
	BELLEVUE, WA 98009	(c)	Noncash X (Complete Part II for noncash contributions)
No.	BELLEVUE, WA 98009 (b) Name, address, and ZIP + 4 SARAH R. WERNER PO BOX 503	(c) Total contributions	Noncash X (Complete Part II for noncash contributions) (d) Type of contribution Person X Payroll Noncash (Complete Part II for
No. 5	BELLEVUE, WA 98009 (b) Name, address, and ZIP+4 SARAH R. WERNER PO BOX 503 BELLEVUE, WA 98009 (b)	(c) Total contributions \$ 525,018.	Noncash X (Complete Part II for noncash contributions) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions)

Name of organization
ISLANDS FUND
C/O JOHN MUNN

Employer identification number

91-1663838

art II	Noncash Property (see instructions) Use duplicate copies of F		-1663838
(a)	, , , , , , , , , , , , , , , , , , , ,		
No.	(b)	(c)	(d)
rom	Description of noncash property given	FMV (or estimate)	Date received
art I	Description of noncash property given	(See instructions)	Date received
	SEE ATTACHMENT A		
2	SEE ATTACHMENT A		
2			
			00/40/40
		\$2,025,514.	07/17/19
 _			
(a)	·	(c)	
No.	(b)	FMV (or estimate)	(d)
rom	Description of noncash property given	(See instructions)	Date received
art I		. , , ,	
	SEE ATTACHMENT B		
_4		[
	<u> </u>		
Ì		\$ 4,999,998.	06/25/19
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions)	Date received
Part I		(See mandenens)	
	SEE ATTACHMENT C		
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i			
		\$ 10,724,982.	01/10/19
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(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
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(a)			
No.	(b)	(c)	(d)
rom	Description of noncash property given	FMV (or estimate)	Date received
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(a)			
(a)	0.3	(c)	
No.	(b)	FMV (or estimate)	(d)
om	Description of noncash property given	(See instructions)	Date received
art I		, ,	
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FORM 990-PF	DIVIDEND	S AND	INTERES	ST FROM	SECUR	ITIES S	STATEMENT 1
SOURCE	GROSS AMOUNT	(APITAL GAINS VIDENDS	(A REVE PER B	NUE	(B) NET INVEST- MENT INCOME	
MERRILL LYNCH ACCRUED INT PAID MERRILL LYNCH	-82,951	•	0	82	,951.	-82,951	. 0.
DIVIDENDS	4,750,626	•	0	. 4,750	,626.	4,750,626.	0.
MERRILL LYNCH INTEREST MERRILL LYNCH T/E	1,158,130	•	0	. 1,158	,130.	1,158,130.	. 0.
BOND PREMIUM	O	•	0 .	•	0.	0.	. 0.
MERRILL LYNCH T/E DIVIDEND MERRILL LYNCH	33	•	0 .	•	33.	33.	0.
TAXABLE BOND PREMIUM MERRILL LYNCH US	571,908	•	0	. 571	,908.	571,908.	0.
GOVT INTEREST	365,608	•	0 .	. 365	,608.	365,608.	0.
TO PART I, LINE 4	6,763,354	•	0 .	6,763	,354.	6,763,354.	0.
		_					
FORM 990-PF		ACC	COUNTING	FEES		5	STATEMENT 2
FORM 990-PF DESCRIPTION		(A EXPEN	A) NSES 1	G FEES (B) NET INVE		(C) ADJUSTED NET INCOME	CHARITABLE PURPOSES
		(/ EXPEN PER E	A) NSES 1	(B) NET INVE MENT INC		(C) ADJUSTED	(D) CHARITABLE PURPOSES
DESCRIPTION	1, LN 16B	EXPEN PER E	A) NSES 1 BOOKS 1	(B) NET INVE MENT INC	OME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 11,194.
DESCRIPTION ACCOUNTING FEES	1, LN 16B	EXPEN PER E	A) JSES M BOOKS M	(B) NET INVE MENT INC	OME 193.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DESCRIPTION ACCOUNTING FEES		EXPEN PER E	A) ISES N BOOKS N 2,387.	(B) NET INVE MENT INC	OME 193. 193.	(C) ADJUSTED NET INCOME 0.	(D) CHARITABLE PURPOSES
DESCRIPTION ACCOUNTING FEES TO FORM 990-PF, PG		EXPEN PER E	A) ISES M BOOKS M 2,387. 2,387.	(B) NET INVE MENT INC 11,	193. 193. ES	(C) ADJUSTED NET INCOME 0.	(D) CHARITABLE PURPOSES 11,194. 11,194.
DESCRIPTION ACCOUNTING FEES TO FORM 990-PF, PG FORM 990-PF	0	CARPEN PER E	A) ISES M BOOKS M 2,387. 2,387.	(B) NET INVE MENT INC 11, 11, CONAL FE (B) NET INVE MENT INC	193. 193. ES ST-OME	(C) ADJUSTED NET INCOME 0. 0. C) ADJUSTED	(D) CHARITABLE PURPOSES 11,194. 11,194. STATEMENT 3 (D) CHARITABLE PURPOSES 108,000.

FORM 990-PF	TAX	ES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES PAID FEDERAL EXCISE TAX PAYMENT	111,949. 250,000.	111,949.	0.	0.	
TO FORM 990-PF, PG 1, LN 18	361,949.	111,949.	0.	0.	
FORM 990-PF	OTHER E	XPENSES	Si	ratement 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
DESCRIPTION LICENSES & FEES	EXPENSES	NET INVEST-	ADJUSTED	(D) CHARITABLE	

FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT 6
DESCRIPTION	AMOUNT
EXCESS OF FAIR MARKET VALUE OVER COST BASIS OF SECURITIES DONATED ROUNDING ADJUSTMENT	7,785,977.
TOTAL TO FORM 990-PF, PART III, LINE 5	7,785,978.

FORM 990-PF U.S.	AND STATE/CI	TY GOV	ERNMENT	OBLIGATIONS	STATEMENT 7
DESCRIPTION		U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
MERRILL LYNCH INVESTMEN MERRILL LYNCH INVESTMEN		х	х	26,904,791. 550,000.	27,665,617 587,604
TOTAL U.S. GOVERNMENT O	BLIGATIONS		-	26,904,791.	27,665,617
TOTAL STATE AND MUNICIP	AL GOVERNMENT	OBLIG	ATIONS	550,000.	587,604
TOTAL TO FORM 990-PF, F	ART II, LINE	10A	<u>-</u>	27,454,791.	28,253,221
-					
FORM 990-PF	CORP	ORATE	STOCK	: -	STATEMENT 8
DESCRIPTION				BOOK VALUE	FAIR MARKET VALUE
	TS		-	85,173,091.	
DESCRIPTION MERRILL LYNCH INVESTMEN TOTAL TO FORM 990-PF, P		10B	- -		VALUE 150,972,496
MERRILL LYNCH INVESTMEN		10B	- - =	85,173,091.	VALUE
MERRILL LYNCH INVESTMEN	ART II, LINE	10B ORATE	- = BONDS	85,173,091.	VALUE 150,972,496
MERRILL LYNCH INVESTMEN TOTAL TO FORM 990-PF, P	ART II, LINE		- = BONDS	85,173,091.	VALUE 150,972,496 150,972,496
MERRILL LYNCH INVESTMEN	ART II, LINE		BONDS	85,173,091. 85,173,091.	VALUE 150,972,496 150,972,496 STATEMENT 9 FAIR MARKET

FORM 990-PF OT	HER INVESTMENTS		STATEMENT 10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MERRILL LYNCH - MUTUAL FUNDS MERRILL LYNCH - ACCRUED INTEREST	COST COST	79,881,646.	87,331,236. 316,210.
TOTAL TO FORM 990-PF, PART II, LI	NE 13	79,881,646.	87,647,446.

FORM 990-PF PART VII	I - LIST OF OFFICERS, DEES AND FOUNDATION MANAGE	IRECTORS GERS	STAT	EMENT 11
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
SARAH R. WERNER 3019 DUPORTAIL ST #240 RICHLAND, WA 99352	PRESIDENT/DIREC	CTOR 0.	0.	0.
RICK S. WERNER 3019 DUPORTAIL ST #240 RICHLAND, WA 99352	TREASURER/DIREC	CTOR 0.	0.	2,219.
GEORGE G. GULICK 3019 DUPORTAIL ST #240 RICHLAND, WA 99352	VICE PRESIDENT/ 2.00	/DIRECTOR 0.	0.	0.
E. LEEDS GULICK 3019 DUPORTAIL ST #240 RICHLAND, WA 99352	SECRETARY/DIREC	CTOR 0.	0.	0.
JAMES FLAGGERT 3019 DUPORTAIL ST #240 RICHLAND, WA 99352	DIRECTOR 3.00	50,000.	0.	0.
LYDIA GULICK 3019 DUPORTAIL ST #240 RICHLAND, WA 99352	TRUSTEE 2.00	0.	0.	0.
SHELBY LUCE 3019 DUPORTAIL ST #240 RICHLAND, WA 99352	TRUSTEE 2.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF,	PAGE 6, PART VIII =	50,000.	0.	2,219.

ISLANDS FUND

E.I.N. # 91-1663838 ATTACHMENT TO 2019 FORM 990-PF RETURN OF PRIVATE FOUNDATION

STATEMENT REQUIRED BY REG. §53.4945-5(d)

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: New Summit Academy

Aptdo 159-4013

Atenas, Alajuela, Costa Rica

(2) Date Paid and the Amount of the Grant: \$75,000 paid on December 3, 2019

(3) Purpose: Scholarship Fund and financial aid for New Summit Academy

(4) Amount of Grant Spent by Grantee: \$75,000

(5) Diversion:

To the knowledge of the foundation, and based on the report furnished by the grantee, no part has been used for other than its intended purpose.

(6) Date of Report(s) Received from Grantee:

December 15, 2019